

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ROCKFORD MEMORIAL HOSPITAL (14-0239) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	683107	963301		2
3	SWING BED - SNF	30373			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	713480	963301		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2400 N ROCKTON AVENUE P.O.BOX: 1  
 1.01 CITY: ROCKFORD STATE: IL ZIP CODE: 61103 COUNTY: WINNEBAGO 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0239	07/01/1966	N	P	O	2
3	SUBPROVIDER I	RMH PSYCHIATRIC UNIT	03/01/1990	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2009 TO: 12/31/2009 17  
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 40420 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO			60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	1		STATE:	2	ZIP CODE	3
						CBSA	4
						FTE/ CAMPUS	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----					
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	4625	4234	12866	1
2	HMO XIX				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6	INTENSIVE CARE UNIT				6
7	CORONARY CARE UNIT				7
8	BURN INTENSIVE CARE UNIT				8
9	SURGICAL INTENSIVE CARE UNIT				9
9.01	NEONATAL INTENSIVE CARE				9.01
9.02	PEDIATRIC INTENSIVE CARE				9.02
10	OTHER SPECIAL CARE (SPECIFY)				10
11	NURSERY				11
12	TOTAL HOSPITAL	4625	4234	12866	12
13	RPCH VISITS				13
14	SUBPROVIDER I	162	182	711	14
15	SKILLED NURSING FACILITY				15
16	NURSING FACILITY				16
17	OTHER LONG TERM CARE				17
18	HOME HEALTH AGENCY				18
20	ASC (DISTINCT PART)				20
21	HOSPICE (DISTINCT PART)				21
23	O/P REHAB PROVIDER				23
24	RHC I				24
25	TOTAL				25
26	OBSERVATION BED DAYS				26
27	AMBULANCE TRIPS				27
28	EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	102066058		102066058	3827767.38	26.66		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2863382	129782	2993164	97799.70	30.61	PAYROLL	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2046913		2046913	38205.72	53.58	INVOICES	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	5590873		5590873	105777.00	52.86	GL AND CONTRACT	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	3443402		3443402	23726.03	145.13	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)	35236553	-900296	34336257			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS		900296	900296			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2629132		2629132	127954.69	20.55		21
22 ADMINISTRATIVE & GENERAL	12177295	-55678	12121617	426270.17	28.44		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	3018117		3018117	11707.57	257.79		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2593302		2593302	119636.38	21.68		24
25 LAUNDRY & LINEN SERVICE	106611		106611	9558.85	11.15		25
26 HOUSEKEEPING	1880015		1880015	153462.31	12.25		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2245360	-1104815	1140545	128912.04	8.85		27
27.01 DIETARY UNDER CONTRACT	310239		310239	6240.00	49.72		27.01
28 CAFETERIA		1104815	1104815	43927.23	25.15		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2815828		2815828	91857.32	30.65		30
31 CENTRAL SERVICES AND SUPPLY	1305177		1305177	83135.09	15.70		31
32 PHARMACY	3281916		3281916	82933.47	39.57		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2257312		2257312	114829.94	19.66		33
34 SOCIAL SERVICE	244957		244957	8956.81	27.35		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	105394414		105394414	3845714.95	27.41	1
2 EXCLUDED AREA SALARIES	2863382	129782	2993164	97799.70	30.61	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	102531032	-129782	102401250	3747915.25	27.32	3
4 SUBTOTAL OTHER WAGES & REL COSTS	11081188		11081188	167708.75	66.07	4
5 SUBTOTAL WAGE-RELATED COSTS	35236553	-900296	34336257		33.53%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	148848773	-1030078	147818695	3915624.00	37.75	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	34865261	-55678	34809583	1409381.87	24.70	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: -

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	47604667	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	47604667	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.330861	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	164703344	28
29	TOTAL GROSS MEDICAID COST	54493913	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	39663900	30
31	UNCOMPENSATED CARE COST	13123238	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	54493913	32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95									95
		101591584	164670853	266262437	32006	266294443	-19451738	246842705	
98	9800		1252966	1252966		1252966		1252966	98
100	7950	60914	273392	334306	-17134	317172	-120063	197109	100
100.01	7954								100.01
100.02	7951	316953	1036184	1353137	-7099	1346038		1346038	100.02
100.04	7952	96607	498304	594911	-7773	587138		587138	100.04
100.07	7953								100.07
100.08	7955								100.08
101	TOTAL	102066058	167731699	269797757		269797757	-19571801	250225956	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		10670523
2					2
3					3
4 RECLASS RADIOLOGY ADMIN	B	MRI	59.01	32443	53020
5	B	RADIOLOGY-THERAPEUTIC	42	40121	65569
6	B	RADIOISOTOPE	43	11980	19579
7	B	CT SCAN	59.02	38031	62152
8	B	PARAMDICAL ED PROGRAM XRAY	24	74104	121106
9					9
10					10
11 OP CARDIAC PROCEDURES	C	CARDIAC CATHETERIZATION	59.03	131133	64190
12					12
13					13
14 EMT MEDICAL DIRECTOR	D	PARAMED EDUC EMT PROGRAM	24.02		30000
15					15
16					16
17 SHARED DIETARY EXPENSES	E	CAFETERIA	12	1104815	1963425
18					18
19					19
20 RECLASS MED SUPPLIES CHGD PAT	F	MEDICAL SUPPLIES CHARGED TO P	55		17137010
21	F				21
22	F				22
23					23
24					24
25 NURSERY COSTS	G	NURSERY	33	584616	260862
26	G	NURSERY	33	728256	333320
27					27
28					28
29 DEPARTMENTAL DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2791824
30	H	NEW CAP REL COSTS-MVBLE EQUIP	4		12733835
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 SUBTOTAL				2745499	46306415

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		10670523	1
2						2
3						3
4 RECLASS RADIOLOGY ADMIN	B	RADIOLOGY-DIAGNOSTIC	41	196679	321426	4
5	B					5
6	B					6
7	B					7
8	B					8
9						9
10						10
11 OP CARDIAC PROCEDURES	C	ADULTS & PEDIATRICS	25	131133	64190	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	1104815	1963425	17
18						18
19						19
20 RECLASS MED SUPPLIES CHGD PAT	F	CENTRAL SERVICES & SUPPLY	15		3169898	20
21	F	OPERATING ROOM	37		13482186	21
22	F	RESPIRATORY THERAPY	49		484926	22
23						23
24						24
25 NURSERY COSTS	G	ADULTS & PEDIATRICS	25	584616	260862	25
26	G	NEONATAL INTENSIVE CARE	29.01	728256	333320	26
27						27
28						28
29 DEPARTMENTAL DEPRECIATION	H	EMPLOYEE BENEFITS	5		40975	9 29
30	H	ADMINISTRATIVE & GENERAL	6		5200945	9 30
31	H	OPERATION OF PLANT	8		626546	31
32	H	LAUNDRY & LINEN SERVICE	9		7026	32
33	H	HOUSEKEEPING	10		23825	33
34	H	DIETARY	11		109105	34
35	H	NURSING ADMINISTRATION	14		33882	35
36 SUBTOTAL				2745499	36823060	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7	H				7
8	H				8
9	H				9
10	H				10
11	H				11
12	H				12
13	H				13
14	H				14
15	H				15
16	H				16
17	H				17
18	H				18
19	H				19
20	H				20
21	H				21
22	H				22
23	H				23
24	H				24
25	H				25
26	H				26
27	H				27
28	H				28
29	H				29
30	H				30
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 SUBTOTAL				2745499	46306415 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	H	CENTRAL SERVICES & SUPPLY	15		234738	1
2	H	PHARMACY	16		938324	2
3	H	MEDICAL RECORDS & LIBRARY	17		62701	3
4	H	PARAMDICAL ED PROGRAM XRAY	24		90	4
5	H	PARAMED EDUC EMT PROGRAM	24.02		37902	5
6	H	ADULTS & PEDIATRICS	25		1417095	6
7	H	INTENSIVE CARE UNIT	26		160712	7
8	H	NEONATAL INTENSIVE CARE	29.01		234831	8
9	H	PEDIATRIC INTENSIVE CARE	29.02		61172	9
10	H	SUBPROVIDER I	31		43584	10
11	H	OPERATING ROOM	37		1045414	11
12	H	RECOVERY ROOM	38		23915	12
13	H	DELIVERY ROOM & LABOR ROOM	39		217722	13
14	H	ANESTHESIOLOGY	40		118047	14
15	H	RADIOLOGY-DIAGNOSTIC	41		1331163	15
16	H	RADIOLOGY-THERAPEUTIC	42		303771	16
17	H	RADIOISOTOPE	43		76376	17
18	H	LABORATORY	44		777155	18
19	H	BLOOD STORING, PROCESSING & T	47		9478	19
20	H	RESPIRATORY THERAPY	49		294026	20
21	H	PHYSICAL THERAPY	50		5678	21
22	H	ELECTROCARDIOLOGY	53		144934	22
23	H	ELECTROENCEPHALOGRAPHY	54		27929	23
24	H	RENAL DIALYSIS	57		32090	24
25	H	GI LAB	59		202354	25
26	H	MRI	59.01		200772	26
27	H	CT SCAN	59.02		263649	27
28	H	CARDIAC CATHETERIZATION	59.03		587312	28
29	H	WOMEN'S HEALTH ADVANTAGE	59.05		1231	29
30	H	SPECIAL SURGICAL SERVICES	59.08		6545	30
31	H	GENETIC SERVICES	59.10		34715	31
32	H	PAIN CENTER	60.01		94038	32
33	H	ANTENATAL TEST CENTER	60.02		106205	33
34	H	CHILD PSYCHIATRIC CLINIC	60.03		4999	34
35	H	EMERGENCY	61		343387	35
36		SUBTOTAL		2745499	46267114	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	H				1
2	H				2
3	H				3
4					4
5					5
6	I	EMPLOYEE BENEFITS	5		113752 6
7	I	NEW CAP REL COSTS-BLDG & FIXT	3		240717 7
8	I				8
9	I				9
10					10
11	J	PASTORAL EDUCATION PROGRAM	24.01	55678	14353 11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		2801177	46675237 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1	H	AMBULANCE SERVICES	65		14394	1
2	H	GUEST CENTER	100		17134	2
3	H	AUXILIARY	100.04		7773	3
4						4
5						5
6	I	ADMINISTRATIVE & GENERAL	6		345766	6
7	I	LABORATORY	44		1604	12 7
8	I	COMMUNITY SERVICES	100.02		7099	8
9	I					9
10						10
11	J	ADMINISTRATIVE & GENERAL	6	55678	14353	11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		2801177	46675237	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1079662					1079662		1
2 LAND IMPROVEMENTS	4656600	253846		253846		4910446		2
3 BUILDINGS AND FIXTURES	34581144	1085074		1085074		35666218		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	61091418	3991710		3991710	50086	65033042		5
6 MOVABLE EQUIPMENT	77662966	10206714		10206714	1160061	86709619		6
7 SUBTOTAL	179071790	15537344		15537344	1210147	193398987		7
8 RECONCILING ITEMS								8
9 TOTAL	179071790	15537344		15537344	1210147	193398987		9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	B	-4835	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1953682			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-539026			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1843124	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-69716	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				27
	A-8-3		HOME HEALTH AGENCY	71	
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.01 XRAY COPY	B	-6991	RADIOLOGY-DIAGNOSTIC	41	37.01
37.10 DAY CARE CENTER	B	-1083599	EMPLOYEE BENEFITS	5	37.10
37.17 MISC REVENUE - CYTOGENETICS	B	-667829	GENETIC SERVICES	59.10	37.17
37.18 MISC ADMIN & GEN - OTHER OP INC	B	-1853432	ADMINISTRATIVE & GENERAL	6	37.18
37.82 PATIENT PHONES	A	-17154	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.82
37.83 PATIENT PHONES	A	-480	EMPLOYEE BENEFITS	5	37.83
37.85 PATIENT PHONES	A	-152217	ADMINISTRATIVE & GENERAL	6	37.85
37.86 PATIENT PHONES	A	-7028	OPERATION OF PLANT	8	37.86
37.87 PATIENT PHONES	A	-47725	HOUSEKEEPING	10	37.87
37.88 PATIENT PHONES	A	-3571	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.88
37.89 AHA & IHA LOBBY EXPENSE	A	-9227	ADMINISTRATIVE & GENERAL	6	37.89
38 USEFUL LIFE CHG-SO MULFORD	A	-54655	NEW CAP REL COSTS-BLDG & FIXT	3	9 38
38.03 INTEREST EXPENSE	A	-2869855	ADMINISTRATIVE & GENERAL	6	38.03
39 PHYSICIAN BILLING	A	-1341	ADMINISTRATIVE & GENERAL	6	39
40 REFERENCE LABORATORY	B	-7969181	LABORATORY	44	40
41					41
42					42
43					43
44					44
45 RENTAL REVENUE	B	-14220	ADMINISTRATIVE & GENERAL	6	45
46					46
47					47
48					48
49 EDUCATION REV	B	-36356	PARAMDICAL ED PROGRAM XRAY	24	49
49.17 EMS REV	B	-72808	PARAMED EDUC EMT PROGRAM	24.02	49.17
49.18 MISC REV	B	-13903	NEONATAL INTENSIVE CARE	29.01	49.18
49.25 MISC REV	B	-1762	RADIOISOTOPE	43	49.25
49.26 MISC REV	B	-135	RESPIRATORY THERAPY	49	49.26
49.28 PROPERTY TAXES	A	-78343	ELECTROCARDIOLOGY	53	49.28

