

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED 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 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL					1
2	SUBPROVIDER - IPF	-1,067,549	-65,838			2
3	SUBPROVIDER - IRF	-13,444				3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	-1,080,993	-65,838			200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2400 N ROCKTON AVENUE
 2 CITY: ROCKFORD

STATE: IL

P.O.BOX:
 ZIP CODE: 61103

COUNTY: WINNEBAGO

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0239	40420	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S239	40420	4	03/01/1990	N	P	O	4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTG								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.							1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.							3	N 23

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	13,578	6,876	208		1,829	79	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

		V 1	XVIII 2	XIX 3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE
 INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

	1	2
115 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116 IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117 IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118 IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
119 WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	7,000,000	7,000,000 119
120 IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

	1	2
125 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130 IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133 IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

	1	2
140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	149018 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141 NAME: ROCKFORD HEALTH SYSTEM	CONTRACTOR'S NAME: WISCONSIN PHYSICIANS SERVICE	CONTRACTOR'S NUMBER: 65235	141
142 STREET: 2400 NORTH ROCKTON AVENUE	P.O. BOX:		142
143 CITY: ROCKFORD	STATE: IL	ZIP CODE: 61103	143
144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			Y 144
145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.			Y 145
146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.			N 146
147 WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 147
148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 148
149 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

	PART A	PART B
SEE 42 CFR §413.13)	1	2
155 HOSPITAL	N	N 155
156 SUBPROVIDER - IPF	N	N 156
157 SUBPROVIDER - IRF	N	N 157
158 SUBPROVIDER - (OTHER)	N	N 158
159 SNF	N	N 159
160 HHA	N	N 160
161 CMHC		N 161

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165				
166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.						
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N		Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15
PS&R REPORT DATA				
		PART A		PART B
		Y/N	DATE	Y/N
		1	2	3
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N 18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N 19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N 20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N 21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- | | Y/N | DATE | |
|--|-----|------|--|
| | 1 | 2 | |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	107,842,235		107,842,235	4,073,227.00	26.48	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)							10
	OTHER WAGES & RELATED COSTS	3,138,959	132,761	3,271,720	100,003.00		32.72	
11	CONTRACT LABOR (SEE INSTRUCTIONS)	2,211,567		2,211,567	44,927.00		49.23	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A	3,149,661		3,149,661	86,213.00		36.53	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	3,433,384		3,433,384	23,430.00		146.54	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)	35,028,358	-859,992	34,168,366				17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		859,992	859,992				19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A							22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS	2,786,974		2,786,974	100,302.00		27.79	26
27	ADMINISTRATIVE & GENERAL	13,505,256	-58,482	13,446,774	501,969.00		26.79	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	18,029,955		18,029,955	95,873.00		188.06	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT	2,752,541		2,752,541	120,553.00		22.83	30
31	LAUNDRY & LINEN SERVICE	111,078		111,078	9,457.00		11.75	31
32	HOUSEKEEPING	2,009,246		2,009,246	159,045.00		12.63	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY	2,327,767	-1,546,773	780,994	114,919.00		6.80	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)	308,611		308,611	5,760.00		53.58	35
36	CAFETERIA		1,546,773	1,546,773	58,022.00		26.66	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION	3,092,310		3,092,310	100,971.00		30.63	38
39	CENTRAL SERVICES AND SUPPLY	1,406,396		1,406,396	85,438.00		16.46	39
40	PHARMACY	3,726,041		3,726,041	93,493.00		39.85	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,361,668		2,361,668	114,895.00		20.56	41
42	SOCIAL SERVICE	302,551		302,551	11,268.00		26.85	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	126,180,801		126,180,801	4,174,860.00		30.22	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,138,959		3,271,720	100,003.00		32.72	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	123,041,842	-132,761	122,909,081	4,074,857.00		30.16	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	8,794,612		8,794,612	154,570.00		56.90	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	35,028,358	-859,992	34,168,366			27.80%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	166,864,812	-992,753	165,872,059	4,229,427.00		39.22	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	52,720,394	-58,482	52,661,912	1,571,965.00		33.50	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,238,834	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	1,635,544	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	459,920	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	19,484,282	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	571,858	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	31,557	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,243,283	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,096,720	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	633,156	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,214,031	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	211,010	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	208,163	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	35,028,358	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/24/2012 14:18

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: -

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- 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 (SEE INSTRUCTIONS)							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
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.324139	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				55,317,373	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				25,396,938	5
6	MEDICAID CHARGES				196,027,628	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				63,540,199	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	21,719,737	1,973,244	23,692,981		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,040,214	639,605	7,679,819		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	44,880	79,192	124,072		22
23	COST OF CHARITY CARE	6,995,334	560,413	7,555,747		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			15,733,857		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,425,304		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			14,308,553		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,637,960		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			12,193,707		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			12,193,707		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				2,159,056	1
2	00200				10,986,579	2
3	00300					3
4	00400	2,786,974	2,853,533	5,640,507	72,408	4
5	00500	13,505,256	43,806,572	57,311,828	-2,920,845	5
6	00600					6
7	00700	2,752,541	9,869,742	12,622,283	-736,180	7
8	00800	111,078	1,158,981	1,270,059	-8,138	8
9	00900	2,009,246	1,398,146	3,407,392	-23,081	9
10	01000	2,327,767	3,220,555	5,548,322	-3,783,320	10
11	01100				3,686,793	11
12	01200					12
13	01300				-26,654	13
14	01400	3,092,310	1,173,085	4,265,395	-3,202,992	14
15	01500	1,406,396	5,148,614	6,555,010	-12,351,617	15
16	01600	3,726,041	13,950,021	17,676,062	-54,564	16
17	01700	2,361,668	1,070,149	3,431,817		17
19	01900	302,551	195,795	498,346		19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
23.01	01850	152,135	43,495	195,630	144,641	23.01
23.02	02302				73,703	23.02
		292,854	340,037	632,891	-1,639	
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	22,720,382	12,459,057	35,179,439	-3,619,705	30
31	03100	4,292,076	3,368,620	7,660,696	-601,195	31
34.01	03401	6,887,457	3,474,592	10,362,049	-2,586,184	34.01
34.02	03402	958,005	497,912	1,455,917	-117,426	34.02
40	04000	1,193,881	933,097	2,126,978	-44,169	40
43	04300				2,987,044	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,957,847	20,411,085	27,368,932	-24,659,433	50
51	05100	966,225	444,710	1,410,935	-40,027	51
52	05200	2,478,256	2,205,018	4,683,274	-219,391	52
53	05300	336,546	3,721,645	4,058,191	-1,373,964	53
54	05400	2,620,314	3,249,945	5,870,259	-3,295,720	54
55	05500	762,918	1,029,608	1,792,526	-1,204,929	55
56	05600	236,865	708,987	945,852	-50,574	56
60	06000	6,054,604	12,018,171	18,072,775	-764,219	60
62.30	06250					62.30
63	06300	185,732	1,872,887	2,058,619	-26,709	63
65	06500	2,925,357	2,348,842	5,274,199	-770,824	65
66	06600	511,965	1,094,031	1,605,996	-7,441	66
69	06900	1,129,824	683,595	1,813,419	-202,992	69
70	07000	65,428	70,964	136,392	-31,968	70
71	07100				24,111,931	71
72	07200				13,414,966	72
73	07300				11,706,605	73
74	07400		663,321	663,321	-32,014	74
76	03340	619,088	654,896	1,273,984	-222,525	76
76.01	03450	465,355	961,797	1,427,152	-418,525	76.01
76.02	03290	637,131	834,355	1,471,486	-211,001	76.02
76.03	03141	890,613	5,220,575	6,111,188	-4,738,031	76.03
76.04	03950					76.04
76.05	03951					76.05
76.07	03952					76.07
76.08	03953	201,448	233,987	435,435	-41,112	76.08
76.10	03955	877,007	630,035	1,507,042	-68,681	76.10
76.11	03140					76.11
76.12	03550					76.12
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	557,193	420,836	978,029	-71,567	90.01
90.02	09001	298,638	295,055	593,693	-96,954	90.02
90.03	09002	418,255	125,509	543,764	-4,406	90.03
91	09100	5,266,919	4,010,117	9,277,036	-672,793	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	940,626	1,987,717	2,928,343	-14,160	95
98	09500					98
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	107,282,772	170,859,691	278,142,463	26,057	118
192	19200 PHYSICIANS' PRIVATE OFFICES		1,284,395	1,284,395		192
193.01	19301 BELOIT HEART STANDBY	64,700	19,164	83,864		193.01
194	07950 GUEST CENTER	62,222	266,154	328,376	-18,402	194
194.01	07954 OTHER NONREIMBURSEABLE COST CENTER					194.01
194.02	07951 COMMUNITY SERVICES	332,240	1,710,569	2,042,809	-6,552	194.02
194.04	07952 AUXILIARY	100,301	397,518	497,819	-1,103	194.04
194.07	07953 ROCKFORD HEALTH SYSTEM					194.07
194.08	07955 DIALYSIS RENTED SPACE					194.08
200	TOTAL (SUM OF LINES 118-199)	107,842,235	174,537,491	282,379,726		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	2,159,056	-78,395	2,080,661	1
2	00200	CAP REL COSTS-MVBLE EQUIP	10,986,579	-5,160	10,981,419	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	5,712,915	-1,419,701	4,293,214	4
5	00500	ADMINISTRATIVE & GENERAL	54,390,983	4,988,017	59,379,000	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	11,886,103	-33,262	11,852,841	7
8	00800	LAUNDRY & LINEN SERVICE	1,261,921		1,261,921	8
9	00900	HOUSEKEEPING	3,384,311	-47,725	3,336,586	9
10	01000	DIETARY	1,765,002		1,765,002	10
11	01100	CAFETERIA	3,686,793	-1,814,425	1,872,368	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	4,238,741	-54,607	4,184,134	13
14	01400	CENTRAL SERVICES & SUPPLY	3,352,018		3,352,018	14
15	01500	PHARMACY	5,324,445		5,324,445	15
16	01600	MEDICAL RECORDS & LIBRARY	3,377,253	-42,077	3,335,176	16
17	01700	SOCIAL SERVICE	498,346	-3,388	494,958	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMDICAL ED PROGRAM XRAY	340,271	-32,324	307,947	23
23.01	01850	PASTORAL EDUCATION PROGRAM	73,703	-5,575	68,128	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	631,252	-61,410	569,842	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	31,559,734		31,559,734	30
31	03100	INTENSIVE CARE UNIT	7,059,501	-549,939	6,509,562	31
34.01	03401	NEONATAL INTENSIVE CARE	7,775,865	-51,575	7,724,290	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	1,338,491	-18,820	1,319,671	34.02
40	04000	SUBPROVIDER - IPF	2,082,809	-112,249	1,970,560	40
43	04300	NURSERY	2,987,044	-676	2,986,368	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,709,499	-440,174	2,269,325	50
51	05100	RECOVERY ROOM	1,370,908		1,370,908	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,463,883	-683,350	3,780,533	52
53	05300	ANESTHESIOLOGY	2,684,227	-715,646	1,968,581	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,574,539	-7,351	2,567,188	54
55	05500	RADIOLOGY-THERAPEUTIC	587,597	-31,001	556,596	55
56	05600	RADIOISOTOPE	895,278		895,278	56
60	06000	LABORATORY	17,308,556	-8,568,383	8,740,173	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,031,910		2,031,910	63
65	06500	RESPIRATORY THERAPY	4,503,375	-17,614	4,485,761	65
66	06600	PHYSICAL THERAPY	1,598,555	-220	1,598,335	66
69	06900	ELECTROCARDIOLOGY	1,610,427	-20,975	1,589,452	69
70	07000	ELECTROENCEPHALOGRAPHY	104,424		104,424	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	24,111,931		24,111,931	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	13,414,966		13,414,966	72
73	07300	DRUGS CHARGED TO PATIENTS	11,706,605		11,706,605	73
74	07400	RENAL DIALYSIS	631,307		631,307	74
76	03340	GI LAB	1,051,459		1,051,459	76
76.01	03450	MRI	1,008,627		1,008,627	76.01
76.02	03290	CT SCAN	1,260,485		1,260,485	76.02
76.03	03141	CARDIAC CATHETERIZATION	1,373,157	-171,943	1,201,214	76.03
76.04	03950	PRIMARY PREVENTION PROGRAM				76.04
76.05	03951	WOMEN'S HEALTH ADVANTAGE				76.05
76.07	03952	OUTPATIENT DETOX				76.07
76.08	03953	SPECIAL SURGICAL SERVICES	394,323	-25,447	368,876	76.08
76.10	03955	GENETIC SERVICES	1,438,361	-839,086	599,275	76.10
76.11	03140	CARDIOLOGY				76.11
76.12	03550	OUTPATIENT PSYCH SERVICES				76.12
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	PAIN CENTER	906,462	-11,624	894,838	90.01
90.02	09001	ANTENATAL TEST CENTER	496,739		496,739	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	539,358	-215	539,143	90.03
91	09100	EMERGENCY	8,604,243	-155,377	8,448,866	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
95	09500	AMBULANCE SERVICES	2,914,183	-20,979	2,893,204	95
98	05950	AIR AMBULANCE				98
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	278,168,520	-11,052,676	267,115,844	118
192	19200 PHYSICIANS' PRIVATE OFFICES	1,284,395		1,284,395	192
193.01	19301 BELOIT HEART STANDBY	83,864		83,864	193.01
194	07950 GUEST CENTER	309,974	-103,153	206,821	194
194.01	07954 OTHER NONREIMBURSEABLE COST CENTER				194.01
194.02	07951 COMMUNITY SERVICES	2,036,257		2,036,257	194.02
194.04	07952 AUXILIARY	496,716		496,716	194.04
194.07	07953 ROCKFORD HEALTH SYSTEM				194.07
194.08	07955 DIALYSIS RENTED SPACE				194.08
200	TOTAL (SUM OF LINES 118-199)	282,379,726	-11,155,829	271,223,897	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	73		11,706,605	1
500 TOTAL RECLASSIFICATIONS					11,706,605	500
CODE LETTER - A						
1 RECLASS RADIOLOGY ADMIN	B	MRI	76.01	35,830	33,902	1
2		RADIOLOGY-THERAPEUTIC	55	39,385	37,265	2
3		RADIOISOTOPE	56	12,482	11,810	3
4		CT SCAN	76.02	41,728	39,482	4
5		PARAMDICAL ED PROGRAM XRAY	23	74,279	70,452	5
500 TOTAL RECLASSIFICATIONS				203,704	192,911	500
CODE LETTER - B						
1 EMT MEDICAL DIRECTOR	D	PARAMED EDUC EMT PROGRAM	23.02		30,000	1
500 TOTAL RECLASSIFICATIONS					30,000	500
CODE LETTER - D						
1 SHARED DIETARY EXPENSES	E	CAFETERIA	11	1,546,773	2,140,020	1
500 TOTAL RECLASSIFICATIONS				1,546,773	2,140,020	500
CODE LETTER - E						
1 RECLASS MED SUPPLIES CHGD PAT	F	MEDICAL SUPPLIES CHRGED TO PA	71		24,111,931	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
500 TOTAL RECLASSIFICATIONS					24,111,931	500
CODE LETTER - F						
1 NURSERY COSTS	G	NURSERY	43	734,964	333,731	1
2		NURSERY	43	1,285,754	632,595	2
500 TOTAL RECLASSIFICATIONS				2,020,718	966,326	500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPARTMENTAL DEPRECIATION	H	CAP REL COSTS-BLDG & FIXT	1		1,926,360
2		CAP REL COSTS-MVBLE EQUIP	2		10,986,579
3					
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44					
500 TOTAL RECLASSIFICATIONS					12,912,939
CODE LETTER - H					500
1 INSURANCE RECLASS	I	EMPLOYEE BENEFITS	4		113,666
2		CAP REL COSTS-BLDG & FIXT	1		232,696
500 TOTAL RECLASSIFICATIONS					346,362
CODE LETTER - I					500
1 PASTORAL EDUCATION PROGRAM	J	PASTORAL EDUCATION PROGRAM	23.01	58,482	15,221
500 TOTAL RECLASSIFICATIONS				58,482	15,221
CODE LETTER - J					500
1 IMPLANTS	K	IMPL. DEV. CHARGED TO PATIENT	72		13,414,966
2					
3					
4					
5					
6					
7					
8					
500 TOTAL RECLASSIFICATIONS					13,414,966
CODE LETTER - K					500
GRAND TOTAL (INCREASES)				3,829,677	65,837,281

