

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 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(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	897677	-6905	2
3	SWING BED - SNF	-17125		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	880552	-6905	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  
 1.01 CITY: ROCKFORD

STATE: IL

P.O.BOX:

ZIP CODE: 61103

COUNTY: WINNEBAGO

1

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	ROCKFORD MEMORIAL HOSPITAL	14-0239	07/01/1966	N	P	O	2
3	SUBPROVIDER I	RMH PSYCHIATRIC UNIT	14-S239	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: 01/01/2010	TO: 12/31/2010	17
18	TYPE OF CONTROL	1	2	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	NO	21.01		
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02		
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.	NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			NO		21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.					24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.					24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET 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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00		25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.			
			PROGRAM CODE(2)	RESIDENT FTEs(3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
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
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 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? NO 45  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 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	N	47		
48 SUBPROVIDER I	N	N	N	N	N	48		
49 SKILLED NURSING FACILITY	N	N				49		
50 HOME HEALTH AGENCY	N	N				50		
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52		
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01		
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53		
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01		
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: AND/OR SELF INSURANCE:						54		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01		
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 4 4	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----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		4901	5646	14857	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		4901	5646	14857	12
13	RPCH VISITS					13
14	SUBPROVIDER I		149	290	663	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
	1	2	3	4	5	6		
1	TOTAL SALARIES	103360294		103360294	3938736.00	26.24		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	2987767	130829	3118596	104072.57	29.97	PAYROLL	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1591409		1591409	29845.97	53.32	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	5697561		5697561	104201.00	54.68	GL AND CONTRACT	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	3379168		3379168	26320.00	128.39	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)	37866389	-1000537	36865852			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS		1000537	1000537			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	2727029		2727029	131926.00	20.67		21
22	ADMINISTRATIVE & GENERAL	12666991	-56369	12610622	440396.43	28.63		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2933798		2933798	12037.74	243.72		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2591090		2591090	118321.00	21.90		24
25	LAUNDRY & LINEN SERVICE	105342		105342	8976.00	11.74		25
26	HOUSEKEEPING	1950870		1950870	157667.00	12.37		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2244470	-1063939	1180531	58669.10	20.12		27
27.01	DIETARY UNDER CONTRACT	300182		300182	5760.00	52.11		27.01
28	CAFETERIA		1063939	1063939	108956.90	9.76		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	3069129		3069129	100018.00	30.69		30
31	CENTRAL SERVICES AND SUPPLY	1322457		1322457	82076.00	16.11		31
32	PHARMACY	3396176		3396176	85871.00	39.55		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2588166		2588166	129821.00	19.94		33
34	SOCIAL SERVICE	284676		284676	10663.00	26.70		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
	1	2	3	4	5		
1	NET SALARIES	106594274		106594274	3956533.74	26.94	1
2	EXCLUDED AREA SALARIES	2987767	130829	3118596	104072.57	29.97	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	103606507	-130829	103475678	3852461.17	26.86	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10668138		10668138	160366.97	66.52	4
5	SUBTOTAL WAGE-RELATED COSTS	37866389	-1000537	36865852		35.63%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	152141034	-1131366	151009668	4012828.14	37.63	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	36180376	-56369	36124007	1451159.17	24.89	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	57658333	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	57658333	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.311062	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	189273598	28
29	TOTAL GROSS MEDICAID COST	58875824	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	41567247	30
31	UNCOMPENSATED CARE COST	12929991	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	58875824	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	
69.20	6920								69.20
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
		102847568	164875489	267723057	26632	267749689	-17623807	250125882	95
98	9800		1279237	1279237		1279237		1279237	98
99.01	9901	45556	15592	61148		61148		61148	99.01
100	7950	62331	272757	335088	-17853	317235	-112333	204902	100
100.01	7954								100.01
100.02	7951	304558	1189493	1494051	-6494	1487557		1487557	100.02
100.04	7952	100281	434149	534430	-2285	532145		532145	100.04
100.07	7953								100.07
100.08	7955								100.08
101	TOTAL	103360294	168066717	271427011		271427011	-17736140	253690871	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		10560695
2					2
3					3
4 RECLASS RADIOLOGY ADMIN	B	MRI	59.01	35830	33902
5	B	RADIOLOGY-THERAPEUTIC	42	39385	37265
6	B	RADIOISOTOPE	43	12482	11810
7	B	CT SCAN	59.02	41728	39482
8	B	PARAMDICAL ED PROGRAM XRAY	24	74460	70452
9					9
10					10
11 OP CARDIAC PROCEDURES	C	CARDIAC CATHETERIZATION	59.03	32303	32719
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	1063939	1885546
18					18
19					19
20 RECLASS MED SUPPLIES CHGD PAT	F	MEDICAL SUPPLIES CHARGED TO P	55		11652900
21	F				21
22	F				22
23	F				23
24	F				24
25	F				25
26	F				26
27	F				27
28	F				28
29	F				29
30	F				30
31	F				31
32	F				32
33	F				33
34	F				34
35	F				35
36 SUBTOTAL				1300127	24354771

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		10560695	1
2						2
3						3
4 RECLASS RADIOLOGY ADMIN	B	RADIOLOGY-DIAGNOSTIC	41	203885	192911	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	32303	32719	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	1063939	1885546	17
18						18
19						19
20 RECLASS MED SUPPLIES CHGD PAT	F	CENTRAL SERVICES & SUPPLY	15		3182956	20
21	F	ADULTS & PEDIATRICS	25		1026014	21
22	F	INTENSIVE CARE UNIT	26		487843	22
23	F	NEONATAL INTENSIVE CARE	29.01		497674	23
24	F	PEDIATRIC INTENSIVE CARE	29.02		106921	24
25	F	OPERATING ROOM	37		3453465	25
26	F	DELIVERY ROOM & LABOR ROOM	39		107259	26
27	F	ANESTHESIOLOGY	40		637338	27
28	F	RADIOLOGY-DIAGNOSTIC	41		691094	28
29	F	RADIOLOGY-THERAPEUTIC	42		28305	29
30	F	RESPIRATORY THERAPY	49		473567	30
31	F	PHYSICAL THERAPY	50		2188	31
32	F	ELECTROCARDIOLOGY	53		47525	32
33	F	GI LAB	59		111948	33
34	F	CT SCAN	59.02		1932	34
35	F	CARDIAC CATHETERIZATION	59.03		750524	35
36 SUBTOTAL				1300127	24308424	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	F				1
2	F				2
3	F				3
4					4
5					5
6 NURSERY COSTS	G	NURSERY	33	620846	281207 6
7	G	NURSERY	33	1214695	605888 7
8					8
9					9
10 DEPARTMENTAL DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2091683 10
11	H	NEW CAP REL COSTS-MVBLE EQUIP	4		10569538 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				3135668	37903087 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	F	SPECIAL SURGICAL SERVICES	59.08		3974	1
2	F	PAIN CENTER	60.01		16442	2
3	F	EMERGENCY	61		25931	3
4						4
5						5
6 NURSERY COSTS	G	ADULTS & PEDIATRICS	25	620846	281207	6
7	G	NEONATAL INTENSIVE CARE	29.01	1214695	605888	7
8						8
9						9
10 DEPARTMENTAL DEPRECIATION	H	EMPLOYEE BENEFITS	5		39287	9 10
11	H	ADMINISTRATIVE & GENERAL	6		2466051	9 11
12	H	OPERATION OF PLANT	8		703913	12
13	H	LAUNDRY & LINEN SERVICE	9		6746	13
14	H	HOUSEKEEPING	10		20325	14
15	H	DIETARY	11		112792	15
16	H	NURSING ADMINISTRATION	14		33044	16
17	H	CENTRAL SERVICES & SUPPLY	15		239609	17
18	H	PHARMACY	16		788149	18
19	H	MEDICAL RECORDS & LIBRARY	17		66066	19
20	H	PARAMDICAL ED PROGRAM XRAY	24		90	20
21	H	PARAMED EDUC EMT PROGRAM	24.02		45082	21
22	H	ADULTS & PEDIATRICS	25		1437671	22
23	H	INTENSIVE CARE UNIT	26		137002	23
24	H	NEONATAL INTENSIVE CARE	29.01		264548	24
25	H	PEDIATRIC INTENSIVE CARE	29.02		58661	25
26	H	SUBPROVIDER I	31		44480	26
27	H	OPERATING ROOM	37		1163754	27
28	H	RECOVERY ROOM	38		33215	28
29	H	DELIVERY ROOM & LABOR ROOM	39		217288	29
30	H	ANESTHESIOLOGY	40		190236	30
31	H	RADIOLOGY-DIAGNOSTIC	41		980394	31
32	H	RADIOLOGY-THERAPEUTIC	42		381029	32
33	H	RADIOISOTOPE	43		73755	33
34	H	LABORATORY	44		777089	34
35	H	BLOOD STORING, PROCESSING & T	47		16140	35
36 SUBTOTAL				3135668	35538282	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	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					19
20					20
21	I	EMPLOYEE BENEFITS	5		123514 21
22	I	NEW CAP REL COSTS-BLDG & FIXT	3		114986 22
23	I				23
24					24
25	J	PASTORAL EDUCATION PROGRAM	24.01	56369	15571 25
26					26
27					27
28	K	IMPLANTS	55.03		15737548 28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36		TOTAL RECLASSIFICATIONS		3192037	53894706 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	RESPIRATORY THERAPY	49		291749	1
2	H	PHYSICAL THERAPY	50		5008	2
3	H	ELECTROCARDIOLOGY	53		194519	3
4	H	ELECTROENCEPHALOGRAPHY	54		29289	4
5	H	RENAL DIALYSIS	57		32014	5
6	H	GI LAB	59		169403	6
7	H	MRI	59.01		34953	7
8	H	CT SCAN	59.02		259022	8
9	H	CARDIAC CATHETERIZATION	59.03		617487	9
10	H	SPECIAL SURGICAL SERVICES	59.08		5779	10
11	H	GENETIC SERVICES	59.10		53169	11
12	H	PAIN CENTER	60.01		59084	12
13	H	ANTENATAL TEST CENTER	60.02		104292	13
14	H	CHILD PSYCHIATRIC CLINIC	60.03		4797	14
15	H	EMERGENCY	61		468204	15
16	H	AMBULANCE SERVICES	65		15898	16
17	H	GUEST CENTER	100		17853	17
18	H	AUXILIARY	100.04		2285	18
19						19
20						20
21	INSURANCE RECLASS	I ADMINISTRATIVE & GENERAL	6		232006	21
22		I COMMUNITY SERVICES	100.02		6494	12 22
23		I				23
24						24
25	PASTORAL EDUCATION PROGRAM	J ADMINISTRATIVE & GENERAL	6	56369	15571	25
26						26
27						27
28	IMPLANTS	K CENTRAL SERVICES & SUPPLY	15		5307	28
29		K OPERATING ROOM	37		11132337	29
30		K ANESTHESIOLOGY	40		993048	30
31		K RADIOLOGY-DIAGNOSTIC	41		796963	31
32		K GI LAB	59		92	32
33		K CARDIAC CATHETERIZATION	59.03		2761773	33
34		K SPECIAL SURGICAL SERVICES	59.08		11	34
35		K PAIN CENTER	60.01		48017	35
36	TOTAL RECLASSIFICATIONS			3192037	53894706	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	4910446	238004		238004		5148450		2
3 BUILDINGS AND FIXTURES	35666217	1098502		1098502	45542	36719177		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	65033043	3861348		3861348	2906414	65987977		5
6 MOVABLE EQUIPMENT	86709620	7470979		7470979	15143765	79036834		6
7 SUBTOTAL	193398988	12668833		12668833	18095721	187972100		7
8 RECONCILING ITEMS								8
9 TOTAL	193398988	12668833		12668833	18095721	187972100		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	A	-5298	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2193463			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	980151			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1770412	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	-18885	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
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.01 XRAY COPY	B	-2651	RADIOLOGY-DIAGNOSTIC	41	37.01
37.10 DAY CARE CENTER	B	-1252255	EMPLOYEE BENEFITS	5	37.10
37.17 MISC REVENUE - CYTOGENETICS	B	-752852	GENETIC SERVICES	59.10	37.17
37.18 MISC ADMIN & GEN - OTHER OP INC	B	-701192	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	-440	EMPLOYEE BENEFITS	5	37.83
37.85 PATIENT PHONES	A	-142165	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	-10432	ADMINISTRATIVE & GENERAL	6	37.89
38 USEFUL LIFE CHG-SO MULFORD	A	-57670	NEW CAP REL COSTS-BLDG & FIXT	3	9 38
38.03 INTEREST EXPENSE	A	-2769813	ADMINISTRATIVE & GENERAL	6	38.03
39 PHYSICIAN BILLING	A	-1408	ADMINISTRATIVE & GENERAL	6	39
40 REFERENCE LABORATORY	B	-8416046	LABORATORY	44	40
41					41
42					42
43					43
44					44
45 RENTAL REVENUE	B	-181899	ADMINISTRATIVE & GENERAL	6	45
46 MISC REVENUE	B	-21874	OPERATION OF PLANT	8	46
47 MISC REVENUE	B	-300	NURSING ADMINISTRATION	14	47
48 PASTORAL CARE	B	-5665	PASTORAL EDUCATION PROGRAM	24.01	48
49 EDUCATION REV	B	-52889	PARAMDICAL ED PROGRAM XRAY	24	49
49.17 EMS REV	B	-73081	PARAMED EDUC EMT PROGRAM	24.02	49.17
49.18 MISC REV	B	-18245	NEONATAL INTENSIVE CARE	29.01	49.18
49.26 MISC REV	B	-86	RESPIRATORY THERAPY	49	49.26
49.37 MISC REV	B	-30564	SPECIAL SURGICAL SERVICES	59.08	49.37
49.42 MISC REV	B	-492	CHILD PSYCHIATRIC CLINIC	60.03	49.42