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.37 MISC REV	B	-29582	WOMEN'S HEALTH ADVANTAGE	59.05	49.37
49.42 MISC REV	B	-401	CHILD PSYCHIATRIC CLINIC	60.03	49.42
49.43 MISC REV	B	-49560	EMERGENCY	61	49.43
49.46 PROPERTY TAX	B	-120063	GUEST CENTER	100	49.46
50 TOTAL		-19571801			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	8	OPERATION OF PLANT	RMB RENT	1262	1262	1
2	37	OPERATING ROOM	RMB RENT	24159	39672	-15513
3	41	RADIOLOGY-DIAGNOSTIC	RMB RENT	3065	6912	-3847
4	53	ELECTROCARDIOLOGY	RMB RENT	28215	46848	-18633
4.01	59.10	GENETIC SERVICES	RMB RENT	33187	55380	-22193
4.02	6	ADMINISTRATIVE & GENERAL	RHS MANAGEMENT FEE	5134758	5614860	-480102
5		TOTALS		5224646	5763672	-539026

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	30000	30000	171400	250	20601	1030
2	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	1938085	1938085	171400	70038	5771401	288570
3	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	93471	93471	171400	566	46641	2332
4	14	NURSING ADMINISTRATION	PROFESSIONAL FEES	53615	53615				
5	18	SOCIAL SERVICE	PROFESSIONAL FEES	6668	6668	154100	60	4445	222
6	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES	50000	50000	154100	866	64159	3208
7	26	INTENSIVE CARE UNIT	PROFESSIONAL FEES	538720	538720				
8	29.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FEES	35000	35000	171400	427	35186	1759
9	29.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEES	10000	10000	171400	115	9476	474
10	31	SUBPROVIDER I	PROFESSIONAL FEES	68200	68200				
11	37	OPERATING ROOM	PROFESSIONAL FEES	75000	75000	204100	486	47689	2384
12	37	OPERATING ROOM	PROFESSIONAL FEES	114804	114804	204100	535	52497	2625
13	39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEES	924505	924505	194500	2149	200952	10048
14	40	ANESTHESIOLOGY	PROFESSIONAL FEES	1043750	1043750	200300	10846	1044449	52222
15	42	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FEES	12500	12500	219500	48	5065	253
16	44	LABORATORY	PROFESSIONAL FEES	388028	388028	204100	2086	204689	10234
17	49	RESPIRATORY THERAPY	PROFESSIONAL FEES	14400	14400	204100	85	8341	417
18	49	RESPIRATORY THERAPY	PROFESSIONAL FEES	7500	7500	204100	214	20999	1050
19	60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEES	77305	77305	204100	929	91158	4558
20	61	EMERGENCY	PROFESSIONAL FEES	5775	5775				
21	61	EMERGENCY	PROFESSIONAL FEES	268033	268033	204100	1428	140122	7006
22	65	AMBULANCE SERVICES	PROFESSIONAL FEES	13542	13542	204100	132	12953	648
25	14	NURSING ADMINISTRATION	PURCHASED LABOR	66000	29280	204100	3672	360315	18016
26	37	OPERATING ROOM	PURCHASED LABOR	1229797	1229797	241000	10846	1256676	62834
27	60.03	CHILD PSYCHIATRIC CLINIC	PURCHASED LABOR	5930	5930				
101		TOTAL		7070628	1479755	5590873	105778	9397814	469890

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES				20601	9399	9399
2 6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES				5771401		
3 6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES				46641	46830	46830
4 14	NURSING ADMINISTRATION	PROFESSIONAL FEES						53615
5 18	SOCIAL SERVICE	PROFESSIONAL FEES				4445	2223	2223
6 25	ADULTS & PEDIATRICS	PROFESSIONAL FEES				64159		
7 26	INTENSIVE CARE UNIT	PROFESSIONAL FEES						538720
8 29.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FEES				35186		
9 29.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEES				9476	524	524
10 31	SUBPROVIDER I	PROFESSIONAL FEES						68200
11 37	OPERATING ROOM	PROFESSIONAL FEES				47689	27311	27311
12 37	OPERATING ROOM	PROFESSIONAL FEES				52497	62307	62307
13 39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEES				200952		778235
14 40	ANESTHESIOLOGY	PROFESSIONAL FEES				1044449		
15 42	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FEES				5065	7435	7435
16 44	LABORATORY	PROFESSIONAL FEES				204689	183339	183339
17 49	RESPIRATORY THERAPY	PROFESSIONAL FEES				8341	6059	6059
18 49	RESPIRATORY THERAPY	PROFESSIONAL FEES				20999		
19 60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEES				91158		
20 61	EMERGENCY	PROFESSIONAL FEES						5775
21 61	EMERGENCY	PROFESSIONAL FEES				140122	127911	127911
22 65	AMBULANCE SERVICES	PROFESSIONAL FEES				12953	589	589
25 14	NURSING ADMINISTRATION	PURCHASED LABOR				360315		29280
26 37	OPERATING ROOM	PURCHASED LABOR				1256676		
27 60.03	CHILD PSYCHIATRIC CLINIC	PURCHASED LABOR						5930
101	TOTAL					9397814	473927	1953682



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	246842705	2871903	12709842	4364907	246712526	50890338	15210427	1589291	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1252966				1252966	327154			98
100 GUEST CENTER	197109	23596	14049	2687	237441	61997	192585	11762	100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	1346038	17507		13980	1377525	359677	142888		100.02
100.04 AUXILIARY	587138	47726	6373	4261	645498	168542	389526		100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	250225956	2960732	12730264	4385835	250225956	51807708	15935426	1601053	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4211551	3199737	3081288	5052472	4546362	7433866	4400323	544935	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 GUEST CENTER	55218		3545						100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	40969		13165						100.02
100.04 AUXILIARY	111686		7475						100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4419424	3199737	3105473	5052472	4546362	7433866	4400323	544935	103



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	584438	119556	1082288	244826337		244826337	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				1580120		1580120	98
100 GUEST CENTER				562548		562548	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				1934224		1934224	100.02
100.04 AUXILIARY				1322727		1322727	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	584438	119556	1082288	250225956		250225956	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	OF PLANT 8	& LINEN SERVICE 9
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	558361	2871903	12709842	16140106	36988	5047322	1137344	75309 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						32447		98
100 GUEST CENTER		23596	14049	37645	23	6149	14400	557 100
100.01 OTHER NONREIMBURSEABLE COST CEN								100.01
100.02 COMMUNITY SERVICES		17507		17507	119	35672	10684	100.02
100.04 AUXILIARY		47726	6373	54099	36	16716	29126	100.04
100.07 ROCKFORD HEALTH SYSTEM								100.07
100.08 DIALYSIS RENTED SPACE								100.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	558361	2960732	12730264	16249357	37166	5138306	1191554	75866 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	158224	133671	299667	161258	480504	980506	200070	18413	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 GUEST CENTER	2074		345						100
100.01OTHER NONREIMBURSEABLE COST CEN									100.01
100.02COMMUNITY SERVICES	1539		1280						100.02
100.04AUXILIARY	4196		727						100.04
100.07ROCKFORD HEALTH SYSTEM									100.07
100.08DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	166033	133671	302019	161258	480504	980506	200070	18413	103



PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02  
 05/21/2010 10:47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS				15847896		15847896	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				32447		32447	98
100 GUEST CENTER				61193		61193	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				66801		66801	100.02
100.04 AUXILIARY				104900		104900	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS	28345	5801	101974	136120		136120	101
102 NEGATIVE COST CENTER							102
103 TOTAL	28345	5801	101974	16249357		16249357	103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	634840	15500752	98962452	-51807708	194904818	411962	822061	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES					1252966			98
100 GUEST CENTER	5216	17134	60914		237441	5216	6084	100
100.01 OTHER NONREIMBURSEABLE COST C								100.01
100.02 COMMUNITY SERVICES	3870		316953		1377525	3870		100.02
100.04 AUXILIARY	10550	7773	96607		645498	10550		100.04
100.07 ROCKFORD HEALTH SYSTEM								100.07
100.08 DIALYSIS RENTED SPACE								100.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2960732	12730264	4385835		51807708	15935426	1601053	103
104 UNIT COST MULT-WS B PT I		.819950				36.921918		104
104 UNIT COST MULT-WS B PT I	4.523821		.044107		.261104		1.933300	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			37166		5138306	1191554	75866	107
108 UNIT COST MULT-WS B PT III						2.760796		108
108 UNIT COST MULT-WS B PT III			.000374		.025896		.091610	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	VISITS
	10	11	12	14	15	16	17	18
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10	HOUSEKEEPING	417466						10
11	DIETARY	5246	186171					11
12	CAFETERIA	26792		137519				12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	3060		4404	1158429			14
15	CENTRAL SERVICES & SUPPLY	5374		3986	2	100		15
16	PHARMACY	6962		3976	8		100	16
17	MEDICAL RECORDS & LIBRARY	6281		5506	50		739968114	17
18	SOCIAL SERVICE	946		429	872			9568 18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMDICAL ED PROGRAM XRAY	1937		1845				24
24.01	PASTORAL EDUCATION PROGRAM	444		200				24.01
24.02	PARAMED EDUC EMT PROGRAM	5803		1100	516			24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	98891	160066	33588	372365		56806561	7484 25
26	INTENSIVE CARE UNIT	13809	16221	6505	91942		16432091	158 26
29.01	NEONATAL INTENSIVE CARE	14709		8527	135426		39396369	289 29.01
29.02	PEDIATRIC INTENSIVE CARE	3490		1345	25678		4723259	79 29.02
31	SUBPROVIDER I	12062	9884	1726	21659		3499077	1495 31
33	NURSERY	6897		2075	105026		7119061	63 33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	39637		10545	111181		83514176	37
38	RECOVERY ROOM	2513		1576	27041		6770467	38
39	DELIVERY ROOM & LABOR ROOM	13136		3692	59484		10323710	39
40	ANESTHESIOLOGY	87		587	7772		13853363	40
41	RADIOLOGY-DIAGNOSTIC	13164		4626	11464		43979420	41
42	RADIOLOGY-THERAPEUTIC	9449		1000	7993		7577322	42
43	RADIOISOTOPE	1584		299			5186261	43
44	LABORATORY	17071		12926			53321884	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	721		357			12571578	47
49	RESPIRATORY THERAPY	6219		5437	6010		27684722	49
50	PHYSICAL THERAPY	5455		592	861		4105685	50
53	ELECTROCARDIOLOGY	7898		1860	8806		22620989	53
54	ELECTROENCEPHALOGRAPHY	580		179	6		1175735	54
55	MEDICAL SUPPLIES CHARGED TO P					100	89134224	55
56	DRUGS CHARGED TO PATIENTS						70027416	56
57	RENAL DIALYSIS	1717					1368640	57
59	GI LAB	7545		1060	14624		8363492	59
59.01	MRI	2723		809			17357294	59.01
59.02	CT SCAN	1309		950	20		34315282	59.02
59.03	CARDIAC CATHETERIZATION	5393		1410	10633		27936500	59.03
59.04	PRIMARY PREVENTION PROGRAM							59.04
59.05	WOMEN'S HEALTH ADVANTAGE	644		61			15693	59.05
59.07	OUTPATIENT DETOX							59.07
59.08	SPECIAL SURGICAL SERVICES			336	5019		2026849	59.08
59.10	GENETIC SERVICES	6180		1215	230		827665	59.10
59.11	CARDIOLOGY							59.11
59.12	OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS								
60.01	PAIN CENTER	8442		1454	21762		12909202	60.01
60.02	ANTENATAL TEST CENTER	5872		395	2152		3746595	60.02
60.03	CHILD PSYCHIATRIC CLINIC	1880		603	845		377502	60.03
61	EMERGENCY	19681		8111	90152		45607393	61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	6227		1156	18830		5292637	65
68	AIR AMBULANCE							68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	VISITS
	10	11	12	14	15	16	17	18
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	397830	186171	136448	1158429	100	100	739968114	9568 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES								98
100 GUEST CENTER	5216		157					100
100.01 OTHER NONREIMBURSEABLE COST C								100.01
100.02 COMMUNITY SERVICES	3870		583					100.02
100.04 AUXILIARY	10550		331					100.04
100.07 ROCKFORD HEALTH SYSTEM								100.07
100.08 DIALYSIS RENTED SPACE								100.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4419424	3199737	3105473	5052472	4546362	7433866	4400323	544935 103
104 UNIT COST MULT-WS B PT I	10.586309		22.582138		45463.620000		.005947	104
104 UNIT COST MULT-WS B PT I		17.187086		4.361486		74338.660000		56.953909 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	166033	133671	302019	161258	480504	980506	200070	18413 107
108 UNIT COST MULT-WS B PT III	.397716		2.196198		4805.040000		.000270	108
108 UNIT COST MULT-WS B PT III		.718001		.139204		9805.060000		1.924436 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PASTORAL	PARA MED	
	EDUCATION	EDUCATION	EDUC	
	XRAY	PROGRAM	EMT	
	ASSIGNED	PATIENT	TIME	
	TIME	DAYS	SPENT	
	24	24.01	24.02	
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	100	77326	640	95
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES				98
100 GUEST CENTER				100
100.01 OTHER NONREIMBURSEABLE COST C				100.01
100.02 COMMUNITY SERVICES				100.02
100.04 AUXILIARY				100.04
100.07 ROCKFORD HEALTH SYSTEM				100.07
100.08 DIALYSIS RENTED SPACE				100.08
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	584438	119556	1082288	103
104 UNIT COST MULT-WS B PT I	5844.380000		1691.075000	104
104 UNIT COST MULT-WS B PT I		1.546129		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	28345	5801	101974	107
108 UNIT COST MULT-WS B PT III	283.450000		159.334375	108
108 UNIT COST MULT-WS B PT III		.075020		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	50947039		50947039		50947039	25
26 INTENSIVE CARE UNIT	10834486		10834486		10834486	26
29.01 NEONATAL INTENSIVE CARE	12774172		12774172		12774172	29.01
29.02 PEDIATRIC INTENSIVE CARE	2248643		2248643	524	2249167	29.02
31 SUBPROVIDER I	3014950		3014950		3014950	31
33 NURSERY	3415757		3415757		3415757	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21526078		21526078	89618	21615696	37
38 RECOVERY ROOM	2290669		2290669		2290669	38
39 DELIVERY ROOM & LABOR ROOM	5943330		5943330		5943330	39
40 ANESTHESIOLOGY	4649047		4649047		4649047	40
41 RADIOLOGY-DIAGNOSTIC	8620699		8620699		8620699	41
42 RADIOLOGY-THERAPEUTIC	2620292		2620292	7435	2627727	42
43 RADIOISOTOPE	1228703		1228703		1228703	43
44 LABORATORY	14291858		14291858	183339	14475197	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2800407		2800407		2800407	47
49 RESPIRATORY THERAPY	6763472		6763472	6059	6769531	49
50 PHYSICAL THERAPY	2191297		2191297		2191297	50
53 ELECTROCARDIOLOGY	2821747		2821747		2821747	53
54 ELECTROENCEPHALOGRAPHY	236927		236927		236927	54
55 MEDICAL SUPPLIES CHARGED TO	26687728		26687728		26687728	55
56 DRUGS CHARGED TO PATIENTS	21306958		21306958		21306958	56
57 RENAL DIALYSIS	870799		870799		870799	57
59 GI LAB	2082906		2082906		2082906	59
59.01 MRI	1611863		1611863		1611863	59.01
59.02 CT SCAN	1962783		1962783		1962783	59.02
59.03 CARDIAC CATHETERIZATION	6988002		6988002		6988002	59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE	86218		86218		86218	59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES	623517		623517		623517	59.08
59.10 GENETIC SERVICES	1201487		1201487		1201487	59.10
59.11 CARDIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	2673533		2673533		2673533	60.01
60.02 ANTENATAL TEST CENTER	1042061		1042061		1042061	60.02
60.03 CHILD PSYCHIATRIC CLINIC	895870		895870		895870	60.03
61 EMERGENCY	13671708		13671708	127911	13799619	61
62 OBSERVATION BEDS (NON-DISTI	3928866		3928866		3928866	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3901331		3901331	589	3901920	65
68 AIR AMBULANCE						68
101 SUBTOTAL	248755203		248755203	415475	249170678	101
102 LESS OBSERVATION BEDS	3928866		3928866		3928866	102
103 TOTAL	244826337		244826337	415475	245241812	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	50151709		50151709				25
26 INTENSIVE CARE UNIT	16432091		16432091				26
29.01 NEONATAL INTENSIVE CARE	39396369		39396369				29.01
29.02 PEDIATRIC INTENSIVE CARE	4723259		4723259				29.02
31 SUBPROVIDER I	3499077		3499077				31
33 NURSERY	7119061		7119061				33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	52892298	30621878	83514176	.257754	.257754	.258827	37
38 RECOVERY ROOM	4106080	2664387	6770467	.338332	.338332	.338332	38
39 DELIVERY ROOM & LABOR ROOM	8676913	1646797	10323710	.575697	.575697	.575697	39
40 ANESTHESIOLOGY	6690280	7163083	13853363	.335590	.335590	.335590	40
41 RADIOLOGY-DIAGNOSTIC	16621090	27358330	43979420	.196017	.196017	.196017	41
42 RADIOLOGY-THERAPEUTIC	195997	7381325	7577322	.345807	.345807	.346788	42
43 RADIOISOTOPE	1895200	3291061	5186261	.236915	.236915	.236915	43
44 LABORATORY	35998772	17323112	53321884	.268030	.268030	.271468	44
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
47 BLOOD STORING, PROCESSING &	10486310	2085268	12571578	.222757	.222757	.222757	47
49 RESPIRATORY THERAPY	22566772	5117950	27684722	.244303	.244303	.244522	49
50 PHYSICAL THERAPY	3014990	1090695	4105685	.533723	.533723	.533723	50
53 ELECTROCARDIOLOGY	8137002	14483987	22620989	.124740	.124740	.124740	53
54 ELECTROENCEPHALOGRAPHY	745517	430218	1175735	.201514	.201514	.201514	54
55 MEDICAL SUPPLIES CHARGED TO	65731669	23402555	89134224	.299411	.299411	.299411	55
56 DRUGS CHARGED TO PATIENTS	54801789	15225627	70027416	.304266	.304266	.304266	56
57 RENAL DIALYSIS	1304162	64478	1368640	.636251	.636251	.636251	57
59 GI LAB	1436873	6926619	8363492	.249047	.249047	.249047	59
59.01 MRI	4882459	12474835	17357294	.092864	.092864	.092864	59.01
59.02 CT SCAN	13491942	20823340	34315282	.057199	.057199	.057199	59.02
59.03 CARDIAC CATHETERIZATION	17182883	10753617	27936500	.250139	.250139	.250139	59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		15693	15693	5.494042	5.494042	5.494042	59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES	5112	2021737	2026849	.307629	.307629	.307629	59.08
59.10 GENETIC SERVICES	44510	783155	827665	1.451659	1.451659	1.451659	59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER	113159	12796043	12909202	.207103	.207103	.207103	60.01
60.02 ANTENATAL TEST CENTER	657995	3088600	3746595	.278135	.278135	.278135	60.02
60.03 CHILD PSYCHIATRIC CLINIC	4383	373119	377502	2.373153	2.373153	2.373153	60.03
61 EMERGENCY	14480602	31126791	45607393	.299770	.299770	.302574	61
62 OBSERVATION BEDS (NON-DISTI	90720	6564132	6654852	.590376	.590376	.590376	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		5292637	5292637	.737124	.737124	.737236	65
68 AIR AMBULANCE							68
101 SUBTOTAL	467577045	272391069	739968114				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	467577045	272391069	739968114				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3070177		3070177
26 INTENSIVE CARE UNIT				477626		477626
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				584936		584936
29.02 PEDIATRIC INTENSIVE CARE				125886		125886
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				188548		188548
33 NURSERY				127047		127047
101 TOTAL				4574220		4574220