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	15		11,706,605	1
500 TOTAL RECLASSIFICATIONS					11,706,605	500
CODE LETTER - A						
1 RECLASS RADIOLOGY ADMIN	B	RADIOLOGY-DIAGNOSTIC	54	203,704	192,911	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				203,704	192,911	500
CODE LETTER - B						
1 EMT MEDICAL DIRECTOR	D	ADMINISTRATIVE & GENERAL	5		30,000	1
500 TOTAL RECLASSIFICATIONS					30,000	500
CODE LETTER - D						
1 SHARED DIETARY EXPENSES	E	DIETARY	10	1,546,773	2,140,020	1
500 TOTAL RECLASSIFICATIONS				1,546,773	2,140,020	500
CODE LETTER - E						
1 RECLASS MED SUPPLIES CHGD PAT	F	CENTRAL SERVICES & SUPPLY	14		2,932,451	1
2		ADULTS & PEDIATRICS	30		1,131,209	2
3		INTENSIVE CARE UNIT	31		483,742	3
4		NEONATAL INTENSIVE CARE	34.01		442,859	4
5		PEDIATRIC INTENSIVE CARE	34.02		79,385	5
6		OPERATING ROOM	50		13,502,388	6
7		ANESTHESIOLOGY	53		63,978	7
8		RADIOLOGY-DIAGNOSTIC	54		1,554,907	8
9		RADIOLOGY-THERAPEUTIC	55		843,844	9
10		RESPIRATORY THERAPY	65		470,399	10
11		PHYSICAL THERAPY	66		2,908	11
12		GI LAB	76		76,533	12
13		CT SCAN	76.02		1,525	13
14		CARDIAC CATHETERIZATION	76.03		2,441,878	14
15		SPECIAL SURGICAL SERVICES	76.08		35,585	15
16		PAIN CENTER	90.01		30,503	16
17		EMERGENCY	91		17,837	17
500 TOTAL RECLASSIFICATIONS					24,111,931	500
CODE LETTER - F						
1 NURSERY COSTS	G	ADULTS & PEDIATRICS	30	734,964	333,731	1
2		NEONATAL INTENSIVE CARE	34.01	1,285,754	632,595	2
500 TOTAL RECLASSIFICATIONS				2,020,718	966,326	500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPARTMENTAL DEPRECIATION	H	EMPLOYEE BENEFITS	4		41,258	9 1
2		ADMINISTRATIVE & GENERAL	5		2,477,332	9 2
3		OPERATION OF PLANT	7		736,180	3
4		LAUNDRY & LINEN SERVICE	8		8,138	4
5		HOUSEKEEPING	9		23,081	5
6		DIETARY	10		96,527	6
7		NURSING ADMINISTRATION	13		26,654	7
8		CENTRAL SERVICES & SUPPLY	14		267,807	8
9		PHARMACY	15		645,012	9
10		MEDICAL RECORDS & LIBRARY	16		54,564	10
11		PARAMEDICAL ED PROGRAM XRAY	23		90	11
12		PARAMED EDUC EMT PROGRAM	23.02		31,639	12
13		ADULTS & PEDIATRICS	30		1,419,801	13
14		INTENSIVE CARE UNIT	31		117,453	14
15		NEONATAL INTENSIVE CARE	34.01		224,976	15
16		PEDIATRIC INTENSIVE CARE	34.02		38,041	16
17		SUBPROVIDER - IPF	40		44,169	17
18		OPERATING ROOM	50		1,377,440	18
19		RECOVERY ROOM	51		40,027	19
20		DELIVERY ROOM & LABOR ROOM	52		219,391	20
21		ANESTHESIOLOGY	53		198,037	21
22		RADIOLOGY-DIAGNOSTIC	54		586,284	22
23		RADIOLOGY-THERAPEUTIC	55		437,735	23
24		RADIOISOTOPE	56		74,866	24
25		LABORATORY	60		764,219	25
26		BLOOD STORING, PROCESSING & T	63		26,709	26
27		RESPIRATORY THERAPY	65		300,425	27
28		PHYSICAL THERAPY	66		4,533	28
29		ELECTROCARDIOLOGY	69		202,992	29
30		ELECTROENCEPHALOGRAPHY	70		31,968	30
31		RENAL DIALYSIS	74		32,014	31
32		GI LAB	76		145,549	32
33		MRI	76.01		488,257	33
34		CT SCAN	76.02		290,686	34
35		CARDIAC CATHETERIZATION	76.03		534,485	35
36		SPECIAL SURGICAL SERVICES	76.08		5,238	36
37		GENETIC SERVICES	76.10		68,681	37
38		PAIN CENTER	90.01		40,700	38
39		ANTENATAL TEST CENTER	90.02		96,954	39
40		CHILD PSYCHIATRIC CLINIC	90.03		4,406	40
41		EMERGENCY	91		654,956	41
42		AMBULANCE SERVICES	95		14,160	42
43		GUEST CENTER	194		18,402	43
44		AUXILIARY	194.04		1,103	44
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					12,912,939	500
1 INSURANCE RECLASS	I	ADMINISTRATIVE & GENERAL	5		339,810	1
2		COMMUNITY SERVICES	194.02		6,552	12 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					346,362	500
1 PASTORAL EDUCATION PROGRAM	J	ADMINISTRATIVE & GENERAL	5	58,482	15,221	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				58,482	15,221	500
1 IMPLANTS	K	CENTRAL SERVICES & SUPPLY	14		2,734	1
2		OPERATING ROOM	50		9,779,605	2
3		ANESTHESIOLOGY	53		1,111,949	3
4		RADIOLOGY-DIAGNOSTIC	54		757,914	4
5		GI LAB	76		443	5
6		CARDIAC CATHETERIZATION	76.03		1,761,668	6
7		SPECIAL SURGICAL SERVICES	76.08		289	7
8		PAIN CENTER	90.01		364	8
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					13,414,966	500
GRAND TOTAL (DECREASES)				3,829,677	65,837,281	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	1,079,662					1,079,662	1
2 LAND IMPROVEMENTS	6,518,667	400,088		400,088		6,918,755	2
3 BUILDINGS AND FIXTURES	53,721,119	529,732		529,732		54,250,851	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	98,577,664	3,458,361		3,458,361	447,299	101,588,726	5
6 MOVABLE EQUIPMENT	103,219,517	7,891,800		7,891,800	1,495,154	109,616,163	6
7 HIT DESIGNATED ASSETS		1,275,558		1,275,558		1,275,558	7
8 SUBTOTAL (SUM OF LINES 1-7)	263,116,629	13,555,539		13,555,539	1,942,453	274,729,715	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	263,116,629	13,555,539		13,555,539	1,942,453	274,729,715	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	OF RATIOS		ALLOCATION OF OTHER CAPITAL			
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	1,926,360		1,926,360	0.149181				1
2 CAP REL COSTS-MVBLE EQUIP	10,986,579		10,986,579	0.850819				2
3 TOTAL (SUM OF LINES 1-2)	12,912,939		12,912,939	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	1,847,965			232,696			2,080,661
2 CAP REL COSTS-MVBLE EQUIP	10,981,419						10,981,419
3 TOTAL	12,829,384			232,696			13,062,080

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-5,160	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,389,787			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	8,910,698			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,814,425	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-42,077	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.01 XRAY COPY	B	-3,250	RADIOLOGY-DIAGNOSTIC	54	33.01
33.10 DAY CARE CENTER	B	-1,419,252	EMPLOYEE BENEFITS	4	33.10
33.17 MISC REVENUE - CYTOGENETICS	B	-814,138	GENETIC SERVICES	76.10	33.17
33.18 MISC ADMIN & GEN - OTHER OP INC	B	-804,405	ADMINISTRATIVE & GENERAL	5	33.18
33.82 PATIENT PHONES	A	-20,725	CAP REL COSTS-BLDG & FIXT	1	33.82
33.83 PATIENT PHONES	A	-449	EMPLOYEE BENEFITS	4	33.83
33.85 PATIENT PHONES	A	-137,657	ADMINISTRATIVE & GENERAL	5	33.85
33.86 PATIENT PHONES	A	-7,028	OPERATION OF PLANT	7	33.86
33.87 PATIENT PHONES	A	-47,725	HOUSEKEEPING	9	33.87
33.88 PATIENT PHONES	A	-5,160	CAP REL COSTS-MVBLE EQUIP	2	33.88
33.89 AHA & IHA LOBBY EXPENSE	A	-12,171	ADMINISTRATIVE & GENERAL	5	33.89
34 USEFUL LIFE CHG-SO MULFORD	A	-57,670	CAP REL COSTS-BLDG & FIXT	1	34
34.03 INTEREST EXPENSE	A	-2,818,881	ADMINISTRATIVE & GENERAL	5	34.03
35 PHYSICIAN BILLING	A	-533	ADMINISTRATIVE & GENERAL	5	35
36 REFERENCE LABORATORY	B	-8,180,355	LABORATORY	60	36
37					37
38					38
39					39
40					40
41 RENTAL REVENUE	B	-168,175	ADMINISTRATIVE & GENERAL	5	41
42 MISC REVENUE	B	-22,231	OPERATION OF PLANT	7	42
43					43
44 PASTORAL CARE	B	-5,575	PASTORAL EDUCATION PROGRAM	23.01	44
45 EDUCATION REV	B	-32,324	PARAMDICAL ED PROGRAM XRAY	23	45
45.17 EMS REV	B	-61,410	PARAMED EDUC EMT PROGRAM	23.02	45.17
45.18 MISC REV	B	-15,125	NEONATAL INTENSIVE CARE	34.01	45.18
45.25 MISC REV	B	-676	NURSERY	43	45.25
45.26 MISC REV	B	-450	RESPIRATORY THERAPY	65	45.26

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 14:18

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.27 MISC REV	B	-220	PHYSICAL THERAPY	66	45.27
45.37 MISC REV	B	-25,447	SPECIAL SURGICAL SERVICES	76.08	45.37
45.42 MISC REV	B	-215	CHILD PSYCHIATRIC CLINIC	90.03	45.42
45.43 MISC REV	B	-50,678	EMERGENCY	91	45.43
45.46 PROPERTY TAX	B	-103,153	GUEST CENTER	194	45.46
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-11,155,829			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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	7	OPERATION OF PLANT	RMB RENT	1,157	1,157	1
2	50	OPERATING ROOM	RMB RENT	22,124	39,672	-17,548
3	54	RADIOLOGY-DIAGNOSTIC	RMB RENT	2,811	6,912	-4,101
4	69	ELECTROCARDIOLOGY	RMB RENT	25,873	46,848	-20,975
4.01	76.10	GENETIC SERVICES	RMB RENT	30,432	55,380	-24,948
4.02	5	ADMINISTRATIVE & GENERAL	RHS MANAGEMENT FEE	12,965,677	3,988,564	8,977,113
5		TOTALS (SUM OF LINES 1-4)		13,048,074	4,137,376	8,910,698
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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	
6	E RKFD MEM DVLMT			100.00	SERVICE	6
7	E RMHSC				PHYSICIAN CLINI	7
8	E FREEPORT MEM HO			50.00	MOBILE CATH LAB	8
9	B ROCKFORD HEALTH SYSTEM				HOME OFFICE	9
10	B VAN MATER REHAB HOSPITAL		VAN MATER REHAB HOSPITAL	50.00	REHAB HOSPITAL	10

- (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	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	2	3	4	5	6	7	8	9		
1	5	ADMINISTRATIVE & GENERAL	PROFESSIONAL FE	45,000	45,000	171,400	250	20,601	1,030	1
2	5	ADMINISTRATIVE & GENERAL	PROFESSIONAL FE	1,798,270	1,798,270	171,400	70,038	5,771,401	288,570	2
3	5	ADMINISTRATIVE & GENERAL	PROFESSIONAL FE	130,000	130,000	171,400	1,300	107,125	5,356	3
4	13	NURSING ADMINISTRATION	PROFESSIONAL FE	142,067	54,607	87,460	3,672	360,315	18,016	4
5	17	SOCIAL SERVICE	PROFESSIONAL FE	15,760		15,760	167	12,372	619	5
6	30	ADULTS & PEDIATRICS	PROFESSIONAL FE	56,038		56,038	1,022	75,716	3,786	6
7	31	INTENSIVE CARE UNIT	PROFESSIONAL FE	556,943	541,102	15,841	85	7,004	350	7
8	34.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FE	66,692		66,692	367	30,242	1,512	8
9	34.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FE	25,000		25,000	75	6,180	309	9
10	40	SUBPROVIDER - IPF	PROFESSIONAL FE	112,249	112,249					10
11	50	OPERATING ROOM	PROFESSIONAL FE	191,671		191,671	1,752	171,915	8,596	11
12	50	OPERATING ROOM	PROFESSIONAL FE	119,796	54,996	64,800	535	52,497	2,625	12
13	52	DELIVERY ROOM & LABOR RO	PROFESSIONAL FE	884,302		884,302	2,149	200,952	10,048	13
14	53	ANESTHESIOLOGY	PROFESSIONAL FE	1,760,095		1,760,095	10,846	1,044,449	52,222	14
15	55	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FE	31,001	31,001					15
16	60	LABORATORY	PROFESSIONAL FE	388,028	388,028					16
17	65	RESPIRATORY THERAPY	PROFESSIONAL FE	24,966		24,966	125	11,689	584	17
18	65	RESPIRATORY THERAPY	PROFESSIONAL FE	14,080		14,080	109	10,193	510	18
19	65	RESPIRATORY THERAPY	PROFESSIONAL FE	10,491		10,491	134	12,530	627	19
20	76.03	CARDIAC CATHETERIZATION	PROFESSIONAL FE	171,943	171,943					20
21	90.01	PAIN CENTER	PROFESSIONAL FE	11,624	11,624					21
22	90.02	ANTENATAL TEST CENTER	PROFESSIONAL FE	34,158		34,158	929	107,639	5,382	22
23	91	EMERGENCY	PROFESSIONAL FE	226,324		226,324	1,263	121,625	6,081	23
24	95	AMBULANCE SERVICES	PROFESSIONAL FE	30,517		30,517	102	9,538	477	24
25	50	OPERATING ROOM	PURCHASED LABOR	1,229,323	1,229,323	171,400	10,846	893,752	44,688	25
200		TOTAL		8,076,338	1,365,550	6,710,788	105,766	9,027,735	451,388	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	PROFESSIONAL FE				20,601	24,399	24,399	1
2	5 ADMINISTRATIVE & GENERAL	PROFESSIONAL FE				5,771,401			2
3	5 ADMINISTRATIVE & GENERAL	PROFESSIONAL FE				107,125	22,875	22,875	3
4	13 NURSING ADMINISTRATION	PROFESSIONAL FE				360,315		54,607	4
5	17 SOCIAL SERVICE	PROFESSIONAL FE				12,372	3,388	3,388	5
6	30 ADULTS & PEDIATRICS	PROFESSIONAL FE				75,716			6
7	31 INTENSIVE CARE UNIT	PROFESSIONAL FE				7,004	8,837	549,939	7
8	34.01 NEONATAL INTENSIVE CARE	PROFESSIONAL FE				30,242	36,450	36,450	8
9	34.02 PEDIATRIC INTENSIVE CARE	PROFESSIONAL FE				6,180	18,820	18,820	9
10	40 SUBPROVIDER - IPF	PROFESSIONAL FE						112,249	10
11	50 OPERATING ROOM	PROFESSIONAL FE				171,915	19,756	19,756	11
12	50 OPERATING ROOM	PROFESSIONAL FE				52,497	12,303	67,299	12
13	52 DELIVERY ROOM & LABOR RO	PROFESSIONAL FE				200,952	683,350	683,350	13
14	53 ANESTHESIOLOGY	PROFESSIONAL FE				1,044,449	715,646	715,646	14
15	55 RADIOLOGY-THERAPEUTIC	PROFESSIONAL FE						31,001	15
16	60 LABORATORY	PROFESSIONAL FE						388,028	16
17	65 RESPIRATORY THERAPY	PROFESSIONAL FE				11,689	13,277	13,277	17
18	65 RESPIRATORY THERAPY	PROFESSIONAL FE				10,193	3,887	3,887	18
19	65 RESPIRATORY THERAPY	PROFESSIONAL FE				12,530			19
20	76.03 CARDIAC CATHETERIZATION	PROFESSIONAL FE						171,943	20
21	90.01 PAIN CENTER	PROFESSIONAL FE						11,624	21
22	90.02 ANTENATAL TEST CENTER	PROFESSIONAL FE				107,639			22
23	91 EMERGENCY	PROFESSIONAL FE				121,625	104,699	104,699	23
24	95 AMBULANCE SERVICES	PROFESSIONAL FE				9,538	20,979	20,979	24
25	50 OPERATING ROOM	PURCHASED LABOR				893,752	335,571	335,571	25
200	TOTAL					9,027,735	2,024,237	3,389,787	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,080,661	2,080,661				1
2 CAP REL COSTS-MVBLE EQUIP	10,981,419		10,981,419			2
4 EMPLOYEE BENEFITS	4,293,214	83,957	35,087	4,412,258		4
5 ADMINISTRATIVE & GENERAL	59,379,000	564,276	2,106,771	564,751	62,614,798	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,852,841	226,453	626,062	115,604	12,820,960	7
8 LAUNDRY & LINEN SERVICE	1,261,921	15,932	6,921	4,665	1,289,439	8
9 HOUSEKEEPING	3,336,586	24,454	19,629	84,386	3,465,055	9
10 DIETARY	1,765,002	14,696	41,045	32,801	1,853,544	10
11 CAFETERIA	1,872,368	74,912	41,044	64,963	2,053,287	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,184,134	17,078	22,667	129,874	4,353,753	13
14 CENTRAL SERVICES & SUPPLY	3,352,018	15,026	227,748	59,067	3,653,859	14
15 PHARMACY	5,324,445	19,466	548,531	156,490	6,048,932	15
16 MEDICAL RECORDS & LIBRARY	3,335,176	17,562	46,402	99,188	3,498,328	16
17 SOCIAL SERVICE	494,958	4,767		12,707	512,432	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY	307,947	1,851	77	9,509	319,384	23
23.01 PASTORAL EDUCATION PROGRAM	68,128	2,379		2,456	72,963	23.01
23.02 PARAMED EDUC EMT PROGRAM	569,842	14,702	26,906	12,300	623,750	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,559,734	265,251	1,207,425	923,410	33,955,820	30
31 INTENSIVE CARE UNIT	6,509,562	42,117	99,884	180,263	6,831,826	31
34.01 NEONATAL INTENSIVE CARE	7,724,290	47,192	191,324	235,266	8,198,072	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,319,671	9,758	32,351	40,235	1,402,015	34.02
40 SUBPROVIDER - IPF	1,970,560	28,629	37,562	50,142	2,086,893	40
43 NURSERY	2,986,368	19,284		84,868	3,090,520	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,269,325	109,785	1,171,403	292,223	3,842,736	50
51 RECOVERY ROOM	1,370,908	7,027	34,040	40,580	1,452,555	51
52 DELIVERY ROOM & LABOR ROOM	3,780,533	34,168	186,574	104,084	4,105,359	52
53 ANESTHESIOLOGY	1,968,581	2,396	168,415	14,135	2,153,527	53
54 RADIOLOGY-DIAGNOSTIC	2,567,188	33,835	498,588	101,495	3,201,106	54
55 RADIOLOGY-THERAPEUTIC	556,596	26,420	372,259	33,696	988,971	55
56 RADIOISOTOPE	895,278	4,429	63,668	10,472	973,847	56
60 LABORATORY	8,740,173	51,106	649,907	254,287	9,695,473	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,031,910	2,016	22,714	7,801	2,064,441	63
65 RESPIRATORY THERAPY	4,485,761	17,875	255,487	122,862	4,881,985	65
66 PHYSICAL THERAPY	1,598,335	15,253	3,855	21,502	1,638,945	66
69 ELECTROCARDIOLOGY	1,589,452	19,709	172,628	47,451	1,829,240	69
70 ELECTROENCEPHALOGRAPHY	104,424	1,622	27,186	2,748	135,980	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	24,111,931				24,111,931	71
72 IMPL. DEV. CHARGED TO PATIENT	13,414,966				13,414,966	72
73 DRUGS CHARGED TO PATIENTS	11,706,605				11,706,605	73
74 RENAL DIALYSIS	631,307	4,804	27,225		663,336	74
76 GI LAB	1,051,459	23,068	123,778	26,001	1,224,306	76
76.01 MRI	1,008,627	16,583	415,224	21,049	1,461,483	76.01
76.02 CT SCAN	1,260,485	7,714	247,205	28,511	1,543,915	76.02
76.03 CARDIAC CATHETERIZATION	1,201,214	15,079	454,537	37,405	1,708,235	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	368,876	2,584	4,454	8,461	384,375	76.08
76.10 GENETIC SERVICES	599,275	17,280	58,408	36,833	711,796	76.10
76.11 CARDIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	894,838	12,224	34,612	23,402	965,076	90.01
90.02 ANTENATAL TEST CENTER	496,739	16,418	82,452	12,542	608,151	90.02
90.03 CHILDP PSYCHIATRIC CLINIC	539,143	4,773	3,747	17,566	565,229	90.03
91 EMERGENCY	8,448,866	51,313	556,988	221,205	9,278,372	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,893,204	17,551	12,042	39,505	2,962,302	95
98 AIR AMBULANCE						98