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/20/2011 10:59

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
			COST CENTER 3	LINE NO. 4	
49.43 MISC REV	B	-48403	EMERGENCY	61	49.43
49.46 PROPERTY TAX	B	-112333	GUEST CENTER	100	49.46
50 TOTAL		-17736140			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	5132473	4093398	1039075
5		TOTALS		5222361	4242210	980151

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	30000		30000	171400	250	20601	1030
2	6	ADMINISTRATIVE & GENERAL	1643640		1643640	171400	70038	5771401	288570
3	6	ADMINISTRATIVE & GENERAL	103679		103679	171400	1300	107125	5356
4	14	NURSING ADMINISTRATION	141392	53932	87460	204100	3672	360315	18016
5	18	SOCIAL SERVICE	10996		10996	154100	167	12372	619
6	25	ADULTS & PEDIATRICS	63794		63794	154100	850	62974	3149
7	26	INTENSIVE CARE UNIT	611502	595661	15841	171400	85	7004	350
8	29.01	NEONATAL INTENSIVE CARE	54461		54461	171400	427	35186	1759
9	29.02	PEDIATRIC INTENSIVE CARE	25000		25000	171400	120	9888	494
10	31	SUBPROVIDER I	124001	124001					
11	37	OPERATING ROOM	87899		87899	204100	486	47689	2384
12	37	OPERATING ROOM	116052	51252	64800	204100	535	52497	2625
13	39	DELIVERY ROOM & LABOR RO	938791		938791	194500	2149	200952	10048
14	40	ANESTHESIOLOGY	1026441		1026441	200300	10846	1044449	52222
15	44	LABORATORY	388028	388028					
16	49	RESPIRATORY THERAPY	18167		18167	204100	85	8341	417
17	49	RESPIRATORY THERAPY	7868		7868	204100	153	15013	751
18	60.02	ANTENATAL TEST CENTER	31907		31907	204100	929	91158	4558
19	61	EMERGENCY	243460		243460	204100	1263	123932	6197
21	14	NURSING ADMINISTRATION	7440	7440					
22	37	OPERATING ROOM	1243356		1243356	241000	10846	1256676	62834
101		TOTAL	6917874	1220314	5697560		104201	9227573	461379

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			107125		
4	14	NURSING ADMINISTRATION	PROFESSIONAL FEES			360315		53932
5	18	SOCIAL SERVICE	PROFESSIONAL FEES			12372		
6	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES			62974	820	820
7	26	INTENSIVE CARE UNIT	PROFESSIONAL FEES			7004	8837	604498
8	29.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FEES			35186	19275	19275
9	29.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEES			9888	15112	15112
10	31	SUBPROVIDER I	PROFESSIONAL FEES					124001
11	37	OPERATING ROOM	PROFESSIONAL FEES			47689	40210	40210
12	37	OPERATING ROOM	PROFESSIONAL FEES			52497	12303	63555
13	39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEES			200952	737839	737839
14	40	ANESTHESIOLOGY	PROFESSIONAL FEES			1044449		
15	44	LABORATORY	PROFESSIONAL FEES					388028
16	49	RESPIRATORY THERAPY	PROFESSIONAL FEES			8341	9826	9826
17	49	RESPIRATORY THERAPY	PROFESSIONAL FEES			15013		
18	60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEES			91158		
19	61	EMERGENCY	PROFESSIONAL FEES			123932	119528	119528
21	14	NURSING ADMINISTRATION	PURCHASED LABOR					7440
22	37	OPERATING ROOM	PURCHASED LABOR			1256676		
101		TOTAL				9227573	973149	2193463