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	51312	19050			59.83	1139762
26 INTENSIVE CARE UNIT	5407	3482			88.33	307565
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	11332				51.62	
29.02 PEDIATRIC INTENSIVE CARE	1373				91.69	
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2824	846			66.77	56487
33 NURSERY	3400				37.37	
101 TOTAL	75648	23378				1503814

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1626142	83514176	23300770			.019471	453689 37
38 RECOVERY ROOM		90002	6770467	1702421			.013293	22630 38
39 DELIVERY ROOM & LABOR ROOM		405972	10323710	78699			.039324	3095 39
40 ANESTHESIOLOGY		196397	13853363	2132315			.014177	30230 40
41 RADIOLOGY-DIAGNOSTIC		1362409	43979420	7310723			.030978	226472 41
42 RADIOLOGY-THERAPEUTIC		372170	7577322	110530			.049116	5429 42
43 RADIOISOTOPE		99854	5186261	1060656			.019254	20422 43
44 LABORATORY		1083299	53321884	14682663			.020316	298293 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		72664	12571578	4877728			.005780	28193 47
49 RESPIRATORY THERAPY		500039	27684722	8374022			.018062	151252 49
50 PHYSICAL THERAPY		90230	4105685	1633373			.021977	35897 50
53 ELECTROCARDIOLOGY		254522	22620989	4218517			.011252	47467 53
54 ELECTROENCEPHALOGRAPHY		32168	1175735	327476			.027360	8960 54
55 MEDICAL SUPPLIES CHARGED TO P		948631	89134224	29770860			.010643	316851 55
56 DRUGS CHARGED TO PATIENTS		1275737	70027416	20934453			.018218	381384 56
57 RENAL DIALYSIS		55912	1368640	811534			.040852	33153 57
59 GI LAB		265885	8363492	749913			.031791	23840 59
59.01 MRI		220415	17357294	2253153			.012699	28613 59.01
59.02 CT SCAN		272203	34315282	5559750			.007932	44100 59.02
59.03 CARDIAC CATHETERIZATION		669019	27936500	7461719			.023948	178693 59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		7513	15693				.478748	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19734	2026849	2556			.009736	25 59.08
59.10 GENETIC SERVICES		115867	827665	2997			.139993	420 59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		194671	12909202	70437			.015080	1062 60.01
60.02 ANTENATAL TEST CENTER		150763	3746595	5995			.040240	241 60.02
60.03 CHILD PSYCHIATRIC CLINIC		36429	377502				.096500	60.03
61 EMERGENCY		716490	45607393	6591704			.015710	103556 61
62 OBSERVATION BEDS (NON-DISTINC		236761	6654852	81599			.035577	2903 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11371898	613353911	144106563				2446870 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			108546			108546	25
26 INTENSIVE CARE UNIT			65392			65392	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NEONATAL INTENSIVE CARE			19838			19838	29.01
29.02 PEDIATRIC INTENSIVE CARE			1828			1828	29.02
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			4201			4201	31
33 NURSERY			5996			5996	33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			205801			205801	101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02  
 05/21/2010 10:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	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	51312	2.12	19050	40386	25
26 INTENSIVE CARE UNIT	5407	12.09	3482	42097	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	11332	1.75			29.01
29.02 PEDIATRIC INTENSIVE CARE	1373	1.33			29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2824	1.49	846	1261	31
33 NURSERY	3400	1.76			33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	75648		23378	83744	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				150506			150506
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM				28748			28748
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC				584438			584438
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY							
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21984			21984
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				794805			794805
62 OBSERVATION BEDS (NON-DISTINC				8372			8372
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1588853			1588853

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	150506	83514176	.001802	.001802	23300770	41988	6942960	37
38 RECOVERY ROOM		6770467			1702421		437953	38
39 DELIVERY ROOM & LABOR ROOM	28748	10323710	.002785	.002785	78699	219	8839	39
40 ANESTHESIOLOGY		13853363			2132315		1579685	40
41 RADIOLOGY-DIAGNOSTIC	584438	43979420	.013289	.013289	7310723	97152	8260363	41
42 RADIOLOGY-THERAPEUTIC		7577322			110530		4243573	42
43 RADIOISOTOPE		5186261			1060656		1311538	43
44 LABORATORY		53321884			14682663		579334	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		12571578			4877728		1284078	47
49 RESPIRATORY THERAPY	21984	27684722	.000794	.000794	8374022	6649	1347401	49
50 PHYSICAL THERAPY		4105685			1633373			50
53 ELECTROCARDIOLOGY		22620989			4218517		5872269	53
54 ELECTROENCEPHALOGRAPHY		1175735			327476		46356	54
55 MEDICAL SUPPLIES CHARGED TO P		89134224			29770860		10019594	55
56 DRUGS CHARGED TO PATIENTS		70027416			20934453		5219870	56
57 RENAL DIALYSIS		1368640			811534		31929	57
59 GI LAB		8363492			749913		1773264	59
59.01 MRI		17357294			2253153		3794034	59.01
59.02 CT SCAN		34315282			5559750		5683981	59.02
59.03 CARDIAC CATHETERIZATION		27936500			7461719		3121364	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		15693						59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		2026849			2556		1047667	59.08
59.10 GENETIC SERVICES		827665			2997		11727	59.10
59.11 CARDIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		12909202			70437		4548046	60.01
60.02 ANTENATAL TEST CENTER		3746595			5995		67040	60.02
60.03 CHILD PSYCHIATRIC CLINIC		377502						60.03
61 EMERGENCY	794805	45607393	.017427	.017427	6591704	114874	4452429	61
62 OBSERVATION BEDS (NON-DISTINC	8372	6654852	.001258	.001258	81599	103	958274	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL	1588853	613353911			144106563	260985	72643568	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			12511		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			25		39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			109772		41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY			1070		49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 GI LAB					59
59.01 MRI					59.01
59.02 CT SCAN					59.02
59.03 CARDIAC CATHETERIZATION					59.03
59.04 PRIMARY PREVENTION PROGRAM					59.04
59.05 WOMEN'S HEALTH ADVANTAGE					59.05
59.07 OUTPATIENT DETOX					59.07
59.08 SPECIAL SURGICAL SERVICES					59.08
59.10 GENETIC SERVICES					59.10
59.11 CARDIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY			77592		61
62 OBSERVATION BEDS (NON-DISTINC			1206		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL			202176		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.257754	.257754	.257754				38
39 RECOVERY ROOM	.338332	.338332	.338332				39
40 DELIVERY ROOM & LABOR ROOM	.575697	.575697	.575697				40
41 ANESTHESIOLOGY	.335590	.335590	.335590				41
42 RADIOLOGY-DIAGNOSTIC	.196017	.196017	.196017				42
43 RADIOLOGY-THERAPEUTIC	.345807	.345807	.345807				43
44 RADIOISOTOPE	.236915	.236915	.236915				44
46.30 LABORATORY	.268030	.268030	.268030				46.30
47 BLOOD CLOTTING FACTORS ADMIN CO							47
49 BLOOD STORING, PROCESSING & TRA	.222757	.222757	.222757				49
50 RESPIRATORY THERAPY	.244303	.244303	.244303				50
53 PHYSICAL THERAPY	.533723	.533723	.533723				53
54 ELECTROCARDIOLOGY	.124740	.124740	.124740				54
55 ELECTROENCEPHALOGRAPHY	.201514	.201514	.201514				55
56 MEDICAL SUPPLIES CHARGED TO PAT	.299411	.299411	.299411				56
57 DRUGS CHARGED TO PATIENTS	.304266	.304266	.304266				57
59 RENAL DIALYSIS	.636251	.636251	.636251				59
59.01 GI LAB	.249047	.249047	.249047				59.01
59.02 MRI	.092864	.092864	.092864				59.02
59.03 CT SCAN	.057199	.057199	.057199				59.03
59.04 CARDIAC CATHETERIZATION	.250139	.250139	.250139				59.04
59.05 PRIMARY PREVENTION PROGRAM							59.05
59.07 WOMEN'S HEALTH ADVANTAGE	5.494042	5.494042	5.494042				59.07
59.08 OUTPATIENT DETOX							59.08
59.10 SPECIAL SURGICAL SERVICES	.307629	.307629	.307629				59.10
59.11 GENETIC SERVICES	1.451659	1.451659	1.451659				59.11
59.12 CARDIOLOGY							59.12
60.01 OUTPATIENT PSYCH SERVICES							60.01
60.02 OUTPATIENT SERVICE COST CENTERS							60.02
60.03 PAIN CENTER	.207103	.207103	.207103				60.03
61 ANTENATAL TEST CENTER	.278135	.278135	.278135				61
62 CHILD PSYCHIATRIC CLINIC	2.373153	2.373153	2.373153				62
63.50 EMERGENCY	.299770	.299770	.299770				63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)	.590376	.590376	.590376				63.60
65 FQHC							65
65.01 OTHER REIMBURSABLE COST CENTERS							65.01
65.02 AMBULANCE SERVICES	.737124	.737124	.737124				65.02
65.03 AMBULANCE SERVICES (2ND PERIOD)	.737124	.737124	.737124				65.03
68 AMBULANCE SERVICES (3RD PERIOD)	.737124	.737124	.737124				68
101 AMBULANCE SERVICES (4TH PERIOD)	.737124	.737124	.737124				101
102 AIR AMBULANCE							102
103 SUBTOTAL							103
104 CRNA CHARGES							104
LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							
NET CHARGES							