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	267,115,844	2,024,774	10,964,832	4,388,761	267,019,873	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	1,284,395	1,616			1,286,011	192
193.01 BELOIT HEART STANDBY	83,864			2,717	86,581	193.01
194 GUEST CENTER	206,821	14,584	15,649	2,613	239,667	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	2,036,257	9,646		13,954	2,059,857	194.02
194.04 AUXILIARY	496,716	30,041	938	4,213	531,908	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	271,223,897	2,080,661	10,981,419	4,412,258	271,223,897	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	62,614,798					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,848,262	16,669,222				7
8 LAUNDRY & LINEN SERVICE	387,030	220,214	1,896,683			8
9 HOUSEKEEPING	1,040,050	338,012		4,843,117		9
10 DIETARY	556,349	203,132		61,063	2,674,088	10
11 CAFETERIA	616,302	1,035,447		311,265		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,306,796	236,060		70,962		13
14 CENTRAL SERVICES & SUPPLY	1,096,720	207,692	9,631	62,434		14
15 PHARMACY	1,815,611	269,065		80,883		15
16 MEDICAL RECORDS & LIBRARY	1,050,037	242,746		72,972		16
17 SOCIAL SERVICE	153,809	65,894		19,808		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMDICAL ED PROGRAM XRAY	95,864	25,585		7,691		23
23.01 PASTORAL EDUCATION PROGRAM	21,900	32,889		9,887		23.01
23.02 PARAMED EDUC EMT PROGRAM	187,221	203,209		61,087		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,191,920	3,666,347	745,929	1,102,139	2,271,813	30
31 INTENSIVE CARE UNIT	2,050,600	582,149	88,093	175,000	185,181	31
34.01 NEONATAL INTENSIVE CARE	2,460,684	652,295	45,811	196,086		34.01
34.02 PEDIATRIC INTENSIVE CARE	420,820	134,880	18,174	40,546	51,455	34.02
40 SUBPROVIDER - IPF	626,389	395,713	16,698	118,955	165,639	40
43 NURSERY	927,632	266,553	64,862	80,128		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,153,413	1,517,460	277,670	456,163		50
51 RECOVERY ROOM	435,990	97,121	19,856	29,196		51
52 DELIVERY ROOM & LABOR ROOM	1,232,240	472,274	103,757	141,970		52
53 ANESTHESIOLOGY	646,390	33,121		9,956		53
54 RADIOLOGY-DIAGNOSTIC	960,825	467,675	63,296	140,587		54
55 RADIOLOGY-THERAPEUTIC	296,844	365,181	6,963	109,777		55
56 RADIOISOTOPE	292,304	61,218	45	18,403		56
60 LABORATORY	2,910,135	706,401	20,162	212,351		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	619,650	27,865		8,376		63
65 RESPIRATORY THERAPY	1,465,347	247,074	1,364	74,273		65
66 PHYSICAL THERAPY	491,936	210,823	936	63,375		66
69 ELECTROCARDIOLOGY	549,054	272,427	2	81,894		69
70 ELECTROENCEPHALOGRAPHY	40,815	22,416		6,738		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,237,293					71
72 IMPL. DEV. CHARGED TO PATIENT	4,026,556					72
73 DRUGS CHARGED TO PATIENTS	3,513,784					73
74 RENAL DIALYSIS	199,103	66,397		19,959		74
76 GI LAB	367,480	318,843	32,367	95,847		76
76.01 MRI	438,670	229,219	12,573	68,905		76.01
76.02 CT SCAN	463,412	106,629		32,054		76.02
76.03 CARDIAC CATHETERIZATION	512,734	208,427	18,225	62,655		76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	115,372	35,710	10,442	10,735		76.08
76.10 GENETIC SERVICES	213,648	238,842	203	71,798		76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	289,671	168,967		50,793		90.01
90.02 ANTENATAL TEST CENTER	182,539	226,939	9,548	68,220		90.02
90.03 CHILD PSYCHIATRIC CLINIC	169,656	65,971	1,219	19,832		90.03
91 EMERGENCY	2,784,940	709,261	315,007	213,211		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	889,147	242,591	67	72,925		95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	61,352,944	15,896,734	1,882,900	4,610,899	2,674,088	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	386,001	22,338		6,715		192
193.01 BELOIT HEART STANDBY	25,988					193.01
194 GUEST CENTER	71,937	201,586	13,783	60,599		194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	618,274	133,334		40,082		194.02
194.04 AUXILIARY	159,654	415,230		124,822		194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	62,614,798	16,669,222	1,896,683	4,843,117	2,674,088	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	4,016,301					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	129,680	6,097,251				13
14 CENTRAL SERVICES & SUPPLY	109,750		5,140,086			14
15 PHARMACY	120,063			8,334,596		15
16 MEDICAL RECORDS & LIBRARY	147,574				5,011,920	16
17 SOCIAL SERVICE	14,465	4,590				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY	40,235					23
23.01 PASTORAL EDUCATION PROGRAM	31,610					23.01
23.02 PARAMED EDUC EMT PROGRAM	16,126	2,716				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,114,025	1,959,900			263,650	30
31 INTENSIVE CARE UNIT	190,837	483,926			88,094	31
34.01 NEONATAL INTENSIVE CARE	272,218	712,800			269,742	34.01
34.02 PEDIATRIC INTENSIVE CARE	37,717	135,153			24,743	34.02
40 SUBPROVIDER - IPF	49,799	114,000			25,264	40
43 NURSERY	76,586	552,793			71,292	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	270,343	585,189			249,116	50
51 RECOVERY ROOM	38,280	142,327			42,131	51
52 DELIVERY ROOM & LABOR ROOM	106,508	313,087			61,895	52
53 ANESTHESIOLOGY	16,850	40,907			52,931	53
54 RADIOLOGY-DIAGNOSTIC	122,099	60,339			222,531	54
55 RADIOLOGY-THERAPEUTIC	31,181	42,070			48,623	55
56 RADIOISOTOPE	8,331				39,677	56
60 LABORATORY	334,312				346,838	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8,786				80,324	63
65 RESPIRATORY THERAPY	138,681	31,633			266,707	65
66 PHYSICAL THERAPY	43,530	4,532			32,004	66
69 ELECTROCARDIOLOGY	49,316	46,349			133,232	69
70 ELECTROENCEPHALOGRAPHY	3,509	32			6,931	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,313,039		735,825	71
72 IMPL. DEV. CHARGED TO PATIENT			2,827,047		448,625	72
73 DRUGS CHARGED TO PATIENTS				8,334,596	536,373	73
74 RENAL DIALYSIS					9,936	74
76 GI LAB	27,699	76,972			47,981	76
76.01 MRI	22,127				129,912	76.01
76.02 CT SCAN	28,958	105			246,400	76.02
76.03 CARDIAC CATHETERIZATION	33,646	55,966			86,547	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	8,117	26,417			11,475	76.08
76.10 GENETIC SERVICES	33,270	1,211			4,115	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	24,752	114,542			45,848	90.01
90.02 ANTENATAL TEST CENTER	11,921	11,327			25,477	90.02
90.03 CHILD PSYCHIATRIC CLINIC	14,064	4,448			3,425	90.03
91 EMERGENCY	227,965	474,505			323,133	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	31,369	99,110			31,123	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,986,299	6,097,251	5,140,086	8,334,596	5,011,920	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 BELOIT HEART STANDBY	1,366					193.01
194 GUEST CENTER	4,099					194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	15,617					194.02
194.04 AUXILIARY	8,920					194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,016,301	6,097,251	5,140,086	8,334,596	5,011,920	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	
	17	23	23.01	23.02	24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	770,998					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY		488,759				23
23.01 PASTORAL EDUCATION PROGRAM			169,249			23.01
23.02 PARAMED EDUC EMT PROGRAM				1,094,109		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	656,645		111,438	29,062	56,068,688	30
31 INTENSIVE CARE UNIT			12,717	58,125	10,746,548	31
34.01 NEONATAL INTENSIVE CARE	10,055		28,325		12,846,088	34.01
34.02 PEDIATRIC INTENSIVE CARE	2,859		2,945		2,271,307	34.02
40 SUBPROVIDER - IPF	95,820		7,109		3,702,279	40
43 NURSERY	5,619		6,715		5,142,700	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				152,150	8,504,240	50
51 RECOVERY ROOM					2,257,456	51
52 DELIVERY ROOM & LABOR ROOM				29,062	6,566,152	52
53 ANESTHESIOLOGY					2,953,682	53
54 RADIOLOGY-DIAGNOSTIC		488,759			5,727,217	54
55 RADIOLOGY-THERAPEUTIC					1,889,610	55
56 RADIOISOTOPE					1,393,825	56
60 LABORATORY					14,225,672	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					2,809,442	63
65 RESPIRATORY THERAPY				22,224	7,129,288	65
66 PHYSICAL THERAPY					2,486,081	66
69 ELECTROCARDIOLOGY					2,961,514	69
70 ELECTROENCEPHALOGRAPHY					216,421	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					34,398,088	71
72 IMPL. DEV. CHARGED TO PATIENT					20,717,194	72
73 DRUGS CHARGED TO PATIENTS					24,091,358	73
74 RENAL DIALYSIS					958,731	74
76 GI LAB					2,191,495	76
76.01 MRI					2,362,889	76.01
76.02 CT SCAN					2,421,473	76.02
76.03 CARDIAC CATHETERIZATION					2,686,435	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES					602,643	76.08
76.10 GENETIC SERVICES					1,274,883	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER					1,659,649	90.01
90.02 ANTENATAL TEST CENTER					1,144,122	90.02
90.03 CHILD PSYCHIATRIC CLINIC					843,844	90.03
91 EMERGENCY				803,486	15,129,880	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					4,328,634	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	
	17	23	23.01	23.02	24	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	770,998	488,759	169,249	1,094,109	264,709,528	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					1,701,065	192
193.01 BELOIT HEART STANDBY					113,935	193.01
194 GUEST CENTER					591,671	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES					2,867,164	194.02
194.04 AUXILIARY					1,240,534	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	770,998	488,759	169,249	1,094,109	271,223,897	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-		TOTAL
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMDICAL ED PROGRAM XRAY			23
23.01 PASTORAL EDUCATION PROGRAM			23.01
23.02 PARAMED EDUC EMT PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	56,068,688		30
31 INTENSIVE CARE UNIT	10,746,548		31
34.01 NEONATAL INTENSIVE CARE	12,846,088		34.01
34.02 PEDIATRIC INTENSIVE CARE	2,271,307		34.02
40 SUBPROVIDER - IPF	3,702,279		40
43 NURSERY	5,142,700		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	8,504,240		50
51 RECOVERY ROOM	2,257,456		51
52 DELIVERY ROOM & LABOR ROOM	6,566,152		52
53 ANESTHESIOLOGY	2,953,682		53
54 RADIOLOGY-DIAGNOSTIC	5,727,217		54
55 RADIOLOGY-THERAPEUTIC	1,889,610		55
56 RADIOISOTOPE	1,393,825		56
60 LABORATORY	14,225,672		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,809,442		63
65 RESPIRATORY THERAPY	7,129,288		65
66 PHYSICAL THERAPY	2,486,081		66
69 ELECTROCARDIOLOGY	2,961,514		69
70 ELECTROENCEPHALOGRAPHY	216,421		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,398,088		71
72 IMPL. DEV. CHARGED TO PATIENT	20,717,194		72
73 DRUGS CHARGED TO PATIENTS	24,091,358		73
74 RENAL DIALYSIS	958,731		74
76 GI LAB	2,191,495		76
76.01 MRI	2,362,889		76.01
76.02 CT SCAN	2,421,473		76.02
76.03 CARDIAC CATHETERIZATION	2,686,435		76.03
76.04 PRIMARY PREVENTION PROGRAM			76.04
76.05 WOMEN'S HEALTH ADVANTAGE			76.05
76.07 OUTPATIENT DETOX			76.07
76.08 SPECIAL SURGICAL SERVICES	602,643		76.08
76.10 GENETIC SERVICES	1,274,883		76.10
76.11 RADIOLOGY			76.11
76.12 OUTPATIENT PSYCH SERVICES			76.12
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 PAIN CENTER	1,659,649		90.01
90.02 ANTENATAL TEST CENTER	1,144,122		90.02
90.03 CHILD PSYCHIATRIC CLINIC	843,844		90.03
91 EMERGENCY	15,129,880		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES	4,328,634		95
98 AIR AMBULANCE			98
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		264,709,528	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		1,701,065	192
193.01 BELOIT HEART STANDBY		113,935	193.01
194 GUEST CENTER		591,671	194
194.01 OTHER NONREIMBURSEABLE COST CENTER			194.01
194.02 COMMUNITY SERVICES		2,867,164	194.02
194.04 AUXILIARY		1,240,534	194.04
194.07 ROCKFORD HEALTH SYSTEM			194.07
194.08 DIALYSIS RENTED SPACE			194.08
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		271,223,897	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	8,561	83,957	35,087	127,605	127,605	4
5 ADMINISTRATIVE & GENERAL	72,232	564,276	2,106,771	2,743,279	16,338	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,775	226,453	626,062	855,290	3,344	7
8 LAUNDRY & LINEN SERVICE		15,932	6,921	22,853	135	8
9 HOUSEKEEPING	730	24,454	19,629	44,813	2,441	9
10 DIETARY	220	14,696	41,045	55,961	949	10
11 CAFETERIA		74,912	41,044	115,956	1,879	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,194	17,078	22,667	48,939	3,757	13
14 CENTRAL SERVICES & SUPPLY	458,507	15,026	227,748	701,281	1,709	14
15 PHARMACY	3,913	19,466	548,531	571,910	4,527	15
16 MEDICAL RECORDS & LIBRARY	4,308	17,562	46,402	68,272	2,869	16
17 SOCIAL SERVICE		4,767		4,767	368	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMDICAL ED PROGRAM XRAY	2,791	1,851	77	4,719	275	23
23.01 PASTORAL EDUCATION PROGRAM		2,379		2,379	71	23.01
23.02 PARAMED EDUC EMT PROGRAM	12,533	14,702	26,906	54,141	356	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	82,119	265,251	1,207,425	1,554,795	26,674	30
31 INTENSIVE CARE UNIT	16,250	42,117	99,884	158,251	5,215	31
34.01 NEONATAL INTENSIVE CARE	25,035	47,192	191,324	263,551	6,806	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,174	9,758	32,351	43,283	1,164	34.02
40 SUBPROVIDER - IPF	1,084	28,629	37,562	67,275	1,451	40
43 NURSERY		19,284		19,284	2,455	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,254	109,785	1,171,403	1,296,442	8,454	50
51 RECOVERY ROOM		7,027	34,040	41,067	1,174	51
52 DELIVERY ROOM & LABOR ROOM	12,739	34,168	186,574	233,481	3,011	52
53 ANESTHESIOLOGY	4,055	2,396	168,415	174,866	409	53
54 RADIOLOGY-DIAGNOSTIC	4,134	33,835	498,588	536,557	2,936	54
55 RADIOLOGY-THERAPEUTIC	1,244	26,420	372,259	399,923	975	55
56 RADIOISOTOPE		4,429	63,668	68,097	303	56
60 LABORATORY	11,495	51,106	649,907	712,508	7,356	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	787	2,016	22,714	25,517	226	63
65 RESPIRATORY THERAPY	18,984	17,875	255,487	292,346	3,554	65
66 PHYSICAL THERAPY	1,513	15,253	3,855	20,621	622	66
69 ELECTROCARDIOLOGY	16,194	19,709	172,628	208,531	1,373	69
70 ELECTROENCEPHALOGRAPHY	672	1,622	27,186	29,480	79	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		4,804	27,225	32,029		74
76 GI LAB	265	23,068	123,778	147,111	752	76
76.01 MRI	983	16,583	415,224	432,790	609	76.01
76.02 CT SCAN	176	7,714	247,205	255,095	825	76.02
76.03 CARDIAC CATHETERIZATION	650	15,079	454,537	470,266	1,082	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE	5,585			5,585		76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES		2,584	4,454	7,038	245	76.08
76.10 GENETIC SERVICES	19,321	17,280	58,408	95,009	1,066	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	7,044	12,224	34,612	53,880	677	90.01
90.02 ANTENATAL TEST CENTER	969	16,418	82,452	99,839	363	90.02
90.03 CHIL D PSYCHIATRIC CLINIC	-751	4,773	3,747	7,769	508	90.03
91 EMERGENCY	5,682	51,313	556,988	613,983	6,399	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		17,551	12,042	29,593	1,143	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	828,421	2,024,774	10,964,832	13,818,027	126,924	118
192 PHYSICIANS' PRIVATE OFFICES	1,146	1,616		2,762		192
193.01 BELOIT HEART STANDBY					79	193.01
194 GUEST CENTER		14,584	15,649	30,233	76	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES		9,646		9,646	404	194.02
194.04 AUXILIARY	1,429	30,041	938	32,408	122	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	830,996	2,080,661	10,981,419	13,893,076	127,605	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	2,759,617					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,028,242				7
8 LAUNDRY & LINEN SERVICE	169,608	17,058	13,584	53,630		8
9 HOUSEKEEPING	45,839	20,850			113,943	9
10 DIETARY	24,521	12,530			1,437	95,398
11 CAFETERIA	27,163	63,872			7,323	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	57,596	14,561			1,669	13
14 CENTRAL SERVICES & SUPPLY	48,337	12,812	272		1,469	14
15 PHARMACY	80,021	16,597			1,903	15
16 MEDICAL RECORDS & LIBRARY	46,279	14,974			1,717	16
17 SOCIAL SERVICE	6,779	4,065			466	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMDICAL ED PROGRAM XRAY	4,225	1,578			181	23
23.01 PASTORAL EDUCATION PROGRAM	965	2,029			233	23.01
23.02 PARAMED EDUC EMT PROGRAM	8,252	12,535			1,437	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	449,130	226,157	21,093	25,927	81,047	30
31 INTENSIVE CARE UNIT	90,378	35,910	2,491	4,117	6,606	31
34.01 NEONATAL INTENSIVE CARE	108,452	40,237	1,295	4,613		34.01
34.02 PEDIATRIC INTENSIVE CARE	18,547	8,320	514	954	1,836	34.02
40 SUBPROVIDER - IPF	27,608	24,410	472	2,799	5,909	40
43 NURSERY	40,884	16,442	1,834	1,885		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	50,836	93,605	7,851	10,732		50
51 RECOVERY ROOM	19,216	5,991	561	687		51
52 DELIVERY ROOM & LABOR ROOM	54,310	29,132	2,934	3,340		52
53 ANESTHESIOLOGY	28,489	2,043		234		53
54 RADIOLOGY-DIAGNOSTIC	42,347	28,849	1,790	3,308		54
55 RADIOLOGY-THERAPEUTIC	13,083	22,526	197	2,583		55
56 RADIOISOTOPE	12,883	3,776	1	433		56
60 LABORATORY	128,261	43,574	570	4,996		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	27,310	1,719		197		63
65 RESPIRATORY THERAPY	64,584	15,241	39	1,747		65
66 PHYSICAL THERAPY	21,682	13,005	26	1,491		66
69 ELECTROCARDIOLOGY	24,199	16,805		1,927		69
70 ELECTROENCEPHALOGRAPHY	1,799	1,383		159		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	318,977					71
72 IMPL. DEV. CHARGED TO PATIENT	177,467					72
73 DRUGS CHARGED TO PATIENTS	154,867					73
74 RENAL DIALYSIS	8,775	4,096		470		74
76 GI LAB	16,196	19,668	915	2,255		76
76.01 MRI	19,334	14,139	356	1,621		76.01
76.02 CT SCAN	20,424	6,577		754		76.02
76.03 CARDIAC CATHETERIZATION	22,598	12,857	515	1,474		76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	5,085	2,203	295	253		76.08
76.10 GENETIC SERVICES	9,416	14,733	6	1,689		76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	12,767	10,423		1,195		90.01
90.02 ANTENATAL TEST CENTER	8,045	13,999	270	1,605		90.02
90.03 CHILD PSYCHIATRIC CLINIC	7,477	4,069	34	467		90.03
91 EMERGENCY	122,744	43,751	8,907	5,016		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	39,188	14,964	2	1,716		95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TRATIVE & GENERAL 5	OF PLANT 7	& LINEN SERVICE 8	KEEPING 9	10	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,704,001	980,591	53,240	108,479	95,398	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	17,013	1,378		158		192
193.01 BELOIT HEART STANDBY	1,145					193.01
194 GUEST CENTER	3,171	12,435	390	1,426		194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	27,250	8,225		943		194.02
194.04 AUXILIARY	7,037	25,613		2,937		194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,759,617	1,028,242	53,630	113,943	95,398	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	216,193					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,981	133,503				13
14 CENTRAL SERVICES & SUPPLY	5,908		771,788			14
15 PHARMACY	6,463	1		681,422		15
16 MEDICAL RECORDS & LIBRARY	7,944	6			142,061	16
17 SOCIAL SERVICE	779	100				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY	2,166					23
23.01 PASTORAL EDUCATION PROGRAM	1,702					23.01
23.02 PARAMED EDUC EMT PROGRAM	868	59				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	59,963	42,915			7,463	30
31 INTENSIVE CARE UNIT	10,273	10,596			2,494	31
34.01 NEONATAL INTENSIVE CARE	14,653	15,607			7,635	34.01
34.02 PEDIATRIC INTENSIVE CARE	2,030	2,959			700	34.02
40 SUBPROVIDER - IPF	2,681	2,496			715	40
43 NURSERY	4,123	12,104			2,018	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,552	12,813			7,052	50
51 RECOVERY ROOM	2,061	3,116			1,193	51
52 DELIVERY ROOM & LABOR ROOM	5,733	6,855			1,752	52
53 ANESTHESIOLOGY	907	896			1,498	53
54 RADIOLOGY-DIAGNOSTIC	6,572	1,321			6,299	54
55 RADIOLOGY-THERAPEUTIC	1,678	921			1,376	55
56 RADIOISOTOPE	448				1,123	56
60 LABORATORY	17,996				9,818	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	473				2,274	63
65 RESPIRATORY THERAPY	7,465	693			7,550	65
66 PHYSICAL THERAPY	2,343	99			906	66
69 ELECTROCARDIOLOGY	2,655	1,015			3,771	69
70 ELECTROENCEPHALOGRAPHY	189	1			196	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			347,305		21,020	71
72 IMPL. DEV. CHARGED TO PATIENT			424,483		12,699	72
73 DRUGS CHARGED TO PATIENTS				681,422	15,183	73
74 RENAL DIALYSIS					281	74
76 GI LAB	1,491	1,685			1,358	76
76.01 MRI	1,191				3,677	76.01
76.02 CT SCAN	1,559	2			6,975	76.02
76.03 CARDIAC CATHETERIZATION	1,811	1,225			2,450	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	437	578			325	76.08
76.10 GENETIC SERVICES	1,791	27			116	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	1,332	2,508			1,298	90.01
90.02 ANTENATAL TEST CENTER	642	248			721	90.02
90.03 CHILD PSYCHIATRIC CLINIC	757	97			97	90.03
91 EMERGENCY	12,271	10,390			9,147	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,689	2,170			881	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	214,577	133,503	771,788	681,422	142,061	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 BELOIT HEART STANDBY	74					193.01
194 GUEST CENTER	221					194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	841					194.02
194.04 AUXILIARY	480					194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	216,193	133,503	771,788	681,422	142,061	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	
	17	23	23.01	23.02	24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	17,324					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY		13,144				23
23.01 PASTORAL EDUCATION PROGRAM			7,379			23.01
23.02 PARAMED EDUC EMT PROGRAM				77,648		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,755				2,509,919	30
31 INTENSIVE CARE UNIT					326,331	31
34.01 NEONATAL INTENSIVE CARE	226				463,075	34.01
34.02 PEDIATRIC INTENSIVE CARE	64				80,371	34.02
40 SUBPROVIDER - IPF	2,153				137,969	40
43 NURSERY	126				101,155	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,502,337	50
51 RECOVERY ROOM					75,066	51
52 DELIVERY ROOM & LABOR ROOM					340,548	52
53 ANESTHESIOLOGY					209,342	53
54 RADIOLOGY-DIAGNOSTIC					629,979	54
55 RADIOLOGY-THERAPEUTIC					443,262	55
56 RADIOISOTOPE					87,064	56
60 LABORATORY					925,079	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					57,716	63
65 RESPIRATORY THERAPY					393,219	65
66 PHYSICAL THERAPY					60,795	66
69 ELECTROCARDIOLOGY					260,276	69
70 ELECTROENCEPHALOGRAPHY					33,286	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					687,302	71
72 IMPL. DEV. CHARGED TO PATIENT					614,649	72
73 DRUGS CHARGED TO PATIENTS					851,472	73
74 RENAL DIALYSIS					45,651	74
76 GI LAB					191,431	76
76.01 MRI					473,717	76.01
76.02 CT SCAN					292,211	76.02
76.03 CARDIAC CATHETERIZATION					514,278	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE					5,585	76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES					16,459	76.08
76.10 GENETIC SERVICES					123,853	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER					84,080	90.01
90.02 ANTENATAL TEST CENTER					125,732	90.02
90.03 CHILD PSYCHIATRIC CLINIC					21,275	90.03
91 EMERGENCY					832,608	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					91,346	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	
	17	23	23.01	23.02	24	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	17,324				13,608,438	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					21,311	192
193.01 BELOIT HEART STANDBY					1,298	193.01
194 GUEST CENTER					47,952	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES					47,309	194.02
194.04 AUXILIARY					68,597	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS		13,144	7,379	77,648	98,171	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,324	13,144	7,379	77,648	13,893,076	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-	TOTAL	
	DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMDICAL ED PROGRAM XRAY			23
23.01 PASTORAL EDUCATION PROGRAM			23.01
23.02 PARAMED EDUC EMT PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	2,509,919		30
31 INTENSIVE CARE UNIT	326,331		31
34.01 NEONATAL INTENSIVE CARE	463,075		34.01
34.02 PEDIATRIC INTENSIVE CARE	80,371		34.02
40 SUBPROVIDER - IPF	137,969		40
43 NURSERY	101,155		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,502,337		50
51 RECOVERY ROOM	75,066		51
52 DELIVERY ROOM & LABOR ROOM	340,548		52
53 ANESTHESIOLOGY	209,342		53
54 RADIOLOGY-DIAGNOSTIC	629,979		54
55 RADIOLOGY-THERAPEUTIC	443,262		55
56 RADIOISOTOPE	87,064		56
60 LABORATORY	925,079		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	57,716		63
65 RESPIRATORY THERAPY	393,219		65
66 PHYSICAL THERAPY	60,795		66
69 ELECTROCARDIOLOGY	260,276		69
70 ELECTROENCEPHALOGRAPHY	33,286		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	687,302		71
72 IMPL. DEV. CHARGED TO PATIENT	614,649		72
73 DRUGS CHARGED TO PATIENTS	851,472		73
74 RENAL DIALYSIS	45,651		74
76 GI LAB	191,431		76
76.01 MRI	473,717		76.01
76.02 CT SCAN	292,211		76.02
76.03 CARDIAC CATHETERIZATION	514,278		76.03
76.04 PRIMARY PREVENTION PROGRAM			76.04
76.05 WOMEN'S HEALTH ADVANTAGE	5,585		76.05
76.07 OUTPATIENT DETOX			76.07
76.08 SPECIAL SURGICAL SERVICES	16,459		76.08
76.10 GENETIC SERVICES	123,853		76.10
76.11 RADIOLOGY			76.11
76.12 OUTPATIENT PSYCH SERVICES			76.12
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 PAIN CENTER	84,080		90.01
90.02 ANTENATAL TEST CENTER	125,732		90.02
90.03 CHILD PSYCHIATRIC CLINIC	21,275		90.03
91 EMERGENCY	832,608		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES	91,346		95
98 AIR AMBULANCE			98
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		13,608,438	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		21,311	192
193.01 BELOIT HEART STANDBY		1,298	193.01
194 GUEST CENTER		47,952	194
194.01 OTHER NONREIMBURSEABLE COST CENTER			194.01
194.02 COMMUNITY SERVICES		47,309	194.02
194.04 AUXILIARY		68,597	194.04
194.07 ROCKFORD HEALTH SYSTEM			194.07
194.08 DIALYSIS RENTED SPACE			194.08
200 CROSS FOOT ADJUSTMENTS		98,171	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		13,893,076	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES			
	1	2	4			
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	744,140					1
2 CAP REL COSTS-MVBLE EQUIP		12,912,937				2
4 EMPLOYEE BENEFITS	30,027	41,258	105,055,261			4
5 ADMINISTRATIVE & GENERAL	201,810	2,477,332	13,446,774	-62,614,798	208,609,099	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	80,990	736,180	2,752,541		12,820,960	7
8 LAUNDRY & LINEN SERVICE	5,698	8,138	111,078		1,289,439	8
9 HOUSEKEEPING	8,746	23,081	2,009,246		3,465,055	9
10 DIETARY	5,256	48,264	780,994		1,853,544	10
11 CAFETERIA	26,792	48,263	1,546,773		2,053,287	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,108	26,654	3,092,310		4,353,753	13
14 CENTRAL SERVICES & SUPPLY	5,374	267,807	1,406,396		3,653,859	14
15 PHARMACY	6,962	645,012	3,726,041		6,048,932	15
16 MEDICAL RECORDS & LIBRARY	6,281	54,564	2,361,668		3,498,328	16
17 SOCIAL SERVICE	1,705		302,551		512,432	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL ED PROGRAM XRAY	662	90	226,414		319,384	23
23.01 PASTORAL EDUCATION PROGRAM	851		58,482		72,963	23.01
23.02 PARAMED EDUC EMT PROGRAM	5,258	31,639	292,854		623,750	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	94,866	1,419,799	21,985,418		33,955,820	30
31 INTENSIVE CARE UNIT	15,063	117,453	4,292,076		6,831,826	31
34.01 NEONATAL INTENSIVE CARE	16,878	224,976	5,601,703		8,198,072	34.01
34.02 PEDIATRIC INTENSIVE CARE	3,490	38,041	958,005		1,402,015	34.02
40 SUBPROVIDER - IPF	10,239	44,169	1,193,881		2,086,893	40
43 NURSEY	6,897		2,020,718		3,090,520	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,264	1,377,440	6,957,847		3,842,736	50
51 RECOVERY ROOM	2,513	40,027	966,225		1,452,555	51
52 DELIVERY ROOM & LABOR ROOM	12,220	219,391	2,478,256		4,105,359	52
53 ANESTHESIOLOGY	857	198,037	336,546		2,153,527	53
54 RADIOLOGY-DIAGNOSTIC	12,101	586,284	2,416,610		3,201,106	54
55 RADIOLOGY-THERAPEUTIC	9,449	437,735	802,303		988,971	55
56 RADIOISOTOPE	1,584	74,866	249,347		973,847	56
60 LABORATORY	18,278	764,219	6,054,604		9,695,473	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	721	26,709	185,732		2,064,441	63
65 RESPIRATORY THERAPY	6,393	300,425	2,925,357		4,881,985	65
66 PHYSICAL THERAPY	5,455	4,533	111,965		1,638,945	66
69 ELECTROCARDIOLOGY	7,049	202,992	1,129,824		1,829,240	69
70 ELECTROENCEPHALOGRAPHY	580	31,968	65,428		135,980	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					24,111,931	71
72 IMPL. DEV. CHARGED TO PATIENT					13,414,966	72
73 DRUGS CHARGED TO PATIENTS					11,706,605	73
74 RENAL DIALYSIS	1,718	32,014			663,336	74
76 GI LAB	8,250	145,549	619,088		1,224,306	76
76.01 MRI	5,931	488,257	501,185		1,461,483	76.01
76.02 CT SCAN	2,759	290,686	678,859		1,543,915	76.02
76.03 CARDIAC CATHETERIZATION	5,393	534,485	890,613		1,708,235	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	924	5,238	201,448		384,375	76.08
76.10 GENETIC SERVICES	6,180	68,681	877,007		711,796	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	4,372	40,700	557,193		965,076	90.01
90.02 ANFENATAL TEST CENTER	5,872	96,954	298,638		608,151	90.02
90.03 CHILD PSYCHIATRIC CLINIC	1,707	4,406	418,255		565,229	90.03
91 EMERGENCY	18,352	654,956	5,266,919		9,278,372	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	6,277	14,160	940,626		2,962,302	95
98 AIR AMBULANCE						98
99.10 CORF						99.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	RECON-	ADMINIS-	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS			
	1	2	4	5A	5	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	724,152	12,893,432	104,495,798	-62,614,798	204,405,075	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	578				1,286,011	192
193.01 BELOIT HEART STANDBY			64,700		86,581	193.01
194 GUEST CENTER	5,216	18,402	62,222		239,667	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	3,450		332,240		2,059,857	194.02
194.04 AUXILIARY	10,744	1,103	100,301		531,908	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,080,661	10,981,419	4,412,258		62,614,798	202
203 UNIT COST MULT-WS B PT I	2.796061	0.850420	0.041999		0.300154	203
204 COST TO BE ALLOC PER B PT II			127,605		2,759,617	204
205 UNIT COST MULT-WS B PT II			0.001215		0.013229	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	& LINEN	KEEPING		
	SQUARE	SERVICE	SQUARE	MEALS	FTE'S
	FEET	POUNDS OF	FEET	SERVED	
	7	LAUNDRY	9	10	11
		8			
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5					5
6					6
7	431,313				7
8	5,698	850,990			8
9	8,746		416,869		9
10	5,256		5,256	200,187	10
11	26,792		26,792		11
12					149,930
13					12
14	6,108		6,108		4,841
15	5,374	4,321	5,374		4,097
16	6,962		6,962		4,482
17	6,281		6,281		5,509
19	1,705		1,705		540
20					19
21					20
22					21
23	662		662		1,502
23.01	851		851		1,180
23.02	5,258		5,258		602
INPATIENT ROUTINE SERV COST CENTERS					
30	94,866	334,679	94,866	170,072	41,587
31	15,063	39,525	15,063	13,863	7,124
34.01	16,878	20,554	16,878		10,162
34.02	3,490	8,154	3,490	3,852	1,408
40	10,239	7,492	10,239	12,400	1,859
43	6,897	29,102	6,897		2,859
ANCILLARY SERVICE COST CENTERS					
50	39,264	124,583	39,264		10,092
51	2,513	8,909	2,513		1,429
52	12,220	46,553	12,220		3,976
53	857		857		629
54	12,101	28,399	12,101		4,558
55	9,449	3,124	9,449		1,164
56	1,584	20	1,584		311
60	18,278	9,046	18,278		12,480
62.30					62.30
63	721		721		328
65	6,393	612	6,393		5,177
66	5,455	420	5,455		1,625
69	7,049	1	7,049		1,841
70	580		580		131
71					71
72					72
73					73
74	1,718		1,718		74
76	8,250	14,522	8,250		1,034
76.01	5,931	5,641	5,931		826
76.02	2,759		2,759		1,081
76.03	5,393	8,177	5,393		1,256
76.04					76.04
76.05					76.05
76.07					76.07
76.08	924	4,685	924		303
76.10	6,180	91	6,180		1,242
76.11					76.11
76.12					76.12
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	4,372		4,372		924
90.02	5,872	4,284	5,872		445
90.03	1,707	547	1,707		525
91	18,352	141,335	18,352		8,510
92					92
OTHER REIMBURSABLE COST CENTERS					
95	6,277	30	6,277		1,171
98					98
99.10					99.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	MEALS SERVED 10	FTE'S 11	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	411,325	844,806	396,881	200,187	148,810	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	578		578			192
193.01 BELOIT HEART STANDBY					51	193.01
194 GUEST CENTER	5,216	6,184	5,216		153	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	3,450		3,450		583	194.02
194.04 AUXILIARY	10,744		10,744		333	194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	16,669,222	1,896,683	4,843,117	2,674,088	4,016,301	202
203 UNIT COST MULT-WS B PT I	38.647622	2.228796	11.617839	13.357950	26.787841	203
204 COST TO BE ALLOC PER B PT II	1,028,242	53,630	113,943	95,398	216,193	204
205 UNIT COST MULT-WS B PT II	2.383981	0.063021	0.273330	0.476544	1.441960	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE VISITS 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,158,427					13
14 CENTRAL SERVICES & SUPPLY		100				14
15 PHARMACY	8		100			15
16 MEDICAL RECORDS & LIBRARY	50			829,655,701		16
17 SOCIAL SERVICE	872				7,821	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMDICAL ED PROGRAM XRAY						23
23.01 PASTORAL EDUCATION PROGRAM						23.01
23.02 PARAMED EDUC EMT PROGRAM	516					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	372,365			43,643,500	6,661	30
31 INTENSIVE CARE UNIT	91,942			14,582,686		31
34.01 NEONATAL INTENSIVE CARE	135,426			44,651,843	102	34.01
34.02 PEDIATRIC INTENSIVE CARE	25,678			4,095,882	29	34.02
40 SUBPROVIDER - IPF	21,659			4,182,170	972	40
43 NURSEY	105,026			11,801,360	57	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	111,181			41,237,514		50
51 RECOVERY ROOM	27,041			6,974,195		51
52 DELIVERY ROOM & LABOR ROOM	59,484			10,245,742		52
53 ANESTHESIOLOGY	7,772			8,761,896		53
54 RADIOLOGY-DIAGNOSTIC	11,464			36,836,776		54
55 RADIOLOGY-THERAPEUTIC	7,993			8,048,801		55
56 RADIOISOTOPE				6,567,985		56
60 LABORATORY				57,414,030		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				13,296,418		63
65 RESPIRATORY THERAPY	6,010			44,149,459		65
66 PHYSICAL THERAPY	861			5,297,831		66
69 ELECTROCARDIOLOGY	8,806			22,054,645		69
70 ELECTROENCEPHALOGRAPHY	6			1,147,271		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45		121,810,241		71
72 IMPL. DEV. CHARGED TO PATIENT		55		74,263,441		72
73 DRUGS CHARGED TO PATIENTS			100	88,788,767		73
74 RENAL DIALYSIS				1,644,712		74
76 GI LAB	14,624			7,942,478		76
76.01 MRI				21,505,122		76.01
76.02 CT SCAN	20			40,787,922		76.02
76.03 CARDIAC CATHETERIZATION	10,633			14,326,598		76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	5,019			1,899,495		76.08
76.10 GENETIC SERVICES	230			681,160		76.10
76.11 CARDIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	21,762			7,589,532		90.01
90.02 ANTENATAL TEST CENTER	2,152			4,217,389		90.02
90.03 CHILD PSYCHIATRIC CLINIC	845			566,920		90.03
91 EMERGENCY	90,152			53,489,999		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	18,830			5,151,921		95
98 AIR AMBULANCE						98
99.10 CORF						99.10