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	
69.20 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
95 SUBTOTALS	250125882	2074054	10545836	6058798	250016932	48979194	15457333	1708815	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1279237	1658			1280895	313468	21360		98
99.01 БЕЛОIT HEART STANDBY	61148			2757	63905	15639			99.01
100 GUEST CENTER	204902	14963	17847	3772	241484	59097	192757	18701	100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	1487557	10537		18430	1516524	371133	135736		100.02
100.04 AUXILIARY	532145	30633	2284	6069	571131	139771	394606		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	253690871	2131845	10565967	6089826	253690871	49878302	16201792	1727516	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.20 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
95 SUBTOTALS	4340630	3372540	2899078	5793264	4857737	7606182	4843857	692435	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	6213								98
99.01 BELOIT HEART STANDBY				799					99.01
100 GUEST CENTER	56065			3175					100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	39480			11678					100.02
100.04 AUXILIARY	114774			6781					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	4557162	3372540	2921511	5793264	4857737	7606182	4843857	692435	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.20 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
95 SUBTOTALS	508302	143474	1014335	248115699		248115699	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				1621936		1621936	98
99.01 BELOIT HEART STANDBY				80343		80343	99.01
100 GUEST CENTER				571279		571279	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				2074551		2074551	100.02
100.04 AUXILIARY				1227063		1227063	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	508302	143474	1014335	253690871		253690871	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
69.20 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
95 SUBTOTALS	558361	2074054	10545836	13178251	108578	1149169	970585	42954 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		1658		1658		7355	1341	98
99.01 BELOIT HEART STANDBY					49	367		99.01
100 GUEST CENTER		14963	17847	32810	68	1387	12103	470 100
100.01 OTHER NONREIMBURSEABLE COST CEN								100.01
100.02 COMMUNITY SERVICES		10537		10537	330	8708	8523	100.02
100.04 AUXILIARY		30633	2284	32917	109	3279	24778	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	2131845	10565967	13256173	109134	1170265	1017330	43424 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	
69.20 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
95 SUBTOTALS	83203	157785	152106	99962	446239	870385	141897	11444	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	119								98
99.01 BELOIT HEART STANDBY				42					99.01
100 GUEST CENTER	1075		167						100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	757		613						100.02
100.04 AUXILIARY	2200		356						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	87354	157785	153284	99962	446239	870385	141897	11444	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.20 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
95 SUBTOTALS				12998594		12998594	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				10473		10473	98
99.01 BELOIT HEART STANDBY				458		458	99.01
100 GUEST CENTER				48080		48080	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				29468		29468	100.02
100.04 AUXILIARY				63639		63639	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS	14697	5166	85598	105461		105461	101
102 NEGATIVE COST CENTER							102
103 TOTAL	14697	5166	85598	13256173		13256173	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		3	4	5		6	8	
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	743126						3
4	NEW CAP REL COSTS-MVBLE EQUIP		10569536					4
5	EMPLOYEE BENEFITS	23108	39287	100633265				5
6	ADMINISTRATIVE & GENERAL	201575	374368	12610622	-49878302	203812569		6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	80024	703913	2591090		13016352	438419	8
9	LAUNDRY & LINEN SERVICE	5698	6746	105342		1218699	5698	9
10	HOUSEKEEPING	8747	20325	1950870		3401484	8747	10
11	DIETARY	5246	112792	1180531		2508412	5246	11
12	CAFETERIA	26792		1063939		1320317	26792	12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	6117	33044	3069129		4340895	6117	14
15	CENTRAL SERVICES & SUPPLY	5374	239609	1322457		3625552	5374	15
16	PHARMACY	6962	788149	3396176		5776118	6962	16
17	MEDICAL RECORDS & LIBRARY	7499	66066	2588166		3501466	7499	17
18	SOCIAL SERVICE	1427		284676		489692	1427	18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMDICAL ED PROGRAM XRAY	1937	90	223398		300619	1937	24
24.01	PASTORAL EDUCATION PROGRAM	635		56369		71508	635	24.01
24.02	PARAMED EDUC EMT PROGRAM	5258	45082	282908		601610	5258	24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	98734	1437669	20335533		31255369	98734	25
26	INTENSIVE CARE UNIT	14718	137002	4422677		6542641	14718	26
29.01	NEONATAL INTENSIVE CARE	16878	264548	5738108		8570793	16878	29.01
29.02	PEDIATRIC INTENSIVE CARE	3490	58661	895619		1396575	3490	29.02
31	SUBPROVIDER I	12062	44480	1159375		1778498	12062	31
33	NURSERY	6897		1835541		2853500	6897	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	39264	1163754	7009212		14460812	39264	37
38	RECOVERY ROOM	2513	33215	975890		1449528	2513	38
39	DELIVERY ROOM & LABOR ROOM	13136	217288	2373660		3853456	13136	39
40	ANESTHESIOLOGY	867	190236	319938		1737782	867	40
41	RADIOLOGY-DIAGNOSTIC	13417	980394	2515261		4764856	13417	41
42	RADIOLOGY-THERAPEUTIC	9449	381029	712067		1638363	9449	42
43	RADIOISOTOPE	1584	73755	235796		866711	1584	43
44	LABORATORY	17882	777089	5831778		9545218	17882	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	721	16140	191740		2111670	721	47
49	RESPIRATORY THERAPY	6219	291749	3019780		5145762	6219	49
50	PHYSICAL THERAPY	5455	5008	427556		1490191	5455	50
53	ELECTROCARDIOLOGY	7049	194519	1085820		1755018	7049	53
54	ELECTROENCEPHALOGRAPHY	580	29289	72282		147758	580	54
55	MEDICAL SUPPLIES CHARGED TO P					11652900		55
55.03	IMPLANTS					15737548		55.03
56	DRUGS CHARGED TO PATIENTS					10560695		56
57	RENAL DIALYSIS	1717	32014			665731	1717	57
59	GI LAB	7545	169403	544059		1113341	7545	59
59.01	MRI	3855	34953	459410		925331	3855	59.01
59.02	CT SCAN	2759	259022	589605		1379066	2759	59.02
59.03	CARDIAC CATHETERIZATION	5393	617487	843104		1989083	5393	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	644	5779	237212		449602	644	59.08
59.10	GENETIC SERVICES	6180	53169	840826		673630	6180	59.10
59.11	CARDIOLOGY							59.11
59.12	OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS								
60.01	PAIN CENTER	4372	59084	759466		1316469	4372	60.01
60.02	ANTENATAL TEST CENTER	5872	104292	241600		615995	5872	60.02
60.03	CHILD PSYCHIATRIC CLINIC	1707	4797	397488		570747	1707	60.03
61	EMERGENCY	19346	468390	4440643		8126539	19346	61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	6277	15712	883820		2824728	6277	65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	
68 AIR AMBULANCE							68
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	722981	10549398	100120539	-49878302	200138630	418274	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	578				1280895	578	98
99.01 BELOIT HEART STANDBY			45556		63905		99.01
100 GUEST CENTER	5216	17853	62331		241484	5216	100
100.01 OTHER NONREIMBURSEABLE COST C							100.01
100.02 COMMUNITY SERVICES	3673		304558		1516524	3673	100.02
100.04 AUXILIARY	10678	2285	100281		571131	10678	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	2131845	10565967	6089826		49878302	16201792	103
104 UNIT COST MULT-WS B PT I		.999662				36.955041	104
104 UNIT COST MULT-WS B PT I	2.868753		.060515		.244726		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			109134		1170265	1017330	107
108 UNIT COST MULT-WS B PT III						2.320451	108
108 UNIT COST MULT-WS B PT III			.001084		.005742		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9	893258						9
10		423974					10
11			202729				11
12				142603			12
13							13
14		6117		4795	1158427		14
15	4107	5374		3935		100	15
16		6962		4117	8		16
17		7499		6224	50		17
18		1427		511	872		18
20							20
21							21
22							22
23							23
24		1937		2036			24
24.01		635		1180			24.01
24.02		5258		590	516		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	386593	98734	174003	36228	372365		25
26	45559	14718	17778	6771	91942		26
29.01	22388	16878		8666	135426		29.01
29.02	6703	3490		1354	25678		29.02
31	7676	12062	10948	1844	21659		31
33	8379	6897		2859	105026		33
ANCILLARY SERVICE COST CENTERS							
37	123931	39264		10352	111181		37
38	11029	2513		1442	27041		38
39	57756	13136		3715	59484		39
40		867		618	7772		40
41	30263	13417		3931	11464		41
42	3203	9449		1211	7993		42
43	18	1584		349			43
44	7451	17882		12496			44
46.30							46.30
47		721		340			47
49	603	6219		5387	6010		49
50	442	5455		1601	861		50
53	1	7049		1832	8806		53
54		580		132	6		54
55						43	55
55.03						57	55.03
56							56
57		1717					57
59	12514	7545		985	14624		59
59.01	5095	3855		1023			59.01
59.02		2759		1169	20		59.02
59.03	7331	5393		1249	10633		59.03
59.04							59.04
59.05							59.05
59.07							59.07
59.08	4821	644		396	5019		59.08
59.10	75	6180		1234	230		59.10
59.11							59.11
59.12							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01		4372		1256	21762		60.01