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.304266	1
2 PROGRAM VACCINE CHARGES	2	2321	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		706	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6942960	56					37
38 RECOVERY ROOM		437953						38
39 DELIVERY ROOM & LABOR ROOM		8839						39
40 ANESTHESIOLOGY		1579685						40
41 RADIOLOGY-DIAGNOSTIC		8260363						41
42 RADIOLOGY-THERAPEUTIC		4243573						42
43 RADIOISOTOPE		1311538						43
44 LABORATORY		579334						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		1284078						47
49 RESPIRATORY THERAPY		1347401						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		5872269						53
54 ELECTROENCEPHALOGRAPHY		46356						54
55 MEDICAL SUPPLIES CHARGED TO PA		10019594						55
56 DRUGS CHARGED TO PATIENTS		5219870						56
57 RENAL DIALYSIS		31929						57
59 GI LAB		1773264						59
59.01 MRI		3794034						59.01
59.02 CT SCAN		5683981						59.02
59.03 CARDIAC CATHETERIZATION		3121364						59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE								59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		1047667						59.08
59.10 GENETIC SERVICES		11727						59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
60.01 OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		4548046						60.01
60.02 ANTENATAL TEST CENTER		67040						60.02
60.03 CHILD PSYCHIATRIC CLINIC								60.03
61 EMERGENCY		4452429						61
62 OBSERVATION BEDS (NON-DISTINCT		958274						62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
68 AIR AMBULANCE								68
101 SUBTOTAL		72643568	56					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		72643568	56					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1789576	14				37
38 RECOVERY ROOM		148174					38
39 DELIVERY ROOM & LABOR ROOM		5089					39
40 ANESTHESIOLOGY		530126					40
41 RADIOLOGY-DIAGNOSTIC		1619172					41
42 RADIOLOGY-THERAPEUTIC		1467457					42
43 RADIOISOTOPE		310723					43
44 LABORATORY		155279					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		286037					47
49 RESPIRATORY THERAPY		329174					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		732507					53
54 ELECTROENCEPHALOGRAPHY		9341					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2999977					55
56 DRUGS CHARGED TO PATIENTS		1588229					56
57 RENAL DIALYSIS		20315					57
59 GI LAB		441626					59
59.01 MRI		352329					59.01
59.02 CT SCAN		325118					59.02
59.03 CARDIAC CATHETERIZATION		780775					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		322293					59.08
59.10 GENETIC SERVICES		17024					59.10
59.11 RADIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		941914					60.01
60.02 ANTENATAL TEST CENTER		18646					60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY		1334705					61
62 OBSERVATION BEDS (NON-DISTINCT		565742					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
68 AIR AMBULANCE							68
101 SUBTOTAL		17091348	14				101
102 CRNA CHARGES							102
103 LESS BPB CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		17091348	14				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1626142	83514176	1964			.019471	38 37
38 RECOVERY ROOM		90002	6770467	931			.013293	12 38
39 DELIVERY ROOM & LABOR ROOM		405972	10323710				.039324	39
40 ANESTHESIOLOGY		196397	13853363	551			.014177	8 40
41 RADIOLOGY-DIAGNOSTIC		1362409	43979420	10285			.030978	319 41
42 RADIOLOGY-THERAPEUTIC		372170	7577322				.049116	42
43 RADIOISOTOPE		99854	5186261				.019254	43
44 LABORATORY		1083299	53321884	184362			.020316	3745 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		72664	12571578				.005780	47
49 RESPIRATORY THERAPY		500039	27684722	2578			.018062	47 49
50 PHYSICAL THERAPY		90230	4105685	1987			.021977	44 50
53 ELECTROCARDIOLOGY		254522	22620989	10177			.011252	115 53
54 ELECTROENCEPHALOGRAPHY		32168	1175735	1684			.027360	46 54
55 MEDICAL SUPPLIES CHARGED TO P		948631	89134224	3258			.010643	35 55
56 DRUGS CHARGED TO PATIENTS		1275737	70027416	210649			.018218	3838 56
57 RENAL DIALYSIS		55912	1368640	2704			.040852	110 57
59 GI LAB		265885	8363492	1305			.031791	41 59
59.01 MRI		220415	17357294	12721			.012699	162 59.01
59.02 CT SCAN		272203	34315282	12256			.007932	97 59.02
59.03 CARDIAC CATHETERIZATION		669019	27936500				.023948	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		7513	15693				.478748	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19734	2026849				.009736	59.08
59.10 GENETIC SERVICES		115867	827665				.139993	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		194671	12909202				.015080	60.01
60.02 ANTENATAL TEST CENTER		150763	3746595				.040240	60.02
60.03 CHILD PSYCHIATRIC CLINIC		36429	377502				.096500	60.03
61 EMERGENCY		716490	45607393	134374			.015710	2111 61
62 OBSERVATION BEDS (NON-DISTINC		236761	6654852				.035577	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11371898	613353911	591786				10768 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				150506			150506
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM				28748			28748
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC				584438			584438
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY							
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21984			21984
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				794805			794805
62 OBSERVATION BEDS (NON-DISTINC				8372			8372
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1588853			1588853

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	150506	83514176	.001802	.001802	1964	4	37
38 RECOVERY ROOM		6770467			931		38
39 DELIVERY ROOM & LABOR ROOM	28748	10323710	.002785	.002785			39
40 ANESTHESIOLOGY		13853363			551		40
41 RADIOLOGY-DIAGNOSTIC	584438	43979420	.013289	.013289	10285	137	41
42 RADIOLOGY-THERAPEUTIC		7577322					42
43 RADIOISOTOPE		5186261					43
44 LABORATORY		53321884			184362		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12571578					47
49 RESPIRATORY THERAPY	21984	27684722	.000794	.000794	2578	2	49
50 PHYSICAL THERAPY		4105685			1987		50
53 ELECTROCARDIOLOGY		22620989			10177		53
54 ELECTROENCEPHALOGRAPHY		1175735			1684		54
55 MEDICAL SUPPLIES CHARGED TO P		89134224			3258		55
56 DRUGS CHARGED TO PATIENTS		70027416			210649		56
57 RENAL DIALYSIS		1368640			2704		57
59 GI LAB		8363492			1305		59
59.01 MRI		17357294			12721		59.01
59.02 CT SCAN		34315282			12256		59.02
59.03 CARDIAC CATHETERIZATION		27936500					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		15693					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		2026849					59.08
59.10 GENETIC SERVICES		827665					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12909202					60.01
60.02 ANTENATAL TEST CENTER		3746595					60.02
60.03 CHILD PSYCHIATRIC CLINIC		377502					60.03
61 EMERGENCY	794805	45607393	.017427	.017427	134374	2342	61
62 OBSERVATION BEDS (NON-DISTINC	8372	6654852	.001258	.001258			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1588853	613353911			591786	2485	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3070177		3070177
26 INTENSIVE CARE UNIT				477626		477626
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				584936		584936
29.02 PEDIATRIC INTENSIVE CARE				125886		125886
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				188548		188548
33 NURSERY				127047		127047
101 TOTAL				4574220		4574220

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	51312	10558			59.83	631685
26 INTENSIVE CARE UNIT	5407	1009			88.33	89125
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	11332	6743			51.62	348074
29.02 PEDIATRIC INTENSIVE CARE	1373	1145			91.69	104985
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2824	692			66.77	46205
33 NURSERY	3400	2247			37.37	83970
101 TOTAL	75648	22394				1304044

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1626142	83514176				.019471	37
38 RECOVERY ROOM		90002	6770467				.013293	38
39 DELIVERY ROOM & LABOR ROOM		405972	10323710				.039324	39
40 ANESTHESIOLOGY		196397	13853363				.014177	40
41 RADIOLOGY-DIAGNOSTIC		1362409	43979420				.030978	41
42 RADIOLOGY-THERAPEUTIC		372170	7577322				.049116	42
43 RADIOISOTOPE		99854	5186261				.019254	43
44 LABORATORY		1083299	53321884				.020316	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		72664	12571578				.005780	47
49 RESPIRATORY THERAPY		500039	27684722				.018062	49
50 PHYSICAL THERAPY		90230	4105685				.021977	50
53 ELECTROCARDIOLOGY		254522	22620989				.011252	53
54 ELECTROENCEPHALOGRAPHY		32168	1175735				.027360	54
55 MEDICAL SUPPLIES CHARGED TO P		948631	89134224				.010643	55
56 DRUGS CHARGED TO PATIENTS		1275737	70027416				.018218	56
57 RENAL DIALYSIS		55912	1368640				.040852	57
59 GI LAB		265885	8363492				.031791	59
59.01 MRI		220415	17357294				.012699	59.01
59.02 CT SCAN		272203	34315282				.007932	59.02
59.03 CARDIAC CATHETERIZATION		669019	27936500				.023948	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		7513	15693				.478748	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19734	2026849				.009736	59.08
59.10 GENETIC SERVICES		115867	827665				.139993	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		194671	12909202				.015080	60.01
60.02 ANTENATAL TEST CENTER		150763	3746595				.040240	60.02
60.03 CHILD PSYCHIATRIC CLINIC		36429	377502				.096500	60.03
61 EMERGENCY		716490	45607393				.015710	61
62 OBSERVATION BEDS (NON-DISTINC		236761	6654852				.035577	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11371898	613353911					101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02  
 05/21/2010 10:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			108546		108546	25
26 INTENSIVE CARE UNIT			65392		65392	26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
29.01 NEONATAL INTENSIVE CARE			19838		19838	29.01
29.02 PEDIATRIC INTENSIVE CARE			1828		1828	29.02
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I			4201		4201	31
33 NURSERY			5996		5996	33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			205801		205801	101