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE VISITS 17	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,158,427	100	100	829,655,701	7,821	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 BELOIT HEART STANDBY						193.01
194 GUEST CENTER						194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES						194.02
194.04 AUXILIARY						194.04
194.07 ROCKFORD HEALTH SYSTEM						194.07
194.08 DIALYSIS RENTED SPACE						194.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,097,251	5,140,086	8,334,596	5,011,920	770,998	202
203 UNIT COST MULT-WS B PT I	5.263388	51,400.860000	83,345.960000	0.006041	98.580488	203
204 COST TO BE ALLOC PER B PT II	133,503	771,788	681,422	142,061	17,324	204
205 UNIT COST MULT-WS B PT II	0.115245	7,717.880000	6,814.220000	0.000171	2.215062	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	PASTORAL EDUCATION PROGRAM PATIENT DAYS	PARA MED EDUC EMT TIME SPENT	
	23	23.01	23.02	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMEDICAL ED PROGRAM XRAY	100			23
23.01 PASTORAL EDUCATION PROGRAM		73,800		23.01
23.02 PARAMED EDUC EMT PROGRAM			640	23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		48,592	17	30
31 INTENSIVE CARE UNIT		5,545	34	31
34.01 NEONATAL INTENSIVE CARE		12,351		34.01
34.02 PEDIATRIC INTENSIVE CARE		1,284		34.02
40 SUBPROVIDER - IPF		3,100		40
43 NURSEY		2,928		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM			89	50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM			17	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	100			54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.				63
65 RESPIRATORY THERAPY			13	65
66 PHYSICAL THERAPY				66
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
76 GI LAB				76
76.01 MRI				76.01
76.02 CT SCAN				76.02
76.03 CARDIAC CATHETERIZATION				76.03
76.04 PRIMARY PREVENTION PROGRAM				76.04
76.05 WOMEN'S HEALTH ADVANTAGE				76.05
76.07 OUTPATIENT DETOX				76.07
76.08 SPECIAL SURGICAL SERVICES				76.08
76.10 GENETIC SERVICES				76.10
76.11 CARDIOLOGY				76.11
76.12 OUTPATIENT PSYCH SERVICES				76.12
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PAIN CENTER				90.01
90.02 ANTENATAL TEST CENTER				90.02
90.03 CHILD PSYCHIATRIC CLINIC				90.03
91 EMERGENCY			470	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
98 AIR AMBULANCE				98
99.10 CORF				99.10