60.02	4461	5872		389	2152		60.02
60.03	510	1707		515	845		60.03
61	132679	19346		7631	90152		61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
65		6277		1145	18830		65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
	9	10	11	12	14	15	16	
68 AIR AMBULANCE								68
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	883588	403829	202729	141508	1158427	100	100	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		578						98
99.01 BELOIT HEART STANDBY				39				99.01
100 GUEST CENTER	9670	5216		155				100
100.01 OTHER NONREIMBURSEABLE COST C								100.01
100.02 COMMUNITY SERVICES		3673		570				100.02
100.04 AUXILIARY		10678		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	1727516	4557162	3372540	2921511	5793264	4857737	7606182	103
104 UNIT COST MULT-WS B PT I	1.933950		16.635706		5.000975		76061.820000	
104 UNIT COST MULT-WS B PT I		10.748683		20.487023		48577.370000		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	43424	87354	157785	153284	99962	446239	870385	106
108 UNIT COST MULT-WS B PT III	.048613		.778305		.086291		8703.850000	107
108 UNIT COST MULT-WS B PT III		.206036		1.074900		4462.390000		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	PASTORAL EDUCATION PROGRAM PATIENT DAYS	PARA MED EDUC EMT TIME SPENT	
	17	18	24	24.01	24.02	
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	797640271					17
18 SOCIAL SERVICE		9239				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 PARAMEDICAL ED PROGRAM XRAY			100			24
24.01 PASTORAL EDUCATION PROGRAM				77326		24.01
24.02 PARAMED EDUC EMT PROGRAM					640	24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	51082636	7602		51612	17	25
26 INTENSIVE CARE UNIT	15128375			5106	34	26
29.01 NEONATAL INTENSIVE CARE	36906051	120		12831		29.01
29.02 PEDIATRIC INTENSIVE CARE	3439681	83		1182		29.02
31 SUBPROVIDER I	3564757	1327		2717		31
33 NURSERY	11555333	107		3878		33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	41537496				89	37
38 RECOVERY ROOM	7433945					38
39 DELIVERY ROOM & LABOR ROOM	10174311				17	39
40 ANESTHESIOLOGY	9004119					40
41 RADIOLOGY-DIAGNOSTIC	35459835		100			41
42 RADIOLOGY-THERAPEUTIC	7818464					42
43 RADIOISOTOPE	6214316					43
44 LABORATORY	54483655					44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T	13429542					47
49 RESPIRATORY THERAPY	34600831				13	49
50 PHYSICAL THERAPY	4675235					50
53 ELECTROCARDIOLOGY	22013570					53
54 ELECTROENCEPHALOGRAPHY	1180304					54
55 MEDICAL SUPPLIES CHARGED TO P	121652559					55
55.03 IMPLANTS	70345657					55.03
56 DRUGS CHARGED TO PATIENTS	80682901					56
57 RENAL DIALYSIS	1501780					57
59 GI LAB	8199525					59
59.01 MRI	20620089					59.01
59.02 CT SCAN	40105710					59.02
59.03 CARDIAC CATHETERIZATION	12699978					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	1600122					59.08
59.10 GENETIC SERVICES	605289					59.10
59.11 CARDIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	12022152					60.01
60.02 ANTENATAL TEST CENTER	3812776					60.02
60.03 CHILD PSYCHIATRIC CLINIC	468744					60.03
61 EMERGENCY	48721910				470	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	4898623					65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	PASTORAL EDUCATION PROGRAM PATIENT DAYS	PARA MED EDUC EMT TIME SPENT	
68 AIR AMBULANCE	17	18	24	24.01	24.02	68
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	797640271	9239	100	77326	640	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
99.01 BELOIT HEART STANDBY						99.01
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	4843857	692435	508302	143474	1014335	103
104 UNIT COST MULT-WS B PT I	.006073		5083.020000		1584.898438	104
104 UNIT COST MULT-WS B PT I		74.946964		1.855443		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	141897	11444	14697	5166	85598	107
108 UNIT COST MULT-WS B PT III	.000178		146.970000		133.746875	108
108 UNIT COST MULT-WS B PT III		1.238662		.066808		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	50863804		50863804	820	50864624	25
26 INTENSIVE CARE UNIT	9983511		9983511	8837	9992348	26
29.01 NEONATAL INTENSIVE CARE	12628463		12628463	19275	12647738	29.01
29.02 PEDIATRIC INTENSIVE CARE	2103259		2103259	15112	2118371	29.02
31 SUBPROVIDER I	3258358		3258358		3258358	31
33 NURSERY	4566238		4566238		4566238	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21273872		21273872	52513	21326385	37
38 RECOVERY ROOM	2155393		2155393		2155393	38
39 DELIVERY ROOM & LABOR ROOM	5997149		5997149	737839	6734988	39
40 ANESTHESIOLOGY	2310632		2310632		2310632	40
41 RADIOLOGY-DIAGNOSTIC	7491023		7491023		7491023	41
42 RADIOLOGY-THERAPEUTIC	2608524		2608524		2608524	42
43 RADIOISOTOPE	1199306		1199306		1199306	43
44 LABORATORY	13335514		13335514		13335514	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2751370		2751370		2751370	47
49 RESPIRATORY THERAPY	7074054		7074054	9826	7083880	49
50 PHYSICAL THERAPY	2181457		2181457		2181457	50
53 ELECTROCARDIOLOGY	2736041		2736041		2736041	53
54 ELECTROENCEPHALOGRAPHY	221488		221488		221488	54
55 MEDICAL SUPPLIES CHARGED TO	17332076		17332076		17332076	55
55.03 IMPLANTS	22785054		22785054		22785054	55.03
56 DRUGS CHARGED TO PATIENTS	21241341		21241341		21241341	56
57 RENAL DIALYSIS	919680		919680		919680	57
59 GI LAB	1913040		1913040		1913040	59
59.01 MRI	1491719		1491719		1491719	59.01
59.02 CT SCAN	2115785		2115785		2115785	59.02
59.03 CARDIAC CATHETERIZATION	2903198		2903198		2903198	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	642607		642607		642607	59.08
59.10 GENETIC SERVICES	1163546		1163546		1163546	59.10
59.11 RADIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	2054777		2054777		2054777	60.01
60.02 ANTENATAL TEST CENTER	1097374		1097374		1097374	60.02
60.03 CHILD PSYCHIATRIC CLINIC	810464		810464		810464	60.03
61 EMERGENCY	12942759		12942759	119528	13062287	61
62 OBSERVATION BEDS (NON-DISTI	3743020		3743020		3743020	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3962823		3962823		3962823	65
68 AIR AMBULANCE						68
101 SUBTOTAL	251858719		251858719	963750	252822469	101
102 LESS OBSERVATION BEDS	3743020		3743020		3743020	102
103 TOTAL	248115699		248115699	963750	249079449	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	44735216		44735216			25
26	INTENSIVE CARE UNIT	15128375		15128375			26
29.01	NEONATAL INTENSIVE CARE	36906051		36906051			29.01
29.02	PEDIATRIC INTENSIVE CARE	3439681		3439681			29.02
31	SUBPROVIDER I	3564757		3564757			31
33	NURSERY	11555333		11555333			33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	23046796	18490700	41537496	.512161	.512161	.513425 37
38	RECOVERY ROOM	4551142	2882803	7433945	.289939	.289939	.289939 38
39	DELIVERY ROOM & LABOR ROOM	8619518	1554793	10174311	.589440	.589440	.661960 39
40	ANESTHESIOLOGY	4925292	4078827	9004119	.256619	.256619	.256619 40
41	RADIOLOGY-DIAGNOSTIC	17788015	17671820	35459835	.211254	.211254	.211254 41
42	RADIOLOGY-THERAPEUTIC	362074	7456390	7818464	.333636	.333636	.333636 42
43	RADIOISOTOPE	1750991	4463325	6214316	.192991	.192991	.192991 43
44	LABORATORY	37248477	17235178	54483655	.244762	.244762	.244762 44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	11304865	2124677	13429542	.204874	.204874	.204874 47
49	RESPIRATORY THERAPY	29810861	4789970	34600831	.204448	.204448	.204731 49
50	PHYSICAL THERAPY	3540687	1134548	4675235	.466598	.466598	.466598 50
53	ELECTROCARDIOLOGY	8903644	13109926	22013570	.124289	.124289	.124289 53
54	ELECTROENCEPHALOGRAPHY	7411108	439196	1180304	.187653	.187653	.187653 54
55	MEDICAL SUPPLIES CHARGED TO	85080778	36571781	121652559	.142472	.142472	.142472 55
55.03	IMPLANTS	53786261	16559396	70345657	.323901	.323901	.323901 55.03
56	DRUGS CHARGED TO PATIENTS	64766004	15916897	80682901	.263269	.263269	.263269 56
57	RENAL DIALYSIS	1377822	123958	1501780	.612393	.612393	.612393 57
59	GI LAB	1738138	6461387	8199525	.233311	.233311	.233311 59
59.01	MRI	5516546	15103543	20620089	.072343	.072343	.072343 59.01
59.02	CT SCAN	15532785	24572925	40105710	.052755	.052755	.052755 59.02
59.03	CARDIAC CATHETERIZATION	7574655	5125323	12699978	.228599	.228599	.228599 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	1969	1598153	1600122	.401599	.401599	.401599 59.08
59.10	GENETIC SERVICES	55187	550102	605289	1.922298	1.922298	1.922298 59.10
59.11	CARDIOLOGY						59.11
59.12	OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS							
60.01	PAIN CENTER	90687	11931465	12022152	.170916	.170916	.170916 60.01
60.02	ANTENATAL TEST CENTER	755059	3057717	3812776	.287815	.287815	.287815 60.02
60.03	CHILD PSYCHIATRIC CLINIC	920	467824	468744	1.729012	1.729012	1.729012 60.03
61	EMERGENCY	16424471	32297439	48721910	.265646	.265646	.268099 61
62	OBSERVATION BEDS (NON-DISTI	90720	6256700	6347420	.589692	.589692	.589692 62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES		4898623	4898623	.808967	.808967	.808967 65
68	AIR AMBULANCE						68
101	SUBTOTAL	520714885	276925386	797640271			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	520714885	276925386	797640271			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				2440534		2440534
26 INTENSIVE CARE UNIT				297468		297468
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				441066		441066
29.02 PEDIATRIC INTENSIVE CARE				92304		92304
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				136035		136035
33 NURSERY				70319		70319
101 TOTAL				3477726		3477726