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	51312	2.12	10558	22383	25
26 INTENSIVE CARE UNIT	5407	12.09	1009	12199	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	11332	1.75	6743	11800	29.01
29.02 PEDIATRIC INTENSIVE CARE	1373	1.33	1145	1523	29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2824	1.49	692	1031	31
33 NURSERY	3400	1.76	2247	3955	33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	75648		22394	52891	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				150506			150506 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				28748			28748 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				584438			584438 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21984			21984 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				794805			794805 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1580481			1580481 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	150506	83514176	.001802	.001802			37
38 RECOVERY ROOM		6770467					38
39 DELIVERY ROOM & LABOR ROOM	28748	10323710	.002785	.002785			39
40 ANESTHESIOLOGY		13853363					40
41 RADIOLOGY-DIAGNOSTIC	584438	43979420	.013289	.013289			41
42 RADIOLOGY-THERAPEUTIC		7577322					42
43 RADIOISOTOPE		5186261					43
44 LABORATORY		53321884					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12571578					47
49 RESPIRATORY THERAPY	21984	27684722	.000794	.000794			49
50 PHYSICAL THERAPY		4105685					50
53 ELECTROCARDIOLOGY		22620989					53
54 ELECTROENCEPHALOGRAPHY		1175735					54
55 MEDICAL SUPPLIES CHARGED TO P		89134224					55
56 DRUGS CHARGED TO PATIENTS		70027416					56
57 RENAL DIALYSIS		1368640					57
59 GI LAB		8363492					59
59.01 MRI		17357294					59.01
59.02 CT SCAN		34315282					59.02
59.03 CARDIAC CATHETERIZATION		27936500					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		15693					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		2026849					59.08
59.10 GENETIC SERVICES		827665					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12909202					60.01
60.02 ANTENATAL TEST CENTER		3746595					60.02
60.03 CHILD PSYCHIATRIC CLINIC		377502					60.03
61 EMERGENCY	794805	45607393	.017427	.017427			61
62 OBSERVATION BEDS (NON-DISTINC		6654852					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1580481	613353911					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1626142	83514176				.019471	37
38 RECOVERY ROOM		90002	6770467				.013293	38
39 DELIVERY ROOM & LABOR ROOM		405972	10323710				.039324	39
40 ANESTHESIOLOGY		196397	13853363				.014177	40
41 RADIOLOGY-DIAGNOSTIC		1362409	43979420				.030978	41
42 RADIOLOGY-THERAPEUTIC		372170	7577322				.049116	42
43 RADIOISOTOPE		99854	5186261				.019254	43
44 LABORATORY		1083299	53321884				.020316	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		72664	12571578				.005780	47
49 RESPIRATORY THERAPY		500039	27684722				.018062	49
50 PHYSICAL THERAPY		90230	4105685				.021977	50
53 ELECTROCARDIOLOGY		254522	22620989				.011252	53
54 ELECTROENCEPHALOGRAPHY		32168	1175735				.027360	54
55 MEDICAL SUPPLIES CHARGED TO P		948631	89134224				.010643	55
56 DRUGS CHARGED TO PATIENTS		1275737	70027416				.018218	56
57 RENAL DIALYSIS		55912	1368640				.040852	57
59 GI LAB		265885	8363492				.031791	59
59.01 MRI		220415	17357294				.012699	59.01
59.02 CT SCAN		272203	34315282				.007932	59.02
59.03 CARDIAC CATHETERIZATION		669019	27936500				.023948	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		7513	15693				.478748	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19734	2026849				.009736	59.08
59.10 GENETIC SERVICES		115867	827665				.139993	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		194671	12909202				.015080	60.01
60.02 ANTENATAL TEST CENTER		150763	3746595				.040240	60.02
60.03 CHILD PSYCHIATRIC CLINIC		36429	377502				.096500	60.03
61 EMERGENCY		716490	45607393				.015710	61
62 OBSERVATION BEDS (NON-DISTINC		236761	6654852				.035577	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11371898	613353911					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				150506			150506 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				28748			28748 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				584438			584438 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21984			21984 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				794805			794805 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1580481			1580481 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	150506	83514176	.001802	.001802			37
38 RECOVERY ROOM		6770467					38
39 DELIVERY ROOM & LABOR ROOM	28748	10323710	.002785	.002785			39
40 ANESTHESIOLOGY		13853363					40
41 RADIOLOGY-DIAGNOSTIC	584438	43979420	.013289	.013289			41
42 RADIOLOGY-THERAPEUTIC		7577322					42
43 RADIOISOTOPE		5186261					43
44 LABORATORY		53321884					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		12571578					47
49 RESPIRATORY THERAPY	21984	27684722	.000794	.000794			49
50 PHYSICAL THERAPY		4105685					50
53 ELECTROCARDIOLOGY		22620989					53
54 ELECTROENCEPHALOGRAPHY		1175735					54
55 MEDICAL SUPPLIES CHARGED TO P		89134224					55
56 DRUGS CHARGED TO PATIENTS		70027416					56
57 RENAL DIALYSIS		1368640					57
59 GI LAB		8363492					59
59.01 MRI		17357294					59.01
59.02 CT SCAN		34315282					59.02
59.03 CARDIAC CATHETERIZATION		27936500					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		15693					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		2026849					59.08
59.10 GENETIC SERVICES		827665					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12909202					60.01
60.02 ANTENATAL TEST CENTER		3746595					60.02
60.03 CHILD PSYCHIATRIC CLINIC		377502					60.03
61 EMERGENCY	794805	45607393	.017427	.017427			61
62 OBSERVATION BEDS (NON-DISTINC		6654852					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1580481	613353911					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	51312	2824					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51312	2824					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9555	2824					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	19050	846					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	613.53						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	215.15						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	50947039	3014950					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	50947039	3014950					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.915052	.986585					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	5826.97	1082.13					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	50947039	3014950					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	992.89	1067.62					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18914555	903207					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18914555	903207					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	10834486	5407	2003.79	3482	6977197		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	NEONATAL INTENSIVE CARE	12774172	11332	1127.27				46.01
46.02	PEDIATRIC INTENSIVE CARE	2249167	1373	1638.14				46.02
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	38118644	166024					48
49	TOTAL PROGRAM INPATIENT COSTS	64010396	1069231					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1529810	57748					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2707855	13253					51
52	TOTAL PROGRAM EXCLUDABLE COST	4237665	71001					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	59772731	998230					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3957	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	992.89	84
85 OBSERVATION BED COST	3928866	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		50947039		3928866		86
87 NEW CAPITAL-RELATED COST	3070177	50947039	.060262	3928866	236761	87
88 NON PHYSICIAN ANESTHETIST		50947039		3928866		88
89 NURSING SCHOOL		50947039		3928866		89
89.01 ALLIED HEALTH	108546	50947039	.002131	3928866	8372	89.01
89.02 ALL OTHER		50947039		3928866		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	51312	2824				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51312	2824				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9555	2824				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10558	692				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	3400					15
16 TITLE V OR XIX NURSERY DAYS	2247					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	613.53						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	215.15						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	50947039	3014950					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	50947039	3014950					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.915052	.986585					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	5826.97	1082.13					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	50947039	3014950					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	992.89	1067.62			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10482933	738793			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10482933	738793			41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)	3415757	3400	1004.63	2247	2257404 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	10834486	5407	2003.79	1009	2021824 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
46.01	NEONATAL INTENSIVE CARE	12774172	11332	1127.27	6743	7601182 46.01
46.02	PEDIATRIC INTENSIVE CARE	2248643	1373	1637.76	1145	1875235 46.02
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	24238578	738793			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1309699	47236			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1309699	47236			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02  
05/21/2010 10:47