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	PASTORAL EDUCATION PROGRAM PATIENT DAYS	PARA MED EDUC EMT TIME SPENT	
	23	23.01	23.02	
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	100	73,800	640	118
NONREIMBURSABLE COST CENTERS				
192 PHYSICIANS' PRIVATE OFFICES				192
193.01 BELOIT HEART STANDBY				193.01
194 GUEST CENTER				194
194.01 OTHER NONREIMBURSEABLE COST CENTER				194.01
194.02 COMMUNITY SERVICES				194.02
194.04 AUXILIARY				194.04
194.07 ROCKFORD HEALTH SYSTEM				194.07
194.08 DIALYSIS RENTED SPACE				194.08
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	488,759	169,249	1,094,109	202
203 UNIT COST MULT-WS B PT I	4,887.590000	2.293347	1,709.545313	203
204 COST TO BE ALLOC PER B PT II	13,144	7,379	77,648	204
205 UNIT COST MULT-WS B PT II	131.440000	0.099986	121.325000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,068,688		56,068,688		56,068,688	30
31 INTENSIVE CARE UNIT	10,746,548		10,746,548	8,837	10,755,385	31
34.01 NEONATAL INTENSIVE CARE	12,846,088		12,846,088	36,450	12,882,538	34.01
34.02 PEDIATRIC INTENSIVE CARE	2,271,307		2,271,307	18,820	2,290,127	34.02
40 SUBPROVIDER - IPF	3,702,279		3,702,279		3,702,279	40
43 NURSERY	5,142,700		5,142,700		5,142,700	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,504,240		8,504,240	367,630	8,871,870	50
51 RECOVERY ROOM	2,257,456		2,257,456		2,257,456	51
52 DELIVERY ROOM & LABOR ROOM	6,566,152		6,566,152	683,350	7,249,502	52
53 ANESTHESIOLOGY	2,953,682		2,953,682	715,646	3,669,328	53
54 RADIOLOGY-DIAGNOSTIC	5,727,217		5,727,217		5,727,217	54
55 RADIOLOGY-THERAPEUTIC	1,889,610		1,889,610		1,889,610	55
56 RADIOISOTOPE	1,393,825		1,393,825		1,393,825	56
60 LABORATORY	14,225,672		14,225,672		14,225,672	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,809,442		2,809,442		2,809,442	63
65 RESPIRATORY THERAPY	7,129,288		7,129,288	17,164	7,146,452	65
66 PHYSICAL THERAPY	2,486,081		2,486,081		2,486,081	66
69 ELECTROCARDIOLOGY	2,961,514		2,961,514		2,961,514	69
70 ELECTROENCEPHALOGRAPHY	216,421		216,421		216,421	70
71 MEDICAL SUPPLIES CHRGED TO	34,398,088		34,398,088		34,398,088	71
72 IMPL. DEV. CHARGED TO PATIE	20,717,194		20,717,194		20,717,194	72
73 DRUGS CHARGED TO PATIENTS	24,091,358		24,091,358		24,091,358	73
74 RENAL DIALYSIS	958,731		958,731		958,731	74
76 GI LAB	2,191,495		2,191,495		2,191,495	76
76.01 MRI	2,362,889		2,362,889		2,362,889	76.01
76.02 CT SCAN	2,421,473		2,421,473		2,421,473	76.02
76.03 CARDIAC CATHETERIZATION	2,686,435		2,686,435		2,686,435	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	602,643		602,643		602,643	76.08
76.10 GENETIC SERVICES	1,274,883		1,274,883		1,274,883	76.10
76.11 CARDIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	1,659,649		1,659,649		1,659,649	90.01
90.02 ANTENATAL TEST CENTER	1,144,122		1,144,122		1,144,122	90.02
90.03 CHILD PSYCHIATRIC CLINIC	843,844		843,844		843,844	90.03
91 EMERGENCY	15,129,880		15,129,880	104,699	15,234,579	91
92 OBSERVATION BEDS	4,214,136		4,214,136		4,214,136	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,328,634		4,328,634	20,979	4,349,613	95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	268,923,664		268,923,664	1,973,575	270,897,239	200
201 LESS OBSERVATION BEDS	4,214,136		4,214,136		4,214,136	201
202 TOTAL (SEE INSTRUCTIONS)	264,709,528		264,709,528		266,683,103	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,163,268		36,163,268			30
31 INTENSIVE CARE UNIT	14,582,686		14,582,686			31
34.01 NEONATAL INTENSIVE CARE	44,651,843		44,651,843			34.01
34.02 PEDIATRIC INTENSIVE CARE	4,095,882		4,095,882			34.02
40 SUBPROVIDER - IPF	4,182,170		4,182,170			40
43 NURSERY	11,801,360		11,801,360			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,068,560	18,168,954	41,237,514	0.206226	0.206226	0.215141 50
51 RECOVERY ROOM	4,148,195	2,826,000	6,974,195	0.323687	0.323687	0.323687 51
52 DELIVERY ROOM & LABOR ROOM	8,476,203	1,769,539	10,245,742	0.640866	0.640866	0.707562 52
53 ANESTHESIOLOGY	4,789,188	3,972,708	8,761,896	0.337105	0.337105	0.418782 53
54 RADIOLOGY-DIAGNOSTIC	18,344,323	18,492,453	36,836,776	0.155476	0.155476	0.155476 54
55 RADIOLOGY-THERAPEUTIC	299,276	7,749,525	8,048,801	0.234769	0.234769	0.234769 55
56 RADIOISOTOPE	1,678,322	4,889,663	6,567,985	0.212215	0.212215	0.212215 56
60 LABORATORY	37,852,733	19,561,297	57,414,030	0.247773	0.247773	0.247773 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	11,327,649	1,968,769	13,296,418	0.211293	0.211293	0.211293 63
65 RESPIRATORY THERAPY	38,598,391	5,551,068	44,149,459	0.161481	0.161481	0.161870 65
66 PHYSICAL THERAPY	3,928,159	1,369,672	5,297,831	0.469264	0.469264	0.469264 66
69 ELECTROCARDIOLOGY	8,879,512	13,175,133	22,054,645	0.134281	0.134281	0.134281 69
70 ELECTROENCEPHALOGRAPHY	741,769	405,502	1,147,271	0.188640	0.188640	0.188640 70
71 MEDICAL SUPPLIES CHRGED TO	85,076,472	36,733,769	121,810,241	0.282391	0.282391	0.282391 71
72 IMPL. DEV. CHARGED TO PATIE	54,755,230	19,508,211	74,263,441	0.278969	0.278969	0.278969 72
73 DRUGS CHARGED TO PATIENTS	63,962,356	24,826,411	88,788,767	0.271333	0.271333	0.271333 73
74 RENAL DIALYSIS	1,503,385	141,327	1,644,712	0.582917	0.582917	0.582917 74
76 GI LAB	1,549,990	6,392,488	7,942,478	0.275921	0.275921	0.275921 76
76.01 MRI	6,002,291	15,502,831	21,505,122	0.109876	0.109876	0.109876 76.01
76.02 CT SCAN	15,279,199	25,508,723	40,787,922	0.059367	0.059367	0.059367 76.02
76.03 CARDIAC CATHETERIZATION	8,277,252	6,049,346	14,326,598	0.187514	0.187514	0.187514 76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE						76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	4,182	1,895,313	1,899,495	0.317265	0.317265	0.317265 76.08
76.10 GENETIC SERVICES	62,640	618,520	681,160	1.871635	1.871635	1.871635 76.10
76.11 CARDIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	135,543	7,453,989	7,589,532	0.218676	0.218676	0.218676 90.01
90.02 ANTENATAL TEST CENTER	642,716	3,574,673	4,217,389	0.271287	0.271287	0.271287 90.02
90.03 CHILD PSYCHIATRIC CLINIC	525	566,395	566,920	1.488471	1.488471	1.488471 90.03
91 EMERGENCY	16,840,798	36,649,201	53,489,999	0.282854	0.282854	0.284812 91
92 OBSERVATION BEDS	197,500	7,282,732	7,480,232	0.563370	0.563370	0.563370 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		5,151,921	5,151,921	0.840198	0.840198	0.844270 95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	531,899,568	297,756,133	829,655,701			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	531,899,568	297,756,133	829,655,701			202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,509,919		2,509,919	52,541	47.77	22,395	1,069,809 30
31 INTENSIVE CARE UNIT	326,331		326,331	5,545	58.85	2,556	150,421 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NEONATAL INTENSIVE CARE	463,075		463,075	12,351	37.49		34.01
34.02 PEDIATRIC INTENSIVE CARE	80,371		80,371	1,284	62.59		34.02
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	137,969		137,969	3,100	44.51	848	37,744 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	101,155		101,155	2,928	34.55		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,618,820		3,618,820	77,749		25,799	1,257,974 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0239) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[XX] PPS
 [] TEFRA