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	53664	20215			45.48	919378
26 INTENSIVE CARE UNIT	5926	3695			50.20	185489
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	13411				32.89	
29.02 PEDIATRIC INTENSIVE CARE	1137				81.18	
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2737	906			49.70	45028
33 NURSERY	3154				22.30	
101 TOTAL	80029	24816				1149895

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1519467	41537496	9227862			.036581	337564 37
38 RECOVERY ROOM		62335	7433945	1885290			.008385	15808 38
39 DELIVERY ROOM & LABOR ROOM		329631	10174311	82609			.032398	2676 39
40 ANESTHESIOLOGY		208113	9004119	1817353			.023113	42004 40
41 RADIOLOGY-DIAGNOSTIC		1095534	35459835	7932284			.030895	245068 41
42 RADIOLOGY-THERAPEUTIC		447817	7818464	162763			.057277	9323 42
43 RADIOISOTOPE		88991	6214316	1073492			.014320	15372 43
44 LABORATORY		963231	54483655	15827754			.017679	279819 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35113	13429542	5087055			.002615	13303 47
49 RESPIRATORY THERAPY		434350	34600831	9436955			.012553	118462 49
50 PHYSICAL THERAPY		48241	4675235	1849333			.010318	19081 50
53 ELECTROCARDIOLOGY		267729	22013570	4650324			.012162	56557 53
54 ELECTROENCEPHALOGRAPHY		33688	1180304	303633			.028542	8666 54
55 MEDICAL SUPPLIES CHARGED TO P		280364	121652559	33267834			.002305	76682 55
55.03 IMPLANTS		357243	70345657	20886625			.005078	106062 55.03
56 DRUGS CHARGED TO PATIENTS		945387	80682901	24376882			.011717	285624 56
57 RENAL DIALYSIS		45357	1501780	862387			.030202	26046 57
59 GI LAB		223309	8199525	807385			.027234	21988 59
59.01 MRI		66568	20620089	2419193			.003228	7809 59.01
59.02 CT SCAN		290775	40105710	6624022			.007250	48024 59.02
59.03 CARDIAC CATHETERIZATION		663662	12699978	3944773			.052257	206142 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		13891	1600122	750			.008681	7 59.08
59.10 GENETIC SERVICES		111463	605289	6881			.184148	1267 59.10
59.11 CARDIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		96616	12022152	43217			.008036	347 60.01
60.02 ANTENATAL TEST CENTER		142435	3812776	3016			.037357	113 60.02
60.03 CHILD PSYCHIATRIC CLINIC		18448	468744				.039356	60.03
61 EMERGENCY		659822	48721910	7482728			.013543	101339 61
62 OBSERVATION BEDS (NON-DISTINC		179594	6347420	49129			.028294	1390 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		9629174	677412235	160111529				2046543 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			122707			122707	25
26 INTENSIVE CARE UNIT			63361			63361	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NEONATAL INTENSIVE CARE			23807			23807	29.01
29.02 PEDIATRIC INTENSIVE CARE			2193			2193	29.02
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			5041			5041	31
33 NURSERY			7195			7195	33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			224304			224304	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	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	53664	2.29	20215	46292	25
26 INTENSIVE CARE UNIT	5926	10.69	3695	39500	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	13411	1.78			29.01
29.02 PEDIATRIC INTENSIVE CARE	1137	1.93			29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2737	1.84	906	1667	31
33 NURSERY	3154	2.28			33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	80029		24816	87459	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				141056			141056 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				26943			26943 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				508302			508302 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				20604			20604 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.03 IMPLANTS							
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				744902			744902 61
62 OBSERVATION BEDS (NON-DISTINC				9028			9028 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				1450835			1450835 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	CHARGES
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	141056	41537496	.003396	.003396	9227862	31338	4884228	37
38 RECOVERY ROOM		7433945			1885290		498257	38
39 DELIVERY ROOM & LABOR ROOM	26943	10174311	.002648	.002648	82609	219	10411	39
40 ANESTHESIOLOGY		9004119			1817353		997522	40
41 RADIOLOGY-DIAGNOSTIC	508302	35459835	.014335	.014335	7932284	113709	5030813	41
42 RADIOLOGY-THERAPEUTIC		7818464			162763		4376322	42
43 RADIOISOTOPE		6214316			1073492		1938751	43
44 LABORATORY		54483655			15827754		618387	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		13429542			5087055		1058701	47
49 RESPIRATORY THERAPY	20604	34600831	.000595	.000595	9436955	5615	1179162	49
50 PHYSICAL THERAPY		4675235			1849333		33137	50
53 ELECTROCARDIOLOGY		22013570			4650324		4888253	53
54 ELECTROENCEPHALOGRAPHY		1180304			303633		34576	54
55 MEDICAL SUPPLIES CHARGED TO P		121652559			33267834		10905417	55
55.03 IMPLANTS		70345657			20886625		6235280	55.03
56 DRUGS CHARGED TO PATIENTS		80682901			24376882		4772556	56
57 RENAL DIALYSIS		1501780			862387		107518	57
59 GI LAB		8199525			807385		1675838	59
59.01 MRI		20620089			2419193		4321907	59.01
59.02 CT SCAN		40105710			6624022		6336011	59.02
59.03 CARDIAC CATHETERIZATION		12699978			3944773		1477073	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		1600122			750		919311	59.08
59.10 GENETIC SERVICES		605289			6881		11204	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		12022152			43217		4828983	60.01
60.02 ANTENATAL TEST CENTER		3812776			3016		40631	60.02
60.03 CHILD PSYCHIATRIC CLINIC		468744						60.03
61 EMERGENCY	744902	48721910	.015289	.015289	7482728	114403	4780256	61
62 OBSERVATION BEDS (NON-DISTINC	9028	6347420	.001422	.001422	49129	70	684995	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	1450835	677412235			160111529	265354	72645500	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			16587		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			28		39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			72117		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			702		49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.03 IMPLANTS					55.03
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			73085		61
62 OBSERVATION BEDS (NON-DISTINC			974		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			163493		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.512161	.512161	.512161			37
38 RECOVERY ROOM	.289939	.289939	.289939			38
39 DELIVERY ROOM & LABOR ROOM	.589440	.589440	.589440			39
40 ANESTHESIOLOGY	.256619	.256619	.256619			40
41 RADIOLOGY-DIAGNOSTIC	.211254	.211254	.211254			41
42 RADIOLOGY-THERAPEUTIC	.333636	.333636	.333636			42
43 RADIOISOTOPE	.192991	.192991	.192991			43
44 LABORATORY	.244762	.244762	.244762			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.204874	.204874	.204874			47
49 RESPIRATORY THERAPY	.204448	.204448	.204448			49
50 PHYSICAL THERAPY	.466598	.466598	.466598			50
53 ELECTROCARDIOLOGY	.124289	.124289	.124289			53
54 ELECTROENCEPHALOGRAPHY	.187653	.187653	.187653			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.142472	.142472	.142472			55
55.03 IMPLANTS	.323901	.323901	.323901			55.03
56 DRUGS CHARGED TO PATIENTS	.263269	.263269	.263269			56
57 RENAL DIALYSIS	.612393	.612393	.612393			57
59 GI LAB	.233311	.233311	.233311			59
59.01 MRI	.072343	.072343	.072343			59.01
59.02 CT SCAN	.052755	.052755	.052755			59.02
59.03 CARDIAC CATHETERIZATION	.228599	.228599	.228599			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	.401599	.401599	.401599			59.08
59.10 GENETIC SERVICES	1.922298	1.922298	1.922298			59.10
59.11 CARDIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	.170916	.170916	.170916			60.01
60.02 ANTENATAL TEST CENTER	.287815	.287815	.287815			60.02
60.03 CHILD PSYCHIATRIC CLINIC	1.729012	1.729012	1.729012			60.03
61 EMERGENCY	.265646	.265646	.265646			61
62 OBSERVATION BEDS (NON-DISTINCT	.589692	.589692	.589692			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.808967	.808967	.808967			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.808967	.808967	.808967			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.808967	.808967	.808967			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.808967	.808967	.808967			65.03
68 AIR AMBULANCE						68
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.263269	1
2 PROGRAM VACCINE CHARGES	30604	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	8057	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)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4884228	56					37
38 RECOVERY ROOM		498257						38
39 DELIVERY ROOM & LABOR ROOM		10411						39
40 ANESTHESIOLOGY		997522						40
41 RADIOLOGY-DIAGNOSTIC		5030813						41
42 RADIOLOGY-THERAPEUTIC		4376322						42
43 RADIOISOTOPE		1938751						43
44 LABORATORY		618387						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		1058701						47
49 RESPIRATORY THERAPY		1179162						49
50 PHYSICAL THERAPY		33137						50
53 ELECTROCARDIOLOGY		4888253						53
54 ELECTROENCEPHALOGRAPHY		34576						54
55 MEDICAL SUPPLIES CHARGED TO PA		10905417						55
55.03 IMPLANTS		6235280						55.03
56 DRUGS CHARGED TO PATIENTS		4772556						56
57 RENAL DIALYSIS		107518						57
59 GI LAB		1675838						59
59.01 MRI		4321907						59.01
59.02 CT SCAN		6336011						59.02
59.03 CARDIAC CATHETERIZATION		1477073						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		919311						59.08
59.10 GENETIC SERVICES		11204						59.10
59.11 CARDIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		4828983						60.01
60.02 ANTENATAL TEST CENTER		40631						60.02
60.03 CHILD PSYCHIATRIC CLINIC								60.03
61 EMERGENCY		4780256						61
62 OBSERVATION BEDS (NON-DISTINCT		684995						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		72645500	56					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		72645500	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		2501511	29				37
38 RECOVERY ROOM		144464					38
39 DELIVERY ROOM & LABOR ROOM		6137					39
40 ANESTHESIOLOGY		255983					40
41 RADIOLOGY-DIAGNOSTIC		1062779					41
42 RADIOLOGY-THERAPEUTIC		1460099					42
43 RADIOISOTOPE		374161					43
44 LABORATORY		151358					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		216900					47
49 RESPIRATORY THERAPY		241077					49
50 PHYSICAL THERAPY		15462					50
53 ELECTROCARDIOLOGY		607556					53
54 ELECTROENCEPHALOGRAPHY		6488					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1553717					55
55.03 IMPLANTS		2019613					55.03
56 DRUGS CHARGED TO PATIENTS		1256466					56
57 RENAL DIALYSIS		65843					57
59 GI LAB		390991					59
59.01 MRI		312660					59.01
59.02 CT SCAN		334256					59.02
59.03 CARDIAC CATHETERIZATION		337657					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		369194					59.08
59.10 GENETIC SERVICES		21537					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		825350					60.01
60.02 ANTENATAL TEST CENTER		11694					60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY		1269856					61
62 OBSERVATION BEDS (NON-DISTINCT		403936					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		16216745	29				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		16216745	29				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	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		1519467	41537496				.036581	37
38 RECOVERY ROOM		62335	7433945				.008385	38
39 DELIVERY ROOM & LABOR ROOM		329631	10174311				.032398	39
40 ANESTHESIOLOGY		208113	9004119				.023113	40
41 RADIOLOGY-DIAGNOSTIC		1095534	35459835	9202			.030895	284 41
42 RADIOLOGY-THERAPEUTIC		447817	7818464				.057277	42
43 RADIOISOTOPE		88991	6214316				.014320	43
44 LABORATORY		963231	54483655	167241			.017679	2957 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35113	13429542				.002615	47
49 RESPIRATORY THERAPY		434350	34600831	16280			.012553	204 49
50 PHYSICAL THERAPY		48241	4675235	1573			.010318	16 50
53 ELECTROCARDIOLOGY		267729	22013570	6645			.012162	81 53
54 ELECTROENCEPHALOGRAPHY		33688	1180304	1768			.028542	50 54
55 MEDICAL SUPPLIES CHARGED TO P		280364	121652559	1064			.002305	2 55
55.03 IMPLANTS		357243	70345657				.005078	55.03
56 DRUGS CHARGED TO PATIENTS		945387	80682901	226788			.011717	2657 56
57 RENAL DIALYSIS		45357	1501780	2130			.030202	64 57
59 GI LAB		223309	8199525	3275			.027234	89 59
59.01 MRI		66568	20620089	7944			.003228	26 59.01
59.02 CT SCAN		290775	40105710	29596			.007250	215 59.02
59.03 CARDIAC CATHETERIZATION		663662	12699978				.052257	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		13891	1600122	41			.008681	59.08
59.10 GENETIC SERVICES		111463	605289				.184148	59.10
59.11 CARDIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		96616	12022152				.008036	60.01
60.02 ANTENATAL TEST CENTER		142435	3812776				.037357	60.02
60.03 CHILD PSYCHIATRIC CLINIC		18448	468744				.039356	60.03
61 EMERGENCY		659822	48721910	145641			.013543	1972 61
62 OBSERVATION BEDS (NON-DISTINC		179594	6347420				.028294	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		9629174	677412235	619188				8617 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				141056			141056
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM				26943			26943
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC				508302			508302
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY							
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				20604			20604
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.03 IMPLANTS							
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				744902			744902
62 OBSERVATION BEDS (NON-DISTINC				9028			9028
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1450835			1450835

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	141056	41537496	.003396	.003396			37
38 RECOVERY ROOM		7433945					38
39 DELIVERY ROOM & LABOR ROOM	26943	10174311	.002648	.002648			39
40 ANESTHESIOLOGY		9004119					40
41 RADIOLOGY-DIAGNOSTIC	508302	35459835	.014335	.014335	9202	132	41
42 RADIOLOGY-THERAPEUTIC		7818464					42
43 RADIOISOTOPE		6214316					43
44 LABORATORY		54483655			167241		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13429542					47
49 RESPIRATORY THERAPY	20604	34600831	.000595	.000595	16280	10	49
50 PHYSICAL THERAPY		4675235			1573		50
53 ELECTROCARDIOLOGY		22013570			6645		53
54 ELECTROENCEPHALOGRAPHY		1180304			1768		54
55 MEDICAL SUPPLIES CHARGED TO P		121652559			1064		55
55.03 IMPLANTS		70345657					55.03
56 DRUGS CHARGED TO PATIENTS		80682901			226788		56
57 RENAL DIALYSIS		1501780			2130		57
59 GI LAB		8199525			3275		59
59.01 MRI		20620089			7944		59.01
59.02 CT SCAN		40105710			29596		59.02
59.03 CARDIAC CATHETERIZATION		12699978					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		1600122			41		59.08
59.10 GENETIC SERVICES		605289					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12022152					60.01
60.02 ANTENATAL TEST CENTER		3812776					60.02
60.03 CHILD PSYCHIATRIC CLINIC		468744					60.03
61 EMERGENCY	744902	48721910	.015289	.015289	145641	2227	61
62 OBSERVATION BEDS (NON-DISTINC	9028	6347420	.001422	.001422			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	1450835	677412235			619188	2369	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
55.03 IMPLANTS					55.03
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 RADIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2440534		2440534
26 INTENSIVE CARE UNIT				297468		297468
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				441066		441066
29.02 PEDIATRIC INTENSIVE CARE				92304		92304
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				136035		136035
33 NURSERY				70319		70319
101 TOTAL				3477726		3477726

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	53664	12004			45.48	545942
26 INTENSIVE CARE UNIT	5926	1164			50.20	58433
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	13411	7203			32.89	236907
29.02 PEDIATRIC INTENSIVE CARE	1137	678			81.18	55040
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2737	607			49.70	30168
33 NURSERY	3154	2996			22.30	66811
101 TOTAL	80029	24652				993301

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		1519467	41537496				.036581	37
38 RECOVERY ROOM		62335	7433945				.008385	38
39 DELIVERY ROOM & LABOR ROOM		329631	10174311				.032398	39
40 ANESTHESIOLOGY		208113	9004119				.023113	40
41 RADIOLOGY-DIAGNOSTIC		1095534	35459835				.030895	41
42 RADIOLOGY-THERAPEUTIC		447817	7818464				.057277	42
43 RADIOISOTOPE		88991	6214316				.014320	43
44 LABORATORY		963231	54483655				.017679	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35113	13429542				.002615	47
49 RESPIRATORY THERAPY		434350	34600831				.012553	49
50 PHYSICAL THERAPY		48241	4675235				.010318	50
53 ELECTROCARDIOLOGY		267729	22013570				.012162	53
54 ELECTROENCEPHALOGRAPHY		33688	1180304				.028542	54
55 MEDICAL SUPPLIES CHARGED TO P		280364	121652559				.002305	55
55.03 IMPLANTS		357243	70345657				.005078	55.03
56 DRUGS CHARGED TO PATIENTS		945387	80682901				.011717	56
57 RENAL DIALYSIS		45357	1501780				.030202	57
59 GI LAB		223309	8199525				.027234	59
59.01 MRI		66568	20620089				.003228	59.01
59.02 CT SCAN		290775	40105710				.007250	59.02
59.03 CARDIAC CATHETERIZATION		663662	12699978				.052257	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		13891	1600122				.008681	59.08
59.10 GENETIC SERVICES		111463	605289				.184148	59.10
59.11 CARDIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		96616	12022152				.008036	60.01
60.02 ANTENATAL TEST CENTER		142435	3812776				.037357	60.02
60.03 CHILD PSYCHIATRIC CLINIC		18448	468744				.039356	60.03
61 EMERGENCY		659822	48721910				.013543	61
62 OBSERVATION BEDS (NON-DISTINC		179594	6347420				.028294	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		9629174	677412235					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	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			122707			122707	25
26 INTENSIVE CARE UNIT			63361			63361	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NEONATAL INTENSIVE CARE			23807			23807	29.01
29.02 PEDIATRIC INTENSIVE CARE			2193			2193	29.02
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			5041			5041	31
33 NURSERY			7195			7195	33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			224304			224304	101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/20/2011 10:59