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3957	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	992.89	84
85 OBSERVATION BED COST	3928866	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		17549606		25
26 INTENSIVE CARE UNIT		6903778		26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.258827	23300770	6030868	37
38 RECOVERY ROOM	.338332	1702421	575984	38
39 DELIVERY ROOM & LABOR ROOM	.575697	78699	45307	39
40 ANESTHESIOLOGY	.335590	2132315	715584	40
41 RADIOLOGY-DIAGNOSTIC	.196017	7310723	1433026	41
42 RADIOLOGY-THERAPEUTIC	.346788	110530	38330	42
43 RADIOISOTOPE	.236915	1060656	251285	43
44 LABORATORY	.271468	14682663	3985873	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.222757	4877728	1086548	47
49 RESPIRATORY THERAPY	.244522	8374022	2047633	49
50 PHYSICAL THERAPY	.533723	1633373	871769	50
53 ELECTROCARDIOLOGY	.124740	4218517	526218	53
54 ELECTROENCEPHALOGRAPHY	.201514	327476	65991	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.299411	29770860	8913723	55
56 DRUGS CHARGED TO PATIENTS	.304266	20934453	6369642	56
57 RENAL DIALYSIS	.636251	811534	516339	57
59 GI LAB	.249047	749913	186764	59
59.01 MRI	.092864	2253153	209237	59.01
59.02 CT SCAN	.057199	5559750	318012	59.02
59.03 CARDIAC CATHETERIZATION	.250139	7461719	1866467	59.03
59.04 PRIMARY PREVENTION PROGRAM				59.04
59.05 WOMEN'S HEALTH ADVANTAGE	5.494042			59.05
59.07 OUTPATIENT DETOX				59.07
59.08 SPECIAL SURGICAL SERVICES	.307629	2556	786	59.08
59.10 GENETIC SERVICES	1.451659	2997	4351	59.10
59.11 RADIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.207103	70437	14588	60.01
60.02 ANTENATAL TEST CENTER	.278135	5995	1667	60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.373153			60.03
61 EMERGENCY	.302574	6591704	1994478	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590376	81599	48174	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL		144106563	38118644	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		144106563		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I		1046542		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.258827	1964	508	37
38 RECOVERY ROOM	.338332	931	315	38
39 DELIVERY ROOM & LABOR ROOM	.575697			39
40 ANESTHESIOLOGY	.335590	551	185	40
41 RADIOLOGY-DIAGNOSTIC	.196017	10285	2016	41
42 RADIOLOGY-THERAPEUTIC	.346788			42
43 RADIOISOTOPE	.236915			43
44 LABORATORY	.271468	184362	50048	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.222757			47
49 RESPIRATORY THERAPY	.244522	2578	630	49
50 PHYSICAL THERAPY	.533723	1987	1061	50
53 ELECTROCARDIOLOGY	.124740	10177	1269	53
54 ELECTROENCEPHALOGRAPHY	.201514	1684	339	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.299411	3258	975	55
56 DRUGS CHARGED TO PATIENTS	.304266	210649	64093	56
57 RENAL DIALYSIS	.636251	2704	1720	57
59 GI LAB	.249047	1305	325	59
59.01 MRI	.092864	12721	1181	59.01
59.02 CT SCAN	.057199	12256	701	59.02
59.03 CARDIAC CATHETERIZATION	.250139			59.03
59.04 PRIMARY PREVENTION PROGRAM				59.04
59.05 WOMEN'S HEALTH ADVANTAGE	5.494042			59.05
59.07 OUTPATIENT DETOX				59.07
59.08 SPECIAL SURGICAL SERVICES	.307629			59.08
59.10 GENETIC SERVICES	1.451659			59.10
59.11 RADIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.207103			60.01
60.02 ANTENATAL TEST CENTER	.278135			60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.373153			60.03
61 EMERGENCY	.302574	134374	40658	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.590376			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL		591786	166024	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		591786		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
29.01 NEONATAL INTENSIVE CARE			29.01
29.02 PEDIATRIC INTENSIVE CARE			29.02
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.257754		37
38 RECOVERY ROOM	.338332		38
39 DELIVERY ROOM & LABOR ROOM	.575697		39
40 ANESTHESIOLOGY	.335590		40
41 RADIOLOGY-DIAGNOSTIC	.196017		41
42 RADIOLOGY-THERAPEUTIC	.345807		42
43 RADIOISOTOPE	.236915		43
44 LABORATORY	.268030		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.222757		47
49 RESPIRATORY THERAPY	.244303		49
50 PHYSICAL THERAPY	.533723		50
53 ELECTROCARDIOLOGY	.124740		53
54 ELECTROENCEPHALOGRAPHY	.201514		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.299411		55
56 DRUGS CHARGED TO PATIENTS	.304266		56
57 RENAL DIALYSIS	.636251		57
59 GI LAB	.249047		59
59.01 MRI	.092864		59.01
59.02 CT SCAN	.057199		59.02
59.03 CARDIAC CATHETERIZATION	.250139		59.03
59.04 PRIMARY PREVENTION PROGRAM			59.04
59.05 WOMEN'S HEALTH ADVANTAGE	5.494042		59.05
59.07 OUTPATIENT DETOX			59.07
59.08 SPECIAL SURGICAL SERVICES	.307629		59.08
59.10 GENETIC SERVICES	1.451659		59.10
59.11 RADIOLOGY			59.11
59.12 OUTPATIENT PSYCH SERVICES			59.12
OUTPATIENT SERVICE COST CENTERS			
60.01 PAIN CENTER	.207103		60.01
60.02 ANTENATAL TEST CENTER	.278135		60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.373153		60.03
61 EMERGENCY	.299770		61
62 OBSERVATION BEDS (NON-DISTINCT)	.590376		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
68 AIR AMBULANCE			68
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[XX] SUB I (14-S239)	[ ] NF	[ ] TEFRA
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	[ ] SUB III	[ ] S/B-NF	
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COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
29.01 NEONATAL INTENSIVE CARE			29.01
29.02 PEDIATRIC INTENSIVE CARE			29.02
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.257754		37
38 RECOVERY ROOM	.338332		38
39 DELIVERY ROOM & LABOR ROOM	.575697		39
40 ANESTHESIOLOGY	.335590		40
41 RADIOLOGY-DIAGNOSTIC	.196017		41
42 RADIOLOGY-THERAPEUTIC	.345807		42
43 RADIOISOTOPE	.236915		43
44 LABORATORY	.268030		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.222757		47
49 RESPIRATORY THERAPY	.244303		49
50 PHYSICAL THERAPY	.533723		50
53 ELECTROCARDIOLOGY	.124740		53
54 ELECTROENCEPHALOGRAPHY	.201514		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.299411		55
56 DRUGS CHARGED TO PATIENTS	.304266		56
57 RENAL DIALYSIS	.636251		57
59 GI LAB	.249047		59
59.01 MRI	.092864		59.01
59.02 CT SCAN	.057199		59.02
59.03 CARDIAC CATHETERIZATION	.250139		59.03
59.04 PRIMARY PREVENTION PROGRAM			59.04
59.05 WOMEN'S HEALTH ADVANTAGE	5.494042		59.05
59.07 OUTPATIENT DETOX			59.07
59.08 SPECIAL SURGICAL SERVICES	.307629		59.08
59.10 GENETIC SERVICES	1.451659		59.10
59.11 RADIOLOGY			59.11
59.12 OUTPATIENT PSYCH SERVICES			59.12
OUTPATIENT SERVICE COST CENTERS			
60.01 PAIN CENTER	.207103		60.01
60.02 ANTENATAL TEST CENTER	.278135		60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.373153		60.03
61 EMERGENCY	.299770		61
62 OBSERVATION BEDS (NON-DISTINCT	.590376		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
68 AIR AMBULANCE			68
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	38770189					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	3270071					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	275.35					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0531					4
4.01	0.3401					4.01
4.02	0.3932					4.02
4.03	0.2165					4.03
4.04	8393746					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	50434007					6
7						7
7.01						7.01
8	50434007					8
9	3626610					9
10						10
11						11
11.01	147570					11.01
11.02						11.02
12						12
13						13
14	82483					14
15	260985					15
16	54551655					16
17	79043					17
18	54472612					18
19	3361416					19
20	122889					20
21	958371					21
21.01	670860					21.01
21.02	729362					21.02
22	51659167					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
23	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	51659167				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	50976060				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	683107				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	554414				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02	
1 MEDICAL AND OTHER SERVICES	720			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16889172			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	16348802			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.864			1.03
1.04 LINE 1.01 TIMES LINE 1.03	14592245			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	202176			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	720			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2377			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	2377			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	2377			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1657			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	720			17
17.01 TOTAL PPS PAYMENTS	16550978			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3843822		18.01
19 SUBTOTAL	12707876		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	12707876		23
24 PRIMARY PAYER PAYMENTS	2744		24
25 SUBTOTAL	12705132		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1090411		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	763288		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	917812		27.02
28 SUBTOTAL	13468420		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	13468420		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	12505119		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	963301		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S239)	SUB I (14-S239)	SUB I (14-S239)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50903560		12505119
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 07/09/2009	72500		3.01
PROGRAM TO PROVIDER	.02			3.02
PROGRAM TO PROVIDER	.03		NONE	3.03
PROGRAM TO PROVIDER	.04			3.04
PROGRAM TO PROVIDER	.05			3.05
PROGRAM TO PROVIDER	.50			3.50
PROGRAM TO PROVIDER	.51			3.51
PROGRAM TO PROVIDER	.52	NONE		3.52
PROGRAM TO PROVIDER	.53		NONE	3.53
PROGRAM TO PROVIDER	.54			3.54
SUBTOTAL	.99	72500		3.99
4 TOTAL INTERIM PAYMENTS		50976060		12505119
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01		5.01
	PROGRAM TO PROVIDER	.02	NONE	5.02
	PROGRAM TO PROVIDER	.03		5.03
	PROGRAM TO PROVIDER	.50		5.50
	PROGRAM TO PROVIDER	.51	NONE	5.51
	PROGRAM TO PROVIDER	.52		5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01	683107	963301
	PROGRAM TO PROVIDER	.02		6.01
	PROGRAM TO PROVIDER			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		51659167		13468420