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,502,337	41,237,514	0.036431	9,291,185	338,487	50
51 RECOVERY ROOM	75,066	6,974,195	0.010763	1,748,089	18,815	51
52 DELIVERY ROOM & LABOR ROOM	340,548	10,245,742	0.033238	65,078	2,163	52
53 ANESTHESIOLOGY	209,342	8,761,896	0.023892	1,790,684	42,783	53
54 RADIOLOGY-DIAGNOSTIC	629,979	36,836,776	0.017102	8,912,481	152,421	54
55 RADIOLOGY-THERAPEUTIC	443,262	8,048,801	0.055072	161,644	8,902	55
56 RADIOISOTOPE	87,064	6,567,985	0.013256	1,038,040	13,760	56
60 LABORATORY	925,079	57,414,030	0.016112	16,836,908	271,276	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	57,716	13,296,418	0.004341	5,162,656	22,411	63
65 RESPIRATORY THERAPY	393,219	44,149,459	0.008907	9,011,223	80,263	65
66 PHYSICAL THERAPY	60,795	5,297,831	0.011475	2,190,370	25,134	66
69 ELECTROCARDIOLOGY	260,276	22,054,645	0.011801	4,845,987	57,187	69
70 ELECTROENCEPHALOGRAPHY	33,286	1,147,271	0.029013	287,844	8,351	70
71 MEDICAL SUPPLIES CHRGD TO PA	687,302	121,810,241	0.005642	34,466,433	194,460	71
72 IMPL. DEV. CHARGED TO PATIENT	614,649	74,263,441	0.008277	20,469,093	169,423	72
73 DRUGS CHARGED TO PATIENTS	851,472	88,788,767	0.009590	26,111,391	250,408	73
74 RENAL DIALYSIS	45,651	1,644,712	0.027756	955,082	26,509	74
76 GI LAB	191,431	7,942,478	0.024102	782,638	18,863	76
76.01 MRI	473,717	21,505,122	0.022028	2,751,249	60,605	76.01
76.02 CT SCAN	292,211	40,787,922	0.007164	6,872,000	49,231	76.02
76.03 CARDIAC CATHETERIZATION	514,278	14,326,598	0.035897	4,145,904	148,826	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE	5,585					76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	16,459	1,899,495	0.008665	694	6	76.08
76.10 GENETIC SERVICES	123,853	681,160	0.181827	17,736	3,225	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	84,080	7,589,532	0.011078	89,842	995	90.01
90.02 ANTENATAL TEST CENTER	125,732	4,217,389	0.029813	8,261	246	90.02
90.03 CHILD PSYCHIATRIC CLINIC	21,275	566,920	0.037527			90.03
91 EMERGENCY	832,608	53,489,999	0.015566	7,963,205	123,955	91
92 OBSERVATION BEDS	188,646	7,480,232	0.025219	118,534	2,989	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
98 AIR AMBULANCE						98
200 TOTAL (SUM OF LINES 50-199)	10,086,918	709,026,571	709,026,571	166,094,251	2,091,694	200

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 14:18

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		140,500			140,500	30
31 INTENSIVE CARE UNIT		70,842			70,842	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 NEONATAL INTENSIVE CARE		28,325			28,325	34.01
34.02 PEDIATRIC INTENSIVE CARE		2,945			2,945	34.02
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		7,109			7,109	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY		6,715			6,715	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		256,436			256,436	200

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	52,541	2.67	22,395	59,795	30
31 INTENSIVE CARE UNIT	5,545	12.78	2,556	32,666	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NEONATAL INTENSIVE CARE	12,351	2.29			34.01
34.02 PEDIATRIC INTENSIVE CARE	1,284	2.29			34.02
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,100	2.29	848	1,942	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,928	2.29			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,749		25,799	94,403	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0239)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		152,150		152,150	152,150	50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM		29,062		29,062	29,062	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		488,759		488,759	488,759	54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
65	RESPIRATORY THERAPY		22,224		22,224	22,224	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHRGD TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	GI LAB						76
76.01	MRI						76.01
76.02	CT SCAN						76.02
76.03	CARDIAC CATHETERIZATION						76.03
76.04	PRIMARY PREVENTION PROGRAM						76.04
76.05	WOMEN'S HEALTH ADVANTAGE						76.05
76.07	OUTPATIENT DETOX						76.07
76.08	SPECIAL SURGICAL SERVICES						76.08
76.10	GENETIC SERVICES						76.10
76.11	CARDIOLOGY						76.11
76.12	OUTPATIENT PSYCH SERVICES						76.12
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PAIN CENTER						90.01
90.02	ANTENATAL TEST CENTER						90.02
90.03	CHILD PSYCHIATRIC CLINIC						90.03
91	EMERGENCY		803,486		803,486	803,486	91
92	OBSERVATION BEDS		10,561		10,561	10,561	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
98	AIR AMBULANCE						98
200	TOTAL (SUM OF LINES 50-199)		1,506,242		1,506,242	1,506,242	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	41,237,514	0.003690	0.003690	9,291,185	34,284	4,917,921	18,147	50	
51 RECOVERY ROOM	6,974,195			1,748,089		485,710		51	
52 DELIVERY ROOM & LABOR ROOM	10,245,742	0.002836	0.002836	65,078	185	12,365	35	52	
53 ANESTHESIOLOGY	8,761,896			1,790,684		1,012,292		53	
54 RADIOLOGY-DIAGNOSTIC	36,836,776	0.013268	0.013268	8,912,481	118,251	5,938,639	78,794	54	
55 RADIOLOGY-THERAPEUTIC	8,048,801			161,644		4,264,808		55	
56 RADIOISOTOPE	6,567,985			1,038,040		2,099,086		56	
60 LABORATORY	57,414,030			16,836,908		807,431		60	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
63 BLOOD STORING, PROCESSING &	13,296,418			5,162,656		717,080		63	
65 RESPIRATORY THERAPY	44,149,459	0.000503	0.000503	9,011,223	4,533	1,489,534	749	65	
66 PHYSICAL THERAPY	5,297,831			2,190,370		34,441		66	
69 ELECTROCARDIOLOGY	22,054,645			4,845,987		5,161,988		69	
70 ELECTROENCEPHALOGRAPHY	1,147,271			287,844		27,418		70	
71 MEDICAL SUPPLIES CHRGD TO P	121,810,241			34,466,433		11,031,101		71	
72 IMPL. DEV. CHARGED TO PATIEN	74,263,441			20,469,093		8,142,310		72	
73 DRUGS CHARGED TO PATIENTS	88,788,767			26,111,391		6,124,516		73	
74 RENAL DIALYSIS	1,644,712			955,082		26,292		74	
76 GI LAB	7,942,478			782,638		1,721,450		76	
76.01 MRI	21,505,122			2,751,249		6,239,092		76.01	
76.02 CT SCAN	40,787,922			6,872,000		7,091,378		76.02	
76.03 CARDIAC CATHETERIZATION	14,326,598			4,145,904		1,986,649		76.03	
76.04 PRIMARY PREVENTION PROGRAM								76.04	
76.05 WOMEN'S HEALTH ADVANTAGE								76.05	
76.07 OUTPATIENT DETOX								76.07	
76.08 SPECIAL SURGICAL SERVICES	1,899,495			694		971,695		76.08	
76.10 GENETIC SERVICES	681,160			17,736		14,180		76.10	
76.11 RADIOLOGY								76.11	
76.12 OUTPATIENT PSYCH SERVICES								76.12	
76.97 CARDIAC REHABILITATION								76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01 PAIN CENTER	7,589,532			89,842		3,136,592		90.01	
90.02 ANTENATAL TEST CENTER	4,217,389			8,261		21,312		90.02	
90.03 CHILD PSYCHIATRIC CLINIC	566,920							90.03	
91 EMERGENCY	53,489,999	0.015021	0.015021	7,963,205	119,615	5,799,297	87,111	91	
92 OBSERVATION BEDS	7,480,232	0.001412	0.001412	118,534	167	897,480	1,267	92	
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES								95	
98 AIR AMBULANCE								98	
200 TOTAL (SUM OF LINES 50-199)	709,026,571			166,094,251	277,035	80,172,057	186,103	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206226	4,917,921			1,014,203			50
51 RECOVERY ROOM	0.323687	485,710			157,218			51
52 DELIVERY ROOM & LABOR ROOM	0.640866	12,365			7,924			52
53 ANESTHESIOLOGY	0.337105	1,012,292			341,249			53
54 RADIOLOGY-DIAGNOSTIC	0.155476	5,938,639			923,316			54
55 RADIOLOGY-THERAPEUTIC	0.234769	4,264,808			1,001,245			55
56 RADIOISOTOPE	0.212215	2,099,086			445,458			56
60 LABORATORY	0.247773	807,431			200,060			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293	717,080			151,514			63
65 RESPIRATORY THERAPY	0.161481	1,489,534			240,531			65
66 PHYSICAL THERAPY	0.469264	34,441			16,162			66
69 ELECTROCARDIOLOGY	0.134281	5,161,988			693,157			69
70 ELECTROENCEPHALOGRAPHY	0.188640	27,418			5,172			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.282391	11,031,101			3,115,084			71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969	8,142,310			2,271,452			72
73 DRUGS CHARGED TO PATIENTS	0.271333	6,124,516		83,703	1,661,783		22,711	73
74 RENAL DIALYSIS	0.582917	26,292			15,326			74
76 GI LAB	0.275921	1,721,450			474,984			76
76.01 MRI	0.109876	6,239,092			685,526			76.01
76.02 CT SCAN	0.059367	7,091,378			420,994			76.02
76.03 CARDIAC CATHETERIZATION	0.187514	1,986,649			372,525			76.03
76.04 PRIMARY PREVENTION PROGRAM								76.04
76.05 WOMEN'S HEALTH ADVANTAGE								76.05
76.07 OUTPATIENT DETOX								76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265	971,695			308,285			76.08
76.10 GENETIC SERVICES	1.871635	14,180			26,540			76.10
76.11 RADIOLOGY								76.11
76.12 OUTPATIENT PSYCH SERVICES								76.12
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 PAIN CENTER	0.218676	3,136,592			685,897			90.01
90.02 ANTENATAL TEST CENTER	0.271287	21,312			5,782			90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471							90.03
91 EMERGENCY	0.282854	5,799,297			1,640,354			91
92 OBSERVATION BEDS	0.563370	897,480			505,613			92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.840198							95
98 AIR AMBULANCE								98
200 SUBTOTAL (SEE INSTRUCTIONS)		80,172,057		83,703	17,387,354		22,711	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		80,172,057		83,703	17,387,354		22,711	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S239) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,502,337	41,237,514	0.036431	50
51	RECOVERY ROOM	75,066	6,974,195	0.010763	51
52	DELIVERY ROOM & LABOR ROOM	340,548	10,245,742	0.033238	52
53	ANESTHESIOLOGY	209,342	8,761,896	0.023892	53
54	RADIOLOGY-DIAGNOSTIC	629,979	36,836,776	0.017102	9,999 171 54
55	RADIOLOGY-THERAPEUTIC	443,262	8,048,801	0.055072	55
56	RADIOISOTOPE	87,064	6,567,985	0.013256	56
60	LABORATORY	925,079	57,414,030	0.016112	210,266 3,388 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	57,716	13,296,418	0.004341	63
65	RESPIRATORY THERAPY	393,219	44,149,459	0.008907	602 5 65
66	PHYSICAL THERAPY	60,795	5,297,831	0.011475	1,409 16 66
69	ELECTROCARDIOLOGY	260,276	22,054,645	0.011801	4,230 50 69
70	ELECTROENCEPHALOGRAPHY	33,286	1,147,271	0.029013	928 27 70
71	MEDICAL SUPPLIES CHRGD TO PA	687,302	121,810,241	0.005642	98 1 71
72	IMPL. DEV. CHARGED TO PATIENT	614,649	74,263,441	0.008277	72
73	DRUGS CHARGED TO PATIENTS	851,472	88,788,767	0.009590	177,433 1,702 73
74	RENAL DIALYSIS	45,651	1,644,712	0.027756	74
76	GI LAB	191,431	7,942,478	0.024102	76
76.01	MRI	473,717	21,505,122	0.022028	11,451 252 76.01
76.02	CT SCAN	292,211	40,787,922	0.007164	18,736 134 76.02
76.03	CARDIAC CATHETERIZATION	514,278	14,326,598	0.035897	76.03
76.04	PRIMARY PREVENTION PROGRAM				76.04
76.05	WOMEN'S HEALTH ADVANTAGE	5,585			76.05
76.07	OUTPATIENT DETOX				76.07
76.08	SPECIAL SURGICAL SERVICES	16,459	1,899,495	0.008665	76.08
76.10	GENETIC SERVICES	123,853	681,160	0.181827	76.10
76.11	CARDIOLOGY				76.11
76.12	OUTPATIENT PSYCH SERVICES				76.12
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	PAIN CENTER	84,080	7,589,532	0.011078	90.01
90.02	ANTENATAL TEST CENTER	125,732	4,217,389	0.029813	90.02
90.03	CHILD PSYCHIATRIC CLINIC	21,275	566,920	0.037527	90.03
91	EMERGENCY	832,608	53,489,999	0.015566	142,767 2,222 91
92	OBSERVATION BEDS	188,646	7,480,232	0.025219	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
98	AIR AMBULANCE				98
200	TOTAL (SUM OF LINES 50-199)	10,086,918	709,026,571	709,026,571	577,919 7,968 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S239) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM		152,150		152,150	152,150	50		
51	RECOVERY ROOM						51		
52	DELIVERY ROOM & LABOR ROOM		29,062		29,062	29,062	52		
53	ANESTHESIOLOGY						53		
54	RADIOLOGY-DIAGNOSTIC		488,759		488,759	488,759	54		
55	RADIOLOGY-THERAPEUTIC						55		
56	RADIOISOTOPE						56		
60	LABORATORY						60		
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30		
63	BLOOD STORING, PROCESSING & T						63		
65	RESPIRATORY THERAPY		22,224		22,224	22,224	65		
66	PHYSICAL THERAPY						66		
69	ELECTROCARDIOLOGY						69		
70	ELECTROENCEPHALOGRAPHY						70		
71	MEDICAL SUPPLIES CHRGD TO PA						71		
72	IMPL. DEV. CHARGED TO PATIENT						72		
73	DRUGS CHARGED TO PATIENTS						73		
74	RENAL DIALYSIS						74		
76	GI LAB						76		
76.01	MRI						76.01		
76.02	CT SCAN						76.02		
76.03	CARDIAC CATHETERIZATION						76.03		
76.04	PRIMARY PREVENTION PROGRAM						76.04		
76.05	WOMEN'S HEALTH ADVANTAGE						76.05		
76.07	OUTPATIENT DETOX						76.07		
76.08	SPECIAL SURGICAL SERVICES						76.08		
76.10	GENETIC SERVICES						76.10		
76.11	CARDIOLOGY						76.11		
76.12	OUTPATIENT PSYCH SERVICES						76.12		
76.97	CARDIAC REHABILITATION						76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
90.01	PAIN CENTER						90.01		
90.02	ANTENATAL TEST CENTER						90.02		
90.03	CHILD PSYCHIATRIC CLINIC						90.03		
91	EMERGENCY		803,486		803,486	803,486	91		
92	OBSERVATION BEDS						92		
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES						95		
98	AIR AMBULANCE						98		
200	TOTAL (SUM OF LINES 50-199)		1,495,681		1,495,681	1,495,681	200		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	41,237,514	0.003690	0.003690				50
51 RECOVERY ROOM	6,974,195						51
52 DELIVERY ROOM & LABOR ROOM	10,245,742	0.002836	0.002836				52
53 ANESTHESIOLOGY	8,761,896						53
54 RADIOLOGY-DIAGNOSTIC	36,836,776	0.013268	0.013268	9,999	133		54
55 RADIOLOGY-THERAPEUTIC	8,048,801						55
56 RADIOISOTOPE	6,567,985						56
60 LABORATORY	57,414,030			210,266			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	13,296,418						63
65 RESPIRATORY THERAPY	44,149,459	0.000503	0.000503	602			65
66 PHYSICAL THERAPY	5,297,831			1,409			66
69 ELECTROCARDIOLOGY	22,054,645			4,230			69
70 ELECTROENCEPHALOGRAPHY	1,147,271			928			70
71 MEDICAL SUPPLIES CHRGD TO P	121,810,241			98			71
72 IMPL. DEV. CHARGED TO PATIEN	74,263,441						72
73 DRUGS CHARGED TO PATIENTS	88,788,767			177,433			73
74 RENAL DIALYSIS	1,644,712						74
76 GI LAB	7,942,478						76
76.01 MRI	21,505,122			11,451			76.01
76.02 CT SCAN	40,787,922			18,736			76.02
76.03 CARDIAC CATHETERIZATION	14,326,598						76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES	1,899,495						76.08
76.10 GENETIC SERVICES	681,160						76.10
76.11 RADIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER	7,589,532						90.01
90.02 ANTENATAL TEST CENTER	4,217,389						90.02
90.03 CHILD PSYCHIATRIC CLINIC	566,920						90.03
91 EMERGENCY	53,489,999	0.015021	0.015021	142,767	2,145		91
92 OBSERVATION BEDS	7,480,232						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)	709,026,571			577,919	2,278		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S239) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206226						50
51 RECOVERY ROOM	0.323687						51
52 DELIVERY ROOM & LABOR ROOM	0.640866						52
53 ANESTHESIOLOGY	0.337105						53
54 RADIOLOGY-DIAGNOSTIC	0.155476						54
55 RADIOLOGY-THERAPEUTIC	0.234769						55
56 RADIOISOTOPE	0.212215						56
60 LABORATORY	0.247773						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293						63
65 RESPIRATORY THERAPY	0.161481						65
66 PHYSICAL THERAPY	0.469264						66
69 ELECTROCARDIOLOGY	0.134281						69
70 ELECTROENCEPHALOGRAPHY	0.188640						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.282391						71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969						72
73 DRUGS CHARGED TO PATIENTS	0.271333						73
74 RENAL DIALYSIS	0.582917						74
76 GI LAB	0.275921						76
76.01 MRI	0.109876						76.01
76.02 CT SCAN	0.059367						76.02
76.03 CARDIAC CATHETERIZATION	0.187514						76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265						76.08
76.10 GENETIC SERVICES	1.871635						76.10
76.11 RADIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER	0.218676						90.01
90.02 ANTENATAL TEST CENTER	0.271287						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471						90.03
91 EMERGENCY	0.282854						91
92 OBSERVATION BEDS	0.563370						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.840198						95
98 AIR AMBULANCE							98
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,509,919		2,509,919	52,541	47.77	10,394	496,521 30
31 INTENSIVE CARE UNIT	326,331		326,331	5,545	58.85	1,000	58,850 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NEONATAL INTENSIVE CARE	463,075		463,075	12,351	37.49	6,189	232,026 34.01
34.02 PEDIATRIC INTENSIVE CARE	80,371		80,371	1,284	62.59	583	36,490 34.02
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	137,969		137,969	3,100	44.51	600	26,706 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	101,155		101,155	2,928	34.55	2,574	88,932 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,618,820		3,618,820	77,749		21,340	939,525 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0239) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,502,337	41,237,514	0.036431		50
51 RECOVERY ROOM	75,066	6,974,195	0.010763		51
52 DELIVERY ROOM & LABOR ROOM	340,548	10,245,742	0.033238		52
53 ANESTHESIOLOGY	209,342	8,761,896	0.023892		53
54 RADIOLOGY-DIAGNOSTIC	629,979	36,836,776	0.017102		54
55 RADIOLOGY-THERAPEUTIC	443,262	8,048,801	0.055072		55
56 RADIOISOTOPE	87,064	6,567,985	0.013256		56
60 LABORATORY	925,079	57,414,030	0.016112		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	57,716	13,296,418	0.004341		63
65 RESPIRATORY THERAPY	393,219	44,149,459	0.008907		65
66 PHYSICAL THERAPY	60,795	5,297,831	0.011475		66
69 ELECTROCARDIOLOGY	260,276	22,054,645	0.011801		69
70 ELECTROENCEPHALOGRAPHY	33,286	1,147,271	0.029013		70
71 MEDICAL SUPPLIES CHRGD TO PA	687,302	121,810,241	0.005642		71
72 IMPL. DEV. CHARGED TO PATIENT	614,649	74,263,441	0.008277		72
73 DRUGS CHARGED TO PATIENTS	851,472	88,788,767	0.009590		73
74 RENAL DIALYSIS	45,651	1,644,712	0.027756		74
76 GI LAB	191,431	7,942,478	0.024102		76
76.01 MRI	473,717	21,505,122	0.022028		76.01
76.02 CT SCAN	292,211	40,787,922	0.007164		76.02
76.03 CARDIAC CATHETERIZATION	514,278	14,326,598	0.035897		76.03
76.04 PRIMARY PREVENTION PROGRAM					76.04
76.05 WOMEN'S HEALTH ADVANTAGE	5,585				76.05
76.07 OUTPATIENT DETOX					76.07
76.08 SPECIAL SURGICAL SERVICES	16,459	1,899,495	0.008665		76.08
76.10 GENETIC SERVICES	123,853	681,160	0.181827		76.10
76.11 RADIOLOGY					76.11
76.12 OUTPATIENT PSYCH SERVICES					76.12
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PAIN CENTER	84,080	7,589,532	0.011078		90.01
90.02 ANTENATAL TEST CENTER	125,732	4,217,389	0.029813		90.02
90.03 CHILD PSYCHIATRIC CLINIC	21,275	566,920	0.037527		90.03
91 EMERGENCY	832,608	53,489,999	0.015566		91
92 OBSERVATION BEDS	188,646	7,480,232	0.025219		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-199)	10,086,918	709,026,571	709,026,571		200