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	53664	2.29	12004	27489	25
26 INTENSIVE CARE UNIT	5926	10.69	1164	12443	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	13411	1.78	7203	12821	29.01
29.02 PEDIATRIC INTENSIVE CARE	1137	1.93	678	1309	29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2737	1.84	607	1117	31
33 NURSERY	3154	2.28	2996	6831	33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	80029		24652	62010	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				141056			141056 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				26943			26943 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				508302			508302 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				20604			20604 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.03 IMPLANTS							
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				744902			744902 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				1441807			1441807 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	141056	41537496	.003396	.003396			37
38 RECOVERY ROOM		7433945					38
39 DELIVERY ROOM & LABOR ROOM	26943	10174311	.002648	.002648			39
40 ANESTHESIOLOGY		9004119					40
41 RADIOLOGY-DIAGNOSTIC	508302	35459835	.014335	.014335			41
42 RADIOLOGY-THERAPEUTIC		7818464					42
43 RADIOISOTOPE		6214316					43
44 LABORATORY		54483655					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13429542					47
49 RESPIRATORY THERAPY	20604	34600831	.000595	.000595			49
50 PHYSICAL THERAPY		4675235					50
53 ELECTROCARDIOLOGY		22013570					53
54 ELECTROENCEPHALOGRAPHY		1180304					54
55 MEDICAL SUPPLIES CHARGED TO P		121652559					55
55.03 IMPLANTS		70345657					55.03
56 DRUGS CHARGED TO PATIENTS		80682901					56
57 RENAL DIALYSIS		1501780					57
59 GI LAB		8199525					59
59.01 MRI		20620089					59.01
59.02 CT SCAN		40105710					59.02
59.03 CARDIAC CATHETERIZATION		12699978					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		1600122					59.08
59.10 GENETIC SERVICES		605289					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12022152					60.01
60.02 ANTENATAL TEST CENTER		3812776					60.02
60.03 CHILD PSYCHIATRIC CLINIC		468744					60.03
61 EMERGENCY	744902	48721910	.015289	.015289			61
62 OBSERVATION BEDS (NON-DISTINC		6347420					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	1441807	677412235					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
55.03 IMPLANTS					55.03
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 RADIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----			
	1	2	3	4		RATIO OF COST TO CHARGES	5	6	RATIO OF COST TO CHARGES	7	8
ANCILLARY SERVICE COST CENTERS											
37 OPERATING ROOM		1519467	41537496					.036581		37	
38 RECOVERY ROOM		62335	7433945					.008385		38	
39 DELIVERY ROOM & LABOR ROOM		329631	10174311					.032398		39	
40 ANESTHESIOLOGY		208113	9004119					.023113		40	
41 RADIOLOGY-DIAGNOSTIC		1095534	35459835					.030895		41	
42 RADIOLOGY-THERAPEUTIC		447817	7818464					.057277		42	
43 RADIOISOTOPE		88991	6214316					.014320		43	
44 LABORATORY		963231	54483655					.017679		44	
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30	
47 BLOOD STORING, PROCESSING & T		35113	13429542					.002615		47	
49 RESPIRATORY THERAPY		434350	34600831					.012553		49	
50 PHYSICAL THERAPY		48241	4675235					.010318		50	
53 ELECTROCARDIOLOGY		267729	22013570					.012162		53	
54 ELECTROENCEPHALOGRAPHY		33688	1180304					.028542		54	
55 MEDICAL SUPPLIES CHARGED TO P		280364	121652559					.002305		55	
55.03 IMPLANTS		357243	70345657					.005078		55.03	
56 DRUGS CHARGED TO PATIENTS		945387	80682901					.011717		56	
57 RENAL DIALYSIS		45357	1501780					.030202		57	
59 GI LAB		223309	8199525					.027234		59	
59.01 MRI		66568	20620089					.003228		59.01	
59.02 CT SCAN		290775	40105710					.007250		59.02	
59.03 CARDIAC CATHETERIZATION		663662	12699978					.052257		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		13891	1600122					.008681		59.08	
59.10 GENETIC SERVICES		111463	605289					.184148		59.10	
59.11 CARDIOLOGY										59.11	
59.12 OUTPATIENT PSYCH SERVICES										59.12	
OUTPATIENT SERVICE COST CENTERS											
60.01 PAIN CENTER		96616	12022152					.008036		60.01	
60.02 ANTENATAL TEST CENTER		142435	3812776					.037357		60.02	
60.03 CHILD PSYCHIATRIC CLINIC		18448	468744					.039356		60.03	
61 EMERGENCY		659822	48721910					.013543		61	
62 OBSERVATION BEDS (NON-DISTINC		179594	6347420					.028294		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		9629174	677412235							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				141056			141056
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM				26943			26943
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC				508302			508302
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY							
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				20604			20604
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.03 IMPLANTS							
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				744902			744902
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				1441807			1441807

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	141056	41537496	.003396	.003396			37
38 RECOVERY ROOM		7433945					38
39 DELIVERY ROOM & LABOR ROOM	26943	10174311	.002648	.002648			39
40 ANESTHESIOLOGY		9004119					40
41 RADIOLOGY-DIAGNOSTIC	508302	35459835	.014335	.014335			41
42 RADIOLOGY-THERAPEUTIC		7818464					42
43 RADIOISOTOPE		6214316					43
44 LABORATORY		54483655					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13429542					47
49 RESPIRATORY THERAPY	20604	34600831	.000595	.000595			49
50 PHYSICAL THERAPY		4675235					50
53 ELECTROCARDIOLOGY		22013570					53
54 ELECTROENCEPHALOGRAPHY		1180304					54
55 MEDICAL SUPPLIES CHARGED TO P		121652559					55
55.03 IMPLANTS		70345657					55.03
56 DRUGS CHARGED TO PATIENTS		80682901					56
57 RENAL DIALYSIS		1501780					57
59 GI LAB		8199525					59
59.01 MRI		20620089					59.01
59.02 CT SCAN		40105710					59.02
59.03 CARDIAC CATHETERIZATION		12699978					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		1600122					59.08
59.10 GENETIC SERVICES		605289					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		12022152					60.01
60.02 ANTENATAL TEST CENTER		3812776					60.02
60.03 CHILD PSYCHIATRIC CLINIC		468744					60.03
61 EMERGENCY	744902	48721910	.015289	.015289			61
62 OBSERVATION BEDS (NON-DISTINC		6347420					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	1441807	677412235					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
55.03 IMPLANTS					55.03
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 RADIOLOGY					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)	53664	2737					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	53664	2737					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11907	2737					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)	20215	906					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	50864624	3258358					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	50864624	3258358					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44735216	3055947					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	44735216	3055947					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.137015	1.066235					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3757.05	1116.53					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	50864624	3258358					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	947.84	1190.49					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19160586	1078584					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19160586	1078584					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	9992348	5926	1686.19	3695	6230472		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	NEONATAL INTENSIVE CARE	12647738	13411	943.09				46.01
46.02	PEDIATRIC INTENSIVE CARE	2118371	1137	1863.12				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	38211023	151227					48
49	TOTAL PROGRAM INPATIENT COSTS	63602081	1229811					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1190659	46695					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2311897	10986					51
52	TOTAL PROGRAM EXCLUDABLE COST	3502556	57681					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	60099525	1172130					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
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	3949	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	947.84	84
85 OBSERVATION BED COST	3743020	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		50864624		3743020		86
87 NEW CAPITAL-RELATED COST	2440534	50864624	.047981	3743020	179594	87
88 NON PHYSICIAN ANESTHETIST		50864624		3743020		88
89 NURSING SCHOOL		50864624		3743020		89
89.01 ALLIED HEALTH	122707	50864624	.002412	3743020	9028	89.01
89.02 ALL OTHER		50864624		3743020		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)	53664	2737					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	53664	2737					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11907	2737					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)	12004	607					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	3154						15
16 TITLE V OR XIX NURSERY DAYS	2996						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	50863804	3258358					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	50863804	3258358					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44735216	3055947					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	44735216	3055947					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.136997	1.066235					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3757.05	1116.53					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	50863804	3258358					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	947.82	1190.49				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11377631	722627				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11377631	722627				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)	4566238	3154	1447.76	2996	4337489	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9983511	5926	1684.70	1164	1960991	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NEONATAL INTENSIVE CARE	12628463	13411	941.65	7203	6782705	46.01
46.02 PEDIATRIC INTENSIVE CARE	2103259	1137	1849.83	678	1254185	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	25713001	722627				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1024026	31285				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1024026	31285				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		290				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 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/20/2011 10:59