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	615301				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	16943				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.736986				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	632244				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	632244				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	632244				4
5	PRIMARY PAYER PAYMENTS	1115				5
6	SUBTOTAL	631129				6
7	DEDUCTIBLES	91760				7
8	SUBTOTAL	539369				8
9	COINSURANCE	18690				9
10	SUBTOTAL	520679				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	80038				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	56027				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	65826				11.02
12	SUBTOTAL	576706				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S239)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3746			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	580452				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	550079				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	30373				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0239) (OTHER)	SUB I (14-S239) (OTHER)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	24238578				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	24238578				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	24238578				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES					16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES					20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	24238578				22
28	COST OF COVERED SERVICES	24238578				23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	24238578				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
38	LESSER OF LINES 30 OR 31	24238578				32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0239) (OTHER)	SUB I (14-S239) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	24238578				34
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.01
	BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20557909			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	98086403			4
5	OTHER RECEIVABLES	5295668			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-60670353			6
7	INVENTORY	5807024			7
8	PREPAID EXPENSES	2842703			8
9	OTHER CURRENT ASSETS	8151612			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	80070966			11
FIXED ASSETS					
12	LAND	2580438			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6499879			13
13.01	ACCUMULATED DEPRECIATION	-4910445			13.01
14	BUILDINGS	55957975			14
14.01	ACCUMULATED DEPRECIATION	-35554096			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	97857943			16
16.01	ACCUMULATED DEPRECIATION	-65145164			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	118691113			18
18.01	ACCUMULATED DEPRECIATION	-86709620			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	89268023			21
OTHER ASSETS					
22	INVESTMENTS	143093202			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	21215887			25
26	TOTAL OTHER ASSETS	164309089			26
27	TOTAL ASSETS	333648078			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7460180			28
29	SALARIES, WAGES & FEES PAYABLE	25745541			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3039523			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	11867831			35
36	TOTAL CURRENT LIABILITIES	48113075			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	71150760			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	75684085			41
42	TOTAL LONG TERM LIABILITIES	146834845			42
43	TOTAL LIABILITIES	194947920			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	138700158			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	138700158			51
52	TOTAL LIABILITIES AND FUND BALANCES	333648078			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	110807036			1
2 NET INCOME (LOSS)	71405894			2
3 TOTAL	182212930			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	182212930			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 OTHER	43512772			13
14				14
15				15
16 OTHER				16
17				17
18 TOTAL DEDUCTIONS	43512772			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	138700158			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	50151709		50151709	2
4 SUBPROVIDER I	3499077		3499077	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	53650786		53650786	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16432091		16432091	12
13 CORONARY CARE UNIT				13
13.01 BURN INTENSIVE CARE UNIT				13.01
13.02 SURGICAL INTENSIVE CARE UNIT				13.02
14 NEONATAL INTENSIVE CARE	39396369		39396369	14
15 PEDIATRIC INTENSIVE CARE	4723259		4723259	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	60551719		60551719	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	114202505		114202505	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES	353374539	272391070	625765609	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	467577044	272391070	739968114	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		269797757	26
27 ADD (SPECIFY)			27
28 BAD DEBTS			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 PHYSICIAN PRACTICE REVENUE	-382888		35
36 COMMUNITY SERVICES	-19694		36
37			37
38			38
39 TOTAL DEDUCTIONS	-402582		39
40 TOTAL OPERATING EXPENSES		269395175	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	739968114	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	444598248	2
3	NET PATIENT REVENUES	295369866	3
4	LESS - TOTAL OPERATING EXPENSES	269395175	4
5	NET INCOME FROM SERVICE TO PATIENTS	25974691	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	19981686	24
24.01	NON OPERATING INCOME	25449516	24.01
24.02		2	24.02
25	TOTAL OTHER INCOME	45431204	25
26	TOTAL	71405895	26
27	ROUNDING	1	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	71405894	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0239)	HOSPITAL (14-0239)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	3198427				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	163033				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0531				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.3401				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.3932				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0829				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	265150				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	3626610				
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
100 GUEST CENTER					100
100.01 OTHER NONREIMBURSEABLE COST CE					100.01
100.02 COMMUNITY SERVICES					100.02
100.04 AUXILIARY					100.04
100.07 ROCKFORD HEALTH SYSTEM					100.07
100.08 DIALYSIS RENTED SPACE					100.08
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	37.13		20.58			57.71	25
26	INTENSIVE CARE UNIT	64.40		18.66			83.06	26
29.01	NEONATAL INTENSIVE CARE			59.50			59.50	29.01
29.02	PEDIATRIC INTENSIVE CARE			83.39			83.39	29.02
33	NURSERY			66.09			66.09	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37	OPERATING ROOM	27.90	8.31				36.21	37
38	RECOVERY ROOM	25.14	6.47				31.61	38
39	DELIVERY ROOM & LABOR ROOM	0.76	0.09				0.85	39
40	ANESTHESIOLOGY	15.39	11.40				26.79	40
41	RADIOLOGY-DIAGNOSTIC	16.62	18.78				35.40	41
42	RADIOLOGY-THERAPEUTIC	1.46	56.00				57.46	42
43	RADIOISOTOPE	20.45	25.29				45.74	43
44	LABORATORY	27.54	1.09				28.63	44
47	BLOOD STORING, PROCESSING & TRA	38.80	10.21				49.01	47
49	RESPIRATORY THERAPY	30.25	4.87				35.12	49
50	PHYSICAL THERAPY	39.78					39.78	50
53	ELECTROCARDIOLOGY	18.65	25.96				44.61	53
54	ELECTROENCEPHALOGRAPHY	27.85	3.94				31.79	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33.40	11.24				44.64	55
56	DRUGS CHARGED TO PATIENTS	29.89	7.45				37.34	56
57	RENAL DIALYSIS	59.29	2.33				61.62	57
59	GI LAB	8.97	21.20				30.17	59
59.01	MRI	12.98	21.86				34.84	59.01
59.02	CT SCAN	16.20	16.56				32.76	59.02
59.03	CARDIAC CATHETERIZATION	26.71	11.17				37.88	59.03
59.08	SPECIAL SURGICAL SERVICES	0.13	51.69				51.82	59.08
59.10	GENETIC SERVICES	0.36	1.42				1.78	59.10
60.01	PAIN CENTER	0.55	35.23				35.78	60.01
60.02	ANTENATAL TEST CENTER	0.16	1.79				1.95	60.02
61	EMERGENCY	14.45	9.76				24.21	61
62	OBSERVATION BEDS (NON-DISTINCT	1.23	14.40				15.63	62
101	TOTAL CHARGES	19.47	9.82				29.29	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	29.96		24.50				54.46 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.01						0.01 38
41 RADIOLOGY-DIAGNOSTIC	0.02						0.02 41
44 LABORATORY	0.35						0.35 44
49 RESPIRATORY THERAPY	0.01						0.01 49
50 PHYSICAL THERAPY	0.05						0.05 50
53 ELECTROCARDIOLOGY	0.04						0.04 53
54 ELECTROENCEPHALOGRAPHY	0.14						0.14 54
56 DRUGS CHARGED TO PATIENTS	0.30						0.30 56
57 RENAL DIALYSIS	0.20						0.20 57
59 GI LAB	0.02						0.02 59
59.01 MRI	0.07						0.07 59.01
59.02 CT SCAN	0.04						0.04 59.02
61 EMERGENCY	0.29						0.29 61
101 TOTAL CHARGES	0.08						0.08 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2960732	1.18	-2960732	-2.92		3
4	NEW CAP REL COSTS-MVBLE EQUIP	12730264	5.09	-12730264	-12.57		4
5	EMPLOYEE BENEFITS	4352238	1.74	-4352238	-4.30		5
6	ADMINISTRATIVE & GENERAL	46343372	18.52	-46343372	-45.74		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	11664886	4.66	-11664886	-11.51		8
9	LAUNDRY & LINEN SERVICE	1066502	.43	-1066502	-1.05		9
10	HOUSEKEEPING	3116872	1.25	-3116872	-3.08		10
11	DIETARY	2234275	.89	-2234275	-2.21		11
12	CAFETERIA	1225116	.49	-1225116	-1.21		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3646428	1.46	-3646428	-3.60		14
15	CENTRAL SERVICES & SUPPLY	3050870	1.22	-3050870	-3.01		15
16	PHARMACY	4615603	1.84	-4615603	-4.56		16
17	MEDICAL RECORDS & LIBRARY	2974489	1.19	-2974489	-2.94		17
18	SOCIAL SERVICE	370690	.15	-370690	-.37		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	338944	.14	-338944	-.33		24
24.01	PASTORAL EDUCATION PROGRAM	70031	.03	-70031	-.07		24.01
24.02	PARAMED EDUC EMT PROGRAM	549359	.22	-549359	-.54		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	28858657	11.53	22088382	21.80	50947039	20.36
26	INTENSIVE CARE UNIT	6841544	2.73	3992942	3.94	10834486	4.33
29.01	NEONATAL INTENSIVE CARE	8207690	3.28	4566482	4.51	12774172	5.11
29.02	PEDIATRIC INTENSIVE CARE	1394952	.56	853691	.84	2248643	.90
31	SUBPROVIDER I	1459146	.58	1555804	1.54	3014950	1.20
33	NURSERY	1907054	.76	1508703	1.49	3415757	1.37
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12966507	5.18	8559571	8.45	21526078	8.60
38	RECOVERY ROOM	1474140	.59	816529	.81	2290669	.92
39	DELIVERY ROOM & LABOR ROOM	3442817	1.38	2500513	2.47	5943330	2.38
40	ANESTHESIOLOGY	3471094	1.39	1177953	1.16	4649047	1.86
41	RADIOLOGY-DIAGNOSTIC	4240162	1.69	4380537	4.32	8620699	3.45
42	RADIOLOGY-THERAPEUTIC	1310856	.52	1309436	1.29	2620292	1.05
43	RADIOISOTOPE	804656	.32	424047	.42	1228703	.49
44	LABORATORY	9217758	3.68	5074100	5.01	14291858	5.71
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2107879	.84	692528	.68	2800407	1.12
49	RESPIRATORY THERAPY	4458209	1.78	2305263	2.28	6763472	2.70
50	PHYSICAL THERAPY	1451276	.58	740021	.73	2191297	.88
53	ELECTROCARDIOLOGY	1565319	.63	1256428	1.24	2821747	1.13

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	128322	.05	108605	.11	236927	.09	54
55 MEDICAL SUPPLIES CHARGED TO PAT	17137010	6.85	9550718	9.43	26687728	10.67	55
56 DRUGS CHARGED TO PATIENTS	10670523	4.26	10636435	10.50	21306958	8.52	56
57 RENAL DIALYSIS	585255	.23	285544	.28	870799	.35	57
59 GI LAB	1013404	.40	1069502	1.06	2082906	.83	59
59.01 MRI	873365	.35	738498	.73	1611863	.64	59.01
59.02 CT SCAN	1080417	.43	882366	.87	1962783	.78	59.02
59.03 CARDIAC CATHETERIZATION	4589723	1.83	2398279	2.37	6988002	2.79	59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE	37673	.02	48545	.05	86218	.03	59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES	439972	.18	183545	.18	623517	.25	59.08
59.10 GENETIC SERVICES	600555	.24	600932	.59	1201487	.48	59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
60.01 PAIN CENTER	1486156	.59	1187377	1.17	2673533	1.07	60.01
60.02 ANTENATAL TEST CENTER	439484	.18	602577	.59	1042061	.42	60.02
60.03 CHILD PSYCHIATRIC CLINIC	591530	.24	304340	.30	895870	.36	60.03
61 EMERGENCY	8009815	3.20	5661893	5.59	13671708	5.46	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2669114	1.07	1232217	1.22	3901331	1.56	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	1252966	.50	327154	.32	1580120	.63	98
100 GUEST CENTER	197109	.08	365439	.36	562548	.22	100
OTHER NONREIMBURSEABLE COST CEN							
100.01							100.01
100.02 COMMUNITY SERVICES	1346038	.54	588186	.58	1934224	.77	100.02
100.04 AUXILIARY	587138	.23	735589	.73	1322727	.53	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	250225956	100.00	0	.00	250225956	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1626142	83514176	.019471	23300770	453689	37
38 RECOVERY ROOM	90002	6770467	.013293	1702421	22630	38
39 DELIVERY ROOM & LABOR ROOM	405972	10323710	.039324	78699	3095	39
40 ANESTHESIOLOGY	196397	13853363	.014177	2132315	30230	40
41 RADIOLOGY-DIAGNOSTIC	1362409	43979420	.030978	7310723	226472	41
42 RADIOLOGY-THERAPEUTIC	372170	7577322	.049116	110530	5429	42
43 RADIOISOTOPE	99854	5186261	.019254	1060656	20422	43
44 LABORATORY	1083299	53321884	.020316	14682663	298293	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	72664	12571578	.005780	4877728	28193	47
49 RESPIRATORY THERAPY	500039	27684722	.018062	8374022	151252	49
50 PHYSICAL THERAPY	90230	4105685	.021977	1633373	35897	50
53 ELECTROCARDIOLOGY	254522	22620989	.011252	4218517	47467	53
54 ELECTROENCEPHALOGRAPHY	32168	1175735	.027360	327476	8960	54
55 MEDICAL SUPPLIES CHARGED TO PAT	948631	89134224	.010643	29770860	316851	55
56 DRUGS CHARGED TO PATIENTS	1275737	70027416	.018218	20934453	381384	56
57 RENAL DIALYSIS	55912	1368640	.040852	811534	33153	57
59 GI LAB	265885	8363492	.031791	749913	23840	59
59.01 MRI	220415	17357294	.012699	2253153	28613	59.01
59.02 CT SCAN	272203	34315282	.007932	5559750	44100	59.02
59.03 CARDIAC CATHETERIZATION	669019	27936500	.023948	7461719	178693	59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE	7513	15693	.478748			59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES	19734	2026849	.009736	2556	25	59.08
59.10 GENETIC SERVICES	115867	827665	.139993	2997	420	59.10
59.11 RADIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	194671	12909202	.015080	70437	1062	60.01
60.02 ANTENATAL TEST CENTER	150763	3746595	.040240	5995	241	60.02
60.03 CHILD PSYCHIATRIC CLINIC	36429	377502	.096500			60.03
61 EMERGENCY	716490	45607393	.015710	6591704	103556	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	236761	6654852	.035577	81599	2903	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
68 AIR AMBULANCE						68
101 TOTAL	11371898	613353911		144106563	2446870	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	3070177		3070177	51312	59.83	19050	1139762 25
26	INTENSIVE CARE UNIT	477626		477626	5407	88.33	3482	307565 26
29.01	NEONATAL INTENSIVE CARE	584936		584936	11332	51.62		29.01
29.02	PEDIATRIC INTENSIVE CARE	125886		125886	1373	91.69		29.02
101	TOTAL	4258625		4258625			22532	1447327 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1447327	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2446870	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3894197	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							4625	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							22532	
PER DISCHARGE CAPITAL COSTS							841.99	
PER DIEM CAPITAL COSTS							172.83	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	59772731
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	168559947
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.355

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1065485
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1638328
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.650

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	3894197
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	16870051
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)	72611639
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.232