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 14:18

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		140,500			140,500	30
31 INTENSIVE CARE UNIT		70,842			70,842	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 NEONATAL INTENSIVE CARE		28,325			28,325	34.01
34.02 PEDIATRIC INTENSIVE CARE		2,945			2,945	34.02
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		7,109			7,109	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY		6,715			6,715	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		256,436			256,436	200

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	52,541	2.67	10,394	27,752	30
31 INTENSIVE CARE UNIT	5,545	12.78	1,000	12,780	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NEONATAL INTENSIVE CARE	12,351	2.29	6,189	14,173	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,284	2.29	583	1,335	34.02
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,100	2.29	600	1,374	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,928	2.29	2,574	5,894	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,749		21,340	63,308	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			152,150		152,150	152,150	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM			29,062		29,062	29,062	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			488,759		488,759	488,759	54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			22,224		22,224	22,224	65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 GI LAB							76
76.01 MRI							76.01
76.02 CT SCAN							76.02
76.03 CARDIAC CATHETERIZATION							76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES							76.08
76.10 GENETIC SERVICES							76.10
76.11 CARDIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER							90.01
90.02 ANTENATAL TEST CENTER							90.02
90.03 CHILD PSYCHIATRIC CLINIC							90.03
91 EMERGENCY			803,486		803,486	803,486	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)			1,495,681		1,495,681	1,495,681	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	41,237,514	0.003690	0.003690					50
51 RECOVERY ROOM	6,974,195							51
52 DELIVERY ROOM & LABOR ROOM	10,245,742	0.002836	0.002836					52
53 ANESTHESIOLOGY	8,761,896							53
54 RADIOLOGY-DIAGNOSTIC	36,836,776	0.013268	0.013268					54
55 RADIOLOGY-THERAPEUTIC	8,048,801							55
56 RADIOISOTOPE	6,567,985							56
60 LABORATORY	57,414,030							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	13,296,418							63
65 RESPIRATORY THERAPY	44,149,459	0.000503	0.000503					65
66 PHYSICAL THERAPY	5,297,831							66
69 ELECTROCARDIOLOGY	22,054,645							69
70 ELECTROENCEPHALOGRAPHY	1,147,271							70
71 MEDICAL SUPPLIES CHRGED TO P	121,810,241							71
72 IMPL. DEV. CHARGED TO PATIEN	74,263,441							72
73 DRUGS CHARGED TO PATIENTS	88,788,767							73
74 RENAL DIALYSIS	1,644,712							74
76 GI LAB	7,942,478							76
76.01 MRI	21,505,122							76.01
76.02 CT SCAN	40,787,922							76.02
76.03 CARDIAC CATHETERIZATION	14,326,598							76.03
76.04 PRIMARY PREVENTION PROGRAM								76.04
76.05 WOMEN'S HEALTH ADVANTAGE								76.05
76.07 OUTPATIENT DETOX								76.07
76.08 SPECIAL SURGICAL SERVICES	1,899,495							76.08
76.10 GENETIC SERVICES	681,160							76.10
76.11 RADIOLOGY								76.11
76.12 OUTPATIENT PSYCH SERVICES								76.12
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 PAIN CENTER	7,589,532							90.01
90.02 ANTENATAL TEST CENTER	4,217,389							90.02
90.03 CHILD PSYCHIATRIC CLINIC	566,920							90.03
91 EMERGENCY	53,489,999	0.015021	0.015021					91
92 OBSERVATION BEDS	7,480,232							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	5,151,921							95
98 AIR AMBULANCE								98
200 TOTAL (SUM OF LINES 50-199)	709,026,571							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206226						50
51 RECOVERY ROOM	0.323687						51
52 DELIVERY ROOM & LABOR ROOM	0.640866						52
53 ANESTHESIOLOGY	0.337105						53
54 RADIOLOGY-DIAGNOSTIC	0.155476						54
55 RADIOLOGY-THERAPEUTIC	0.234769						55
56 RADIOISOTOPE	0.212215						56
60 LABORATORY	0.247773						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293						63
65 RESPIRATORY THERAPY	0.161481						65
66 PHYSICAL THERAPY	0.469264						66
69 ELECTROCARDIOLOGY	0.134281						69
70 ELECTROENCEPHALOGRAPHY	0.188640						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.282391						71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969						72
73 DRUGS CHARGED TO PATIENTS	0.271333						73
74 RENAL DIALYSIS	0.582917						74
76 GI LAB	0.275921						76
76.01 MRI	0.109876						76.01
76.02 CT SCAN	0.059367						76.02
76.03 CARDIAC CATHETERIZATION	0.187514						76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265						76.08
76.10 GENETIC SERVICES	1.871635						76.10
76.11 RADIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER	0.218676						90.01
90.02 ANTENATAL TEST CENTER	0.271287						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471						90.03
91 EMERGENCY	0.282854						91
92 OBSERVATION BEDS	0.563370						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.840198						95
98 AIR AMBULANCE							98
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S239) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,502,337	41,237,514	0.036431	50
51	RECOVERY ROOM	75,066	6,974,195	0.010763	51
52	DELIVERY ROOM & LABOR ROOM	340,548	10,245,742	0.033238	52
53	ANESTHESIOLOGY	209,342	8,761,896	0.023892	53
54	RADIOLOGY-DIAGNOSTIC	629,979	36,836,776	0.017102	54
55	RADIOLOGY-THERAPEUTIC	443,262	8,048,801	0.055072	55
56	RADIOISOTOPE	87,064	6,567,985	0.013256	56
60	LABORATORY	925,079	57,414,030	0.016112	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	57,716	13,296,418	0.004341	63
65	RESPIRATORY THERAPY	393,219	44,149,459	0.008907	65
66	PHYSICAL THERAPY	60,795	5,297,831	0.011475	66
69	ELECTROCARDIOLOGY	260,276	22,054,645	0.011801	69
70	ELECTROENCEPHALOGRAPHY	33,286	1,147,271	0.029013	70
71	MEDICAL SUPPLIES CHRGD TO PA	687,302	121,810,241	0.005642	71
72	IMPL. DEV. CHARGED TO PATIENT	614,649	74,263,441	0.008277	72
73	DRUGS CHARGED TO PATIENTS	851,472	88,788,767	0.009590	73
74	RENAL DIALYSIS	45,651	1,644,712	0.027756	74
76	GI LAB	191,431	7,942,478	0.024102	76
76.01	MRI	473,717	21,505,122	0.022028	76.01
76.02	CT SCAN	292,211	40,787,922	0.007164	76.02
76.03	CARDIAC CATHETERIZATION	514,278	14,326,598	0.035897	76.03
76.04	PRIMARY PREVENTION PROGRAM				76.04
76.05	WOMEN'S HEALTH ADVANTAGE	5,585			76.05
76.07	OUTPATIENT DETOX				76.07
76.08	SPECIAL SURGICAL SERVICES	16,459	1,899,495	0.008665	76.08
76.10	GENETIC SERVICES	123,853	681,160	0.181827	76.10
76.11	CARDIOLOGY				76.11
76.12	OUTPATIENT PSYCH SERVICES				76.12
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	PAIN CENTER	84,080	7,589,532	0.011078	90.01
90.02	ANTENATAL TEST CENTER	125,732	4,217,389	0.029813	90.02
90.03	CHILD PSYCHIATRIC CLINIC	21,275	566,920	0.037527	90.03
91	EMERGENCY	832,608	53,489,999	0.015566	91
92	OBSERVATION BEDS	188,646	7,480,232	0.025219	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
98	AIR AMBULANCE				98
200	TOTAL (SUM OF LINES 50-199)	10,086,918	709,026,571	709,026,571	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			152,150		152,150	152,150	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM			29,062		29,062	29,062	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			488,759		488,759	488,759	54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			22,224		22,224	22,224	65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 GI LAB							76
76.01 MRI							76.01
76.02 CT SCAN							76.02
76.03 CARDIAC CATHETERIZATION							76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES							76.08
76.10 GENETIC SERVICES							76.10
76.11 CARDIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER							90.01
90.02 ANTENATAL TEST CENTER							90.02
90.03 CHILD PSYCHIATRIC CLINIC							90.03
91 EMERGENCY			803,486		803,486	803,486	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)			1,495,681		1,495,681	1,495,681	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	41,237,514	0.003690	0.003690					50
51 RECOVERY ROOM	6,974,195							51
52 DELIVERY ROOM & LABOR ROOM	10,245,742	0.002836	0.002836					52
53 ANESTHESIOLOGY	8,761,896							53
54 RADIOLOGY-DIAGNOSTIC	36,836,776	0.013268	0.013268					54
55 RADIOLOGY-THERAPEUTIC	8,048,801							55
56 RADIOISOTOPE	6,567,985							56
60 LABORATORY	57,414,030							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	13,296,418							63
65 RESPIRATORY THERAPY	44,149,459	0.000503	0.000503					65
66 PHYSICAL THERAPY	5,297,831							66
69 ELECTROCARDIOLOGY	22,054,645							69
70 ELECTROENCEPHALOGRAPHY	1,147,271							70
71 MEDICAL SUPPLIES CHRGED TO P	121,810,241							71
72 IMPL. DEV. CHARGED TO PATIEN	74,263,441							72
73 DRUGS CHARGED TO PATIENTS	88,788,767							73
74 RENAL DIALYSIS	1,644,712							74
76 GI LAB	7,942,478							76
76.01 MRI	21,505,122							76.01
76.02 CT SCAN	40,787,922							76.02
76.03 CARDIAC CATHETERIZATION	14,326,598							76.03
76.04 PRIMARY PREVENTION PROGRAM								76.04
76.05 WOMEN'S HEALTH ADVANTAGE								76.05
76.07 OUTPATIENT DETOX								76.07
76.08 SPECIAL SURGICAL SERVICES	1,899,495							76.08
76.10 GENETIC SERVICES	681,160							76.10
76.11 RADIOLOGY								76.11
76.12 OUTPATIENT PSYCH SERVICES								76.12
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 PAIN CENTER	7,589,532							90.01
90.02 ANTENATAL TEST CENTER	4,217,389							90.02
90.03 CHILD PSYCHIATRIC CLINIC	566,920							90.03
91 EMERGENCY	53,489,999	0.015021	0.015021					91
92 OBSERVATION BEDS	7,480,232							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	5,151,921							95
98 AIR AMBULANCE								98
200 TOTAL (SUM OF LINES 50-199)	709,026,571							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S239) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206226						50
51 RECOVERY ROOM	0.323687						51
52 DELIVERY ROOM & LABOR ROOM	0.640866						52
53 ANESTHESIOLOGY	0.337105						53
54 RADIOLOGY-DIAGNOSTIC	0.155476						54
55 RADIOLOGY-THERAPEUTIC	0.234769						55
56 RADIOISOTOPE	0.212215						56
60 LABORATORY	0.247773						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293						63
65 RESPIRATORY THERAPY	0.161481						65
66 PHYSICAL THERAPY	0.469264						66
69 ELECTROCARDIOLOGY	0.134281						69
70 ELECTROENCEPHALOGRAPHY	0.188640						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.282391						71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969						72
73 DRUGS CHARGED TO PATIENTS	0.271333						73
74 RENAL DIALYSIS	0.582917						74
76 GI LAB	0.275921						76
76.01 MRI	0.109876						76.01
76.02 CT SCAN	0.059367						76.02
76.03 CARDIAC CATHETERIZATION	0.187514						76.03
76.04 PRIMARY PREVENTION PROGRAM							76.04
76.05 WOMEN'S HEALTH ADVANTAGE							76.05
76.07 OUTPATIENT DETOX							76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265						76.08
76.10 GENETIC SERVICES	1.871635						76.10
76.11 RADIOLOGY							76.11
76.12 OUTPATIENT PSYCH SERVICES							76.12
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PAIN CENTER	0.218676						90.01
90.02 ANTENATAL TEST CENTER	0.271287						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471						90.03
91 EMERGENCY	0.282854						91
92 OBSERVATION BEDS	0.563370						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.840198						95
98 AIR AMBULANCE							98
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0239) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX-INPT IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	52,541	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,541	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41,757	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,784	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,395	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	56,068,688	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	56,068,688	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44,735,216	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	44,735,216	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.253346	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	4,148.30	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	56,068,688	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0239) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,067.14 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,898,600 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 23,898,600 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	10,755,385	5,545	1,939.65	2,556	4,957,745	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NEONATAL INTENSIVE CARE	12,882,538	12,351	1,043.04			46.01
46.02 PEDIATRIC INTENSIVE CARE	2,290,127	1,284	1,783.59			46.02
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					40,637,303	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					69,493,648	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,312,691 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,368,729 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,681,420 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 65,812,228 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,949 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,067.14 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,214,136 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,509,919	56,068,688	0.044765	4,214,136	188,646	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	140,500	56,068,688	0.002506	4,214,136	10,561	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S239) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,100	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,100	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,100	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	848	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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		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		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,702,279	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,702,279	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,055,947	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,055,947	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.211500	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	985.79	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,702,279	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S239)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,194.28 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,012,749 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,012,749 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	146,357 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,159,106 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	39,686 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	10,246 51
52	TOTAL PROGRAM EXCLUDABLE COST	49,932 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,109,174 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	52,541	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,541	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41,757	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,784	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,394	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,928	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,574	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	56,068,688	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	56,068,688	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44,735,216	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	44,735,216	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.253346	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	4,148.30	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	56,068,688	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,067.14 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,091,853 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 11,091,853 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	5,142,700	2,928	1,756.39	2,574	4,520,948 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,746,548	5,545	1,938.06	1,000	1,938,060 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
46.01 NEONATAL INTENSIVE CARE	12,846,088	12,351	1,040.08	6,189	6,437,055 46.01
46.02 PEDIATRIC INTENSIVE CARE	2,271,307	1,284	1,768.93	583	1,031,286 46.02
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					25,019,202 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 974,753 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 974,753 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,949 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S239) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,100	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,100	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,100	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	600	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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		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		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,702,279	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,702,279	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,055,947	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,055,947	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.211500	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	985.79	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,702,279	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S239)			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,194.28	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	716,568.39	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	716,568.41	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	716,568.49	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	28,080.50	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	28,080.52	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		21,323,449			30
31 INTENSIVE CARE UNIT		7,831,015			31
34.01 NEONATAL INTENSIVE CARE					34.01
34.02 PEDIATRIC INTENSIVE CARE					34.02
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.215141	9,291,185	1,998,915		50
51 RECOVERY ROOM	0.323687	1,748,089	565,834		51
52 DELIVERY ROOM & LABOR ROOM	0.707562	65,078	46,047		52
53 ANESTHESIOLOGY	0.418782	1,790,684	749,906		53
54 RADIOLOGY-DIAGNOSTIC	0.155476	8,912,481	1,385,677		54
55 RADIOLOGY-THERAPEUTIC	0.234769	161,644	37,949		55
56 RADIOISOTOPE	0.212215	1,038,040	220,288		56
60 LABORATORY	0.247773	16,836,908	4,171,731		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293	5,162,656	1,090,833		63
65 RESPIRATORY THERAPY	0.161870	9,011,223	1,458,647		65
66 PHYSICAL THERAPY	0.469264	2,190,370	1,027,862		66
69 ELECTROCARDIOLOGY	0.134281	4,845,987	650,724		69
70 ELECTROENCEPHALOGRAPHY	0.188640	287,844	54,299		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.282391	34,466,433	9,733,010		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.278969	20,469,093	5,710,242		72
73 DRUGS CHARGED TO PATIENTS	0.271333	26,111,391	7,084,882		73
74 RENAL DIALYSIS	0.582917	955,082	556,734		74
76 GI LAB	0.275921	782,638	215,946		76
76.01 MRI	0.109876	2,751,249	302,296		76.01
76.02 CT SCAN	0.059367	6,872,000	407,970		76.02
76.03 CARDIAC CATHETERIZATION	0.187514	4,145,904	777,415		76.03
76.04 PRIMARY PREVENTION PROGRAM					76.04
76.05 WOMEN'S HEALTH ADVANTAGE					76.05
76.07 OUTPATIENT DETOX					76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265	694	220		76.08
76.10 GENETIC SERVICES	1.871635	17,736	33,195		76.10
76.11 RADIOLOGY					76.11
76.12 OUTPATIENT PSYCH SERVICES					76.12
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PAIN CENTER	0.218676	89,842	19,646		90.01
90.02 ANTENATAL TEST CENTER	0.271287	8,261	2,241		90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471				90.03
91 EMERGENCY	0.284812	7,963,205	2,268,016		91
92 OBSERVATION BEDS	0.563370	118,534	66,778		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		166,094,251	40,637,303		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		166,094,251			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S239) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
34.01 NEONATAL INTENSIVE CARE					34.01
34.02 PEDIATRIC INTENSIVE CARE					34.02
40 SUBPROVIDER - IPF		1,148,535			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.215141				50
51 RECOVERY ROOM	0.323687				51
52 DELIVERY ROOM & LABOR ROOM	0.707562				52
53 ANESTHESIOLOGY	0.418782				53
54 RADIOLOGY-DIAGNOSTIC	0.155476	9,999	1,555		54
55 RADIOLOGY-THERAPEUTIC	0.234769				55
56 RADIOISOTOPE	0.212215				56
60 LABORATORY	0.247773	210,266	52,098		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293				63
65 RESPIRATORY THERAPY	0.161870	602	97		65
66 PHYSICAL THERAPY	0.469264	1,409	661		66
69 ELECTROCARDIOLOGY	0.134281	4,230	568		69
70 ELECTROENCEPHALOGRAPHY	0.188640	928	175		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.282391	98	28		71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969				72
73 DRUGS CHARGED TO PATIENTS	0.271333	177,433	48,143		73
74 RENAL DIALYSIS	0.582917				74
76 GI LAB	0.275921				76
76.01 MRI	0.109876	11,451	1,258		76.01
76.02 CT SCAN	0.059367	18,736	1,112		76.02
76.03 CARDIAC CATHETERIZATION	0.187514				76.03
76.04 PRIMARY PREVENTION PROGRAM					76.04
76.05 WOMEN'S HEALTH ADVANTAGE					76.05
76.07 OUTPATIENT DETOX					76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265				76.08
76.10 GENETIC SERVICES	1.871635				76.10
76.11 RADIOLOGY					76.11
76.12 OUTPATIENT PSYCH SERVICES					76.12
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PAIN CENTER	0.218676				90.01
90.02 ANTENATAL TEST CENTER	0.271287				90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471				90.03
91 EMERGENCY	0.284812	142,767	40,662		91
92 OBSERVATION BEDS	0.563370				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		577,919	146,357		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		577,919			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0239) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
34.01 NEONATAL INTENSIVE CARE				34.01
34.02 PEDIATRIC INTENSIVE CARE				34.02
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206226			50
51 RECOVERY ROOM	0.323687			51
52 DELIVERY ROOM & LABOR ROOM	0.640866			52
53 ANESTHESIOLOGY	0.337105			53
54 RADIOLOGY-DIAGNOSTIC	0.155476			54
55 RADIOLOGY-THERAPEUTIC	0.234769			55
56 RADIOISOTOPE	0.212215			56
60 LABORATORY	0.247773			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293			63
65 RESPIRATORY THERAPY	0.161481			65
66 PHYSICAL THERAPY	0.469264			66
69 ELECTROCARDIOLOGY	0.134281			69
70 ELECTROENCEPHALOGRAPHY	0.188640			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.282391			71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969			72
73 DRUGS CHARGED TO PATIENTS	0.271333			73
74 RENAL DIALYSIS	0.582917			74
76 GI LAB	0.275921			76
76.01 MRI	0.109876			76.01
76.02 CT SCAN	0.059367			76.02
76.03 CARDIAC CATHETERIZATION	0.187514			76.03
76.04 PRIMARY PREVENTION PROGRAM				76.04
76.05 WOMEN'S HEALTH ADVANTAGE				76.05
76.07 OUTPATIENT DETOX				76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265			76.08
76.10 GENETIC SERVICES	1.871635			76.10
76.11 RADIOLOGY				76.11
76.12 OUTPATIENT PSYCH SERVICES				76.12
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PAIN CENTER	0.218676			90.01
90.02 ANTENATAL TEST CENTER	0.271287			90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471			90.03
91 EMERGENCY	0.282854			91
92 OBSERVATION BEDS	0.563370			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
98 AIR AMBULANCE				98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S239) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
34.01 NEONATAL INTENSIVE CARE				34.01
34.02 PEDIATRIC INTENSIVE CARE				34.02
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206226			50
51 RECOVERY ROOM	0.323687			51
52 DELIVERY ROOM & LABOR ROOM	0.640866			52
53 ANESTHESIOLOGY	0.337105			53
54 RADIOLOGY-DIAGNOSTIC	0.155476			54
55 RADIOLOGY-THERAPEUTIC	0.234769			55
56 RADIOISOTOPE	0.212215			56
60 LABORATORY	0.247773			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.211293			63
65 RESPIRATORY THERAPY	0.161481			65
66 PHYSICAL THERAPY	0.469264			66
69 ELECTROCARDIOLOGY	0.134281			69
70 ELECTROENCEPHALOGRAPHY	0.188640			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.282391			71
72 IMPL. DEV. CHARGED TO PATIENT	0.278969			72
73 DRUGS CHARGED TO PATIENTS	0.271333			73
74 RENAL DIALYSIS	0.582917			74
76 GI LAB	0.275921			76
76.01 MRI	0.109876			76.01
76.02 CT SCAN	0.059367			76.02
76.03 CARDIAC CATHETERIZATION	0.187514			76.03
76.04 PRIMARY PREVENTION PROGRAM				76.04
76.05 WOMEN'S HEALTH ADVANTAGE				76.05
76.07 OUTPATIENT DETOX				76.07
76.08 SPECIAL SURGICAL SERVICES	0.317265			76.08
76.10 GENETIC SERVICES	1.871635			76.10
76.11 CARDIOLOGY				76.11
76.12 OUTPATIENT PSYCH SERVICES				76.12
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PAIN CENTER	0.218676			90.01
90.02 ANTENATAL TEST CENTER	0.271287			90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.488471			90.03
91 EMERGENCY	0.282854			91
92 OBSERVATION BEDS	0.563370			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
98 AIR AMBULANCE				98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0239)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	41,027,568	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,256,296	2
3	MANAGED CARE SIMULATED PAYMENTS	6,950,038	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	280.18	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0494	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3192	31
32	SUM OF LINES 30 AND 31	0.3686	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1962	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	8,049,609	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	52,333,473	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	52,333,473	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,489,598	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0239)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	91,509	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	92,461	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	277,035	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	56,284,076	59
60	PRIMARY PAYER PAYMENTS	72,003	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	56,212,073	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,901,280	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	217,021	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,037,849	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	726,494	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	804,413	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	52,820,266	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (MEDI/MEDI BAD DEBT RETROACTIVE ADJ)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	52,820,266	71
72	INTERIM PAYMENTS	53,887,815	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,067,549	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	672,852	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S239) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0239) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53,887,815		14,508,112	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	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		53,887,815		14,508,112	4

TO BE COMPLETED BY CONTRACTOR

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	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
	.07				
	.08				
	.09				
	.50				
	.51				
	.52				
	.53				
	.54				
	.55				
	.56				
	.57				
	.58				
	.59				
	.99				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		52,820,266		14,442,274	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		DATE:	

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/24/2012 14:18

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0239) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	14,371 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	24,951 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,913 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	67,772 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	829,655,701 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,692,981 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S239)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	652,378	1
2	NET IPF PPS OUTLIER PAYMENT	16,489	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.493151	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	668,867	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	668,867	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	668,867	18
19	DEDUCTIBLES	85,936	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	582,931	20
21	COINSURANCE	13,867	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	569,064	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	46,480	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,536	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	43,197	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	601,600	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	4,220	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	605,820	31
32	INTERIM PAYMENTS	619,264	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	-13,444	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0239) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	25,019,202 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	25,019,202 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	25,019,202 7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	25,019,202 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S239) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	716,568 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	716,568 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	716,568 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	716,568 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	23,303,002			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	58,697,533			4
5 OTHER RECEIVABLES	5,440,996			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	6,499,050			7
8 PREPAID EXPENSES	6,629,820			8
9 OTHER CURRENT ASSETS	9,151,673			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	109,722,074			11
FIXED ASSETS				
12 LAND	2,580,438			12
13 LAND IMPROVEMENTS	6,918,755			13
14 ACCUMULATED DEPRECIATION	-5,390,102			14
15 BUILDINGS	57,535,083			15
16 ACCUMULATED DEPRECIATION	-37,785,111			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	101,588,726			19
20 ACCUMULATED DEPRECIATION	-69,445,097			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	116,744,406			23
24 ACCUMULATED DEPRECIATION	-84,269,133			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	88,477,965			30
OTHER ASSETS				
31 INVESTMENTS	144,753,399			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	20,811,462			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	165,564,861			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	363,764,900			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	12,053,921			37
38 SALARIES, WAGES & FEES PAYABLE	27,730,705			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	3,229,637			40
41 DEFERRED INCOME	11,082,852			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	14,327,814			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	68,424,929			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	68,626,930			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	69,538,710			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	138,165,640			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	206,590,569			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	157,174,331			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	157,174,331			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	363,764,900			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		164,527,772							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		44,245,780							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		208,773,552							3
4 ADDITIONS (CREDIT ADJUSTMENTS)		4,210,000							4
5		67,482							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		4,277,482							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		213,051,034							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 OTHER		55,876,703							13
14									14
15									15
16 OTHER									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		55,876,703							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		157,174,331							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	36,270,048		36,270,048	1
2 SUBPROVIDER IPF	4,182,170		4,182,170	2
3 SUBPROVIDER IRF				3
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 (SUM OF LINES 1-9)	40,452,218		40,452,218	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	14,582,686		14,582,686	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
14.01 NEONATAL INTENSIVE CARE	44,651,843		44,651,843	14.01
14.02 PEDIATRIC INTENSIVE CARE	4,095,882		4,095,882	14.02
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	63,330,411		63,330,411	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	103,782,629		103,782,629	17
18 ANCILLARY SERVICES	11,801,360		11,801,360	18
19 OUTPATIENT SERVICES	405,449,271	297,328,591	702,777,862	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	521,033,260	297,328,591	818,361,851	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		282,379,726	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 PHYSICIAN PRACTICE REVENUE	-305,797		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-305,797		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		282,073,929	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	818,361,851	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	510,800,357	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	307,561,494	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	282,073,929	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	25,487,565	5
OTHER INCOME			
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	REVENUE 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 (OTHER OPERATING INCOME)	23,476,942	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	23,476,942	25
26	TOTAL (LINE 5 PLUS LINE 25)	48,964,507	26
27	OTHER EXPENSES (NON OPERATING LOSS)	4,718,727	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	4,718,727	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	44,245,780	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-023) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,331,679	1
2	CAPITAL DRG OUTLIER PAYMENTS	157,919	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	185.68	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,489,598	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMDICAL ED PROGRAM XRAY					23
23.01 PASTORAL EDUCATION PROGRAM					23.01
23.02 PARAMED EDUC EMT PROGRAM					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
34.01 NEONATAL INTENSIVE CARE					34.01
34.02 PEDIATRIC INTENSIVE CARE					34.02
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 GI LAB					76
76.01 MRI					76.01
76.02 CT SCAN					76.02
76.03 CARDIAC CATHETERIZATION					76.03
76.04 PRIMARY PREVENTION PROGRAM					76.04
76.05 WOMEN'S HEALTH ADVANTAGE					76.05
76.07 OUTPATIENT DETOX					76.07
76.08 SPECIAL SURGICAL SERVICES					76.08
76.10 GENETIC SERVICES					76.10
76.11 RADIOLOGY					76.11
76.12 OUTPATIENT PSYCH SERVICES					76.12
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PAIN CENTER					90.01
90.02 ANTENATAL TEST CENTER					90.02
90.03 CHILD PSYCHIATRIC CLINIC					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 14:18

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES					192
193.01 BELOIT HEART STANDBY					193.01
194 GUEST CENTER					194
194.01 OTHER NONREIMBURSEABLE COST CE					194.01
194.02 COMMUNITY SERVICES					194.02
194.04 AUXILIARY					194.04
194.07 ROCKFORD HEALTH SYSTEM					194.07
194.08 DIALYSIS RENTED SPACE					194.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	42.62		19.78				62.40 30
31 INTENSIVE CARE UNIT	46.10		18.03				64.13 31
34.01 NEONATAL INTENSIVE CARE			50.11				50.11 34.01
34.02 PEDIATRIC INTENSIVE CARE			45.40				45.40 34.02
43 NURSERY			87.91				87.91 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	22.53	11.93					34.46 50
51 RECOVERY ROOM	25.07	6.96					32.03 51
52 DELIVERY ROOM & LABOR ROOM	0.64	0.12					0.76 52
53 ANESTHESIOLOGY	20.44	11.55					31.99 53
54 RADIOLOGY-DIAGNOSTIC	24.19	16.12					40.31 54
55 RADIOLOGY-THERAPEUTIC	2.01	52.99					55.00 55
56 RADIOISOTOPE	15.80	31.96					47.76 56
60 LABORATORY	29.33	1.41					30.74 60
63 BLOOD STORING, PROCESSING & TRA	38.83	5.39					44.22 63
65 RESPIRATORY THERAPY	20.41	3.37					23.78 65
66 PHYSICAL THERAPY	41.34	0.65					41.99 66
69 ELECTROCARDIOLOGY	21.97	23.41					45.38 69
70 ELECTROENCEPHALOGRAPHY