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	3949	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	947.84	84
85 OBSERVATION BED COST	3743020	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19611704		25
26 INTENSIVE CARE UNIT		7533381		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	.513425	9227862	4737815	37
38 RECOVERY ROOM	.289939	1885290	546619	38
39 DELIVERY ROOM & LABOR ROOM	.661960	82609	54684	39
40 ANESTHESIOLOGY	.256619	1817353	466367	40
41 RADIOLOGY-DIAGNOSTIC	.211254	7932284	1675727	41
42 RADIOLOGY-THERAPEUTIC	.333636	162763	54304	42
43 RADIOISOTOPE	.192991	1073492	207174	43
44 LABORATORY	.244762	15827754	3874033	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.204874	5087055	1042205	47
49 RESPIRATORY THERAPY	.204731	9436955	1932037	49
50 PHYSICAL THERAPY	.466598	1849333	862895	50
53 ELECTROCARDIOLOGY	.124289	4650324	577984	53
54 ELECTROENCEPHALOGRAPHY	.187653	303633	56978	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.142472	33267834	4739735	55
55.03 IMPLANTS	.323901	20886625	6765199	55.03
56 DRUGS CHARGED TO PATIENTS	.263269	24376882	6417677	56
57 RENAL DIALYSIS	.612393	862387	528120	57
59 GI LAB	.233311	807385	188372	59
59.01 MRI	.072343	2419193	175012	59.01
59.02 CT SCAN	.052755	6624022	349450	59.02
59.03 CARDIAC CATHETERIZATION	.228599	3944773	901771	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	.401599	750	301	59.08
59.10 GENETIC SERVICES	1.922298	6881	13227	59.10
59.11 CARDIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.170916	43217	7386	60.01
60.02 ANTENATAL TEST CENTER	.287815	3016	868	60.02
60.03 CHILD PSYCHIATRIC CLINIC	1.729012			60.03
61 EMERGENCY	.268099	7482728	2006112	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.589692	49129	28971	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL		160111529	38211023	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		160111529		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I		1178706		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.513425			37
38 RECOVERY ROOM	.289939			38
39 DELIVERY ROOM & LABOR ROOM	.661960			39
40 ANESTHESIOLOGY	.256619			40
41 RADIOLOGY-DIAGNOSTIC	.211254	9202	1944	41
42 RADIOLOGY-THERAPEUTIC	.333636			42
43 RADIOISOTOPE	.192991			43
44 LABORATORY	.244762	167241	40934	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.204874			47
49 RESPIRATORY THERAPY	.204731	16280	3333	49
50 PHYSICAL THERAPY	.466598	1573	734	50
53 ELECTROCARDIOLOGY	.124289	6645	826	53
54 ELECTROENCEPHALOGRAPHY	.187653	1768	332	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.142472	1064	152	55
55.03 IMPLANTS	.323901			55.03
56 DRUGS CHARGED TO PATIENTS	.263269	226788	59706	56
57 RENAL DIALYSIS	.612393	2130	1304	57
59 GI LAB	.233311	3275	764	59
59.01 MRI	.072343	7944	575	59.01
59.02 CT SCAN	.052755	29596	1561	59.02
59.03 CARDIAC CATHETERIZATION	.228599			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	.401599	41	16	59.08
59.10 GENETIC SERVICES	1.922298			59.10
59.11 CARDIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.170916			60.01
60.02 ANTENATAL TEST CENTER	.287815			60.02
60.03 CHILD PSYCHIATRIC CLINIC	1.729012			60.03
61 EMERGENCY	.268099	145641	39046	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.589692			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		619188	151227	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		619188		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	.512161		37
38 RECOVERY ROOM	.289939		38
39 DELIVERY ROOM & LABOR ROOM	.589440		39
40 ANESTHESIOLOGY	.256619		40
41 RADIOLOGY-DIAGNOSTIC	.211254		41
42 RADIOLOGY-THERAPEUTIC	.333636		42
43 RADIOISOTOPE	.192991		43
44 LABORATORY	.244762		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.204874		47
49 RESPIRATORY THERAPY	.204448		49
50 PHYSICAL THERAPY	.466598		50
53 ELECTROCARDIOLOGY	.124289		53
54 ELECTROENCEPHALOGRAPHY	.187653		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.142472		55
55.03 IMPLANTS	.323901		55.03
56 DRUGS CHARGED TO PATIENTS	.263269		56
57 RENAL DIALYSIS	.612393		57
59 GI LAB	.233311		59
59.01 MRI	.072343		59.01
59.02 CT SCAN	.052755		59.02
59.03 CARDIAC CATHETERIZATION	.228599		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	.401599		59.08
59.10 GENETIC SERVICES	1.922298		59.10
59.11 CARDIOLOGY			59.11
59.12 OUTPATIENT PSYCH SERVICES			59.12
OUTPATIENT SERVICE COST CENTERS			
60.01 PAIN CENTER	.170916		60.01
60.02 ANTENATAL TEST CENTER	.287815		60.02
60.03 CHILD PSYCHIATRIC CLINIC	1.729012		60.03
61 EMERGENCY	.265646		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.589692		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES	.808967		65
68 AIR AMBULANCE			68
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
29.01 NEONATAL INTENSIVE CARE			29.01
29.02 PEDIATRIC INTENSIVE CARE			29.02
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.512161		37
38 RECOVERY ROOM	.289939		38
39 DELIVERY ROOM & LABOR ROOM	.589440		39
40 ANESTHESIOLOGY	.256619		40
41 RADIOLOGY-DIAGNOSTIC	.211254		41
42 RADIOLOGY-THERAPEUTIC	.333636		42
43 RADIOISOTOPE	.192991		43
44 LABORATORY	.244762		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.204874		47
49 RESPIRATORY THERAPY	.204448		49
50 PHYSICAL THERAPY	.466598		50
53 ELECTROCARDIOLOGY	.124289		53
54 ELECTROENCEPHALOGRAPHY	.187653		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.142472		55
55.03 IMPLANTS	.323901		55.03
56 DRUGS CHARGED TO PATIENTS	.263269		56
57 RENAL DIALYSIS	.612393		57
59 GI LAB	.233311		59
59.01 MRI	.072343		59.01
59.02 CT SCAN	.052755		59.02
59.03 CARDIAC CATHETERIZATION	.228599		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	.401599		59.08
59.10 GENETIC SERVICES	1.922298		59.10
59.11 CARDIOLOGY			59.11
59.12 OUTPATIENT PSYCH SERVICES			59.12
OUTPATIENT SERVICE COST CENTERS			
60.01 PAIN CENTER	.170916		60.01
60.02 ANTENATAL TEST CENTER	.287815		60.02
60.03 CHILD PSYCHIATRIC CLINIC	1.729012		60.03
61 EMERGENCY	.265646		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.589692		62
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES	.808967		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	41185358					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	3418570					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	285.18					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	0.3569					4.01
4.02	0.4100					4.02
4.03	0.2304					4.03
4.04	9489107					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	54093036					6
7						7
7.01						7.01
8	54093036					8
9	3867039					9
10						10
11						11
11.01	80393					11.01
11.02						11.02
12						12
13						13
14	85792					14
15	265354					15
16	58391614					16
17	95168					17
18	58296446					18
19	3684852					19
20	175354					20
21	631023					21
21.01	441716					21.01
21.02	406604					21.02
22	54877956					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	54877956					26
27						27
28	53980279					28
28.01						28.01
29	897677					29
30	881367					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02	
1 MEDICAL AND OTHER SERVICES	8086			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16053252			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	16437994			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	163493			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	8086			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	30660			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	30660			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	30660			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	22574			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	8086			17
17.01 TOTAL PPS PAYMENTS	16601487			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	3794735		18.01
19 SUBTOTAL	12814838		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	12814838		23
24 PRIMARY PAYER PAYMENTS	2932		24
25 SUBTOTAL	12811906		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1092684		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	764879		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	904452		27.02
28 SUBTOTAL	13576785		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	13576785		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13583690		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-6905		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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			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			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
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			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT			51
(SEE INSTRUCTIONS)			
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			
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 B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53931879		13376890	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	07/22/2010 48400	07/22/2010	206800	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	48400		206800	3.99
4 TOTAL INTERIM PAYMENTS		53980279		13583690	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	897677		-6905	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		54877956		13576785	7

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		638136		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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 07/22/2010	30900		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	NONE	3.52
PROGRAM TO PROVIDER	.53			3.53
PROGRAM TO PROVIDER	.54			3.54
SUBTOTAL	.99	30900		3.99
4 TOTAL INTERIM PAYMENTS		669036		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	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		6.01
	PROGRAM TO PROVIDER	.02	-17125	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		651911		7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	671145				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	38362				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)	7.498630				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	709507				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	709507				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	709507				4
5	PRIMARY PAYER PAYMENTS	1796				5
6	SUBTOTAL	707711				6
7	DEDUCTIBLES	89100				7
8	SUBTOTAL	618611				8
9	COINSURANCE	5775				9
10	SUBTOTAL	612836				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	50055				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	35039				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	40189				11.02
12	SUBTOTAL	647875				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)		4036			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	651911				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	669036				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-17125				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)					50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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	25713001				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	25713001				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	25713001				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	25713001				22
28	COST OF COVERED SERVICES	25713001				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	25713001				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
38	LESSER OF LINES 30 OR 31	25713001				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	25713001	722627				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	54573036			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	101346091			4
5	OTHER RECEIVABLES	4519216			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-60400841			6
7	INVENTORY	6056539			7
8	PREPAID EXPENSES	6992133			8
9	OTHER CURRENT ASSETS	9150822			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	122236996			11
FIXED ASSETS					
12	LAND	2580438			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6518667			13
13.01	ACCUMULATED DEPRECIATION	-5148450			13.01
14	BUILDINGS	55289830			14
14.01	ACCUMULATED DEPRECIATION	-36634871			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	98577664			16
16.01	ACCUMULATED DEPRECIATION	-66072285			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	103219518			18
18.01	ACCUMULATED DEPRECIATION	-79036834			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	79293677			21
OTHER ASSETS					
22	INVESTMENTS	150174072			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	21139446			25
26	TOTAL OTHER ASSETS	171313518			26
27	TOTAL ASSETS	372844191			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8208335			28
29	SALARIES, WAGES & FEES PAYABLE	28619004			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3407569			31
32	DEFERRED INCOME	12174977			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	14042363			35
36	TOTAL CURRENT LIABILITIES	66452248			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	69174282			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	72689889			41
42	TOTAL LONG TERM LIABILITIES	141864171			42
43	TOTAL LIABILITIES	208316419			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	164527772			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	164527772			51
52	TOTAL LIABILITIES AND FUND BALANCES	372844191			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	138700158			1
2 NET INCOME (LOSS)	81308767			2
3 TOTAL	220008925			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	220008925			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 OTHER	55481153			13
14				14
15				15
16 OTHER				16
17				17
18 TOTAL DEDUCTIONS	55481153			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	164527772			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	44735216		44735216	2
4 SUBPROVIDER I	3564757		3564757	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	48299973		48299973	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	15128375		15128375	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	36906051		36906051	14
15 PEDIATRIC INTENSIVE CARE	3439681		3439681	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	55474107		55474107	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	103774080		103774080	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES	416940804	276940357	693881161	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	520714884	276940357	797655241	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		271427011	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	-347136		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-347136		39
40 TOTAL OPERATING EXPENSES		271079875	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	797655241	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	479749025	2
3	NET PATIENT REVENUES	317906216	3
4	LESS - TOTAL OPERATING EXPENSES	271079875	4
5	NET INCOME FROM SERVICE TO PATIENTS	46826341	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	19999126	24
24.01	NON OPERATING INCOME	14483302	24.01
25	TOTAL OTHER INCOME	34482428	25
26	TOTAL	81308769	26
27	ROUNDING	2	27
28			28
29			29
30	TOTAL OTHER EXPENSES	2	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	81308767	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0239) (14-0239)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	3379806				3
3.01	194542				3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0531				5
5.01	0.3569				5.01
5.02	0.4100				5.02
5.03	0.0866				5.03
5.04	292691				5.04
6	3867039				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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
55.03 IMPLANTS					55.03
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

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
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
99.01 BELOIT HEART STANDBY					99.01
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	37.67		22.37				60.04	25
26 INTENSIVE CARE UNIT	62.35		19.64				81.99	26
29.01 NEONATAL INTENSIVE CARE			53.71				53.71	29.01
29.02 PEDIATRIC INTENSIVE CARE			59.63				59.63	29.02
33 NURSERY			94.99				94.99	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	22.22	11.76					33.98	37
38 RECOVERY ROOM	25.36	6.70					32.06	38
39 DELIVERY ROOM & LABOR ROOM	0.81	0.10					0.91	39
40 ANESTHESIOLOGY	20.18	11.08					31.26	40
41 RADIOLOGY-DIAGNOSTIC	22.37	14.19					36.56	41
42 RADIOLOGY-THERAPEUTIC	2.08	55.97					58.05	42
43 RADIOISOTOPE	17.27	31.20					48.47	43
44 LABORATORY	29.05	1.13					30.18	44
47 BLOOD STORING, PROCESSING & TRA	37.88	7.88					45.76	47
49 RESPIRATORY THERAPY	27.27	3.41					30.68	49
50 PHYSICAL THERAPY	39.56	0.71					40.27	50
53 ELECTROCARDIOLOGY	21.12	22.21					43.33	53
54 ELECTROENCEPHALOGRAPHY	25.72	2.93					28.65	54
55 MEDICAL SUPPLIES CHARGED TO PAT	27.35	8.96					36.31	55
55.03 IMPLANTS	29.69	8.86					38.55	55.03
56 DRUGS CHARGED TO PATIENTS	30.21	5.92					36.13	56
57 RENAL DIALYSIS	57.42	7.16					64.58	57
59 GI LAB	9.85	20.44					30.29	59
59.01 MRI	11.73	20.96					32.69	59.01
59.02 CT SCAN	16.52	15.80					32.32	59.02
59.03 CARDIAC CATHETERIZATION	31.06	11.63					42.69	59.03
59.08 SPECIAL SURGICAL SERVICES	0.05	57.45					57.50	59.08
59.10 GENETIC SERVICES	1.14	1.85					2.99	59.10
60.01 PAIN CENTER	0.36	40.17					40.53	60.01
60.02 ANTENATAL TEST CENTER	0.08	1.07					1.15	60.02
61 EMERGENCY	15.36	9.81					25.17	61
62 OBSERVATION BEDS (NON-DISTINCT	0.77	10.79					11.56	62
101 TOTAL CHARGES	20.07	9.11					29.18	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	33.10		22.18				55.28 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
44 LABORATORY	0.31						0.31 44
49 RESPIRATORY THERAPY	0.05						0.05 49
50 PHYSICAL THERAPY	0.03						0.03 50
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	0.15						0.15 54
56 DRUGS CHARGED TO PATIENTS	0.28						0.28 56
57 RENAL DIALYSIS	0.14						0.14 57
59 GI LAB	0.04						0.04 59
59.01 MRI	0.04						0.04 59.01
59.02 CT SCAN	0.07						0.07 59.02
61 EMERGENCY	0.30						0.30 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	2131845	.84	-2131845	-2.06		3
4	NEW CAP REL COSTS-MVBLE EQUIP	10565967	4.16	-10565967	-10.21		4
5	EMPLOYEE BENEFITS	5984261	2.36	-5984261	-5.79		5
6	ADMINISTRATIVE & GENERAL	48162660	18.98	-48162660	-46.56		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	11926308	4.70	-11926308	-11.53		8
9	LAUNDRY & LINEN SERVICE	1189234	.47	-1189234	-1.15		9
10	HOUSEKEEPING	3238016	1.28	-3238016	-3.13		10
11	DIETARY	2309169	.91	-2309169	-2.23		11
12	CAFETERIA	1179073	.46	-1179073	-1.14		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	4104586	1.62	-4104586	-3.97		14
15	CENTRAL SERVICES & SUPPLY	3290579	1.30	-3290579	-3.18		15
16	PHARMACY	4762743	1.88	-4762743	-4.60		16
17	MEDICAL RECORDS & LIBRARY	3257286	1.28	-3257286	-3.15		17
18	SOCIAL SERVICE	468371	.18	-468371	-.45		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	281453	.11	-281453	-.27		24
24.01	PASTORAL EDUCATION PROGRAM	66275	.03	-66275	-.06		24.01
24.02	PARAMED EDUC EMT PROGRAM	524339	.21	-524339	-.51		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	28304332	11.16	22559472	21.81	50863804	20.05
26	INTENSIVE CARE UNIT	6095825	2.40	3887686	3.76	9983511	3.94
29.01	NEONATAL INTENSIVE CARE	7910673	3.12	4717790	4.56	12628463	4.98
29.02	PEDIATRIC INTENSIVE CARE	1273724	.50	829535	.80	2103259	.83
31	SUBPROVIDER I	1629270	.64	1629088	1.57	3258358	1.28
33	NURSERY	2722636	1.07	1843602	1.78	4566238	1.80
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12760650	5.03	8513222	8.23	21273872	8.39
38	RECOVERY ROOM	1350059	.53	805334	.78	2155393	.85
39	DELIVERY ROOM & LABOR ROOM	3454915	1.36	2542234	2.46	5997149	2.36
40	ANESTHESIOLOGY	1525762	.60	784870	.76	2310632	.91
41	RADIOLOGY-DIAGNOSTIC	3594092	1.42	3896931	3.77	7491023	2.95
42	RADIOLOGY-THERAPEUTIC	1187265	.47	1421259	1.37	2608524	1.03
43	RADIOISOTOPE	774168	.31	425138	.41	1199306	.47
44	LABORATORY	8364183	3.30	4971331	4.81	13335514	5.26
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2081864	.82	669506	.65	2751370	1.08
49	RESPIRATORY THERAPY	4653529	1.83	2420525	2.34	7074054	2.79
50	PHYSICAL THERAPY	1443662	.57	737795	.71	2181457	.86
53	ELECTROCARDIOLOGY	1474635	.58	1261406	1.22	2736041	1.08

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	112441	.04	109047	.11	221488	.09	54
55 MEDICAL SUPPLIES CHARGED TO PAT	11652900	4.59	5679176	5.49	17332076	6.83	55
55.03 IMPLANTS	15737548	6.20	7047506	6.81	22785054	8.98	55.03
56 DRUGS CHARGED TO PATIENTS	10560695	4.16	10680646	10.33	21241341	8.37	56
57 RENAL DIALYSIS	628802	.25	290878	.28	919680	.36	57
59 GI LAB	889426	.35	1023614	.99	1913040	.75	59
59.01 MRI	851530	.34	640189	.62	1491719	.59	59.01
59.02 CT SCAN	1076537	.42	1039248	1.00	2115785	.83	59.02
59.03 CARDIAC CATHETERIZATION	1305314	.51	1597884	1.54	2903198	1.14	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	427623	.17	214984	.21	642607	.25	59.08
59.10 GENETIC SERVICES	551867	.22	611679	.59	1163546	.46	59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
60.01 PAIN CENTER	1198904	.47	855873	.83	2054777	.81	60.01
60.02 ANTENATAL TEST CENTER	480273	.19	617101	.60	1097374	.43	60.02
60.03 CHILD PSYCHIATRIC CLINIC	537001	.21	273463	.26	810464	.32	60.03
61 EMERGENCY	7334082	2.89	5608677	5.42	12942759	5.10	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2737530	1.08	1225293	1.18	3962823	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	1279237	.50	342699	.33	1621936	.64	98
99.01 BELOIT HEART STANDBY	61148	.02	19195	.02	80343	.03	99.01
100 GUEST CENTER	204902	.08	366377	.35	571279	.23	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES	1487557	.59	586994	.57	2074551	.82	100.02
100.04 AUXILIARY	532145	.21	694918	.67	1227063	.48	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	253690871	100.00	0	.00	253690871	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1519467	41537496	.036581	9227862	337564	37
38 RECOVERY ROOM	62335	7433945	.008385	1885290	15808	38
39 DELIVERY ROOM & LABOR ROOM	329631	10174311	.032398	82609	2676	39
40 ANESTHESIOLOGY	208113	9004119	.023113	1817353	42004	40
41 RADIOLOGY-DIAGNOSTIC	1095534	35459835	.030895	7932284	245068	41
42 RADIOLOGY-THERAPEUTIC	447817	7818464	.057277	162763	9323	42
43 RADIOISOTOPE	88991	6214316	.014320	1073492	15372	43
44 LABORATORY	963231	54483655	.017679	15827754	279819	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	35113	13429542	.002615	5087055	13303	47
49 RESPIRATORY THERAPY	434350	34600831	.012553	9436955	118462	49
50 PHYSICAL THERAPY	48241	4675235	.010318	1849333	19081	50
53 ELECTROCARDIOLOGY	267729	22013570	.012162	4650324	56557	53
54 ELECTROENCEPHALOGRAPHY	33688	1180304	.028542	303633	8666	54
55 MEDICAL SUPPLIES CHARGED TO PAT	280364	121652559	.002305	33267834	76682	55
55.03 IMPLANTS	357243	70345657	.005078	20886625	106062	55.03
56 DRUGS CHARGED TO PATIENTS	945387	80682901	.011717	24376882	285624	56
57 RENAL DIALYSIS	45357	1501780	.030202	862387	26046	57
59 GI LAB	223309	8199525	.027234	807385	21988	59
59.01 MRI	66568	20620089	.003228	2419193	7809	59.01
59.02 CT SCAN	290775	40105710	.007250	6624022	48024	59.02
59.03 CARDIAC CATHETERIZATION	663662	12699978	.052257	3944773	206142	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	13891	1600122	.008681	750	7	59.08
59.10 GENETIC SERVICES	111463	605289	.184148	6881	1267	59.10
59.11 CARDIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	96616	12022152	.008036	43217	347	60.01
60.02 ANTENATAL TEST CENTER	142435	3812776	.037357	3016	113	60.02
60.03 CHILD PSYCHIATRIC CLINIC	18448	468744	.039356			60.03
61 EMERGENCY	659822	48721910	.013543	7482728	101339	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	179594	6347420	.028294	49129	1390	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
68 AIR AMBULANCE						68
101 TOTAL	9629174	677412235		160111529	2046543	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	2440534		2440534	53664	45.48	20215	919378 25
26	INTENSIVE CARE UNIT	297468		297468	5926	50.20	3695	185489 26
29.01	NEONATAL INTENSIVE CARE	441066		441066	13411	32.89		29.01
29.02	PEDIATRIC INTENSIVE CARE	92304		92304	1137	81.18		29.02
101	TOTAL	3271372		3271372			23910	1104867 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1104867	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2046543	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3151410	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							4901	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							23910	
PER DISCHARGE CAPITAL COSTS							643.01	
PER DIEM CAPITAL COSTS							131.80	

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)	60099525
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	187256614
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.321

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))	1225775
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1797894
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.682

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)	3151410
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

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 5999)	15971947
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)	72504845
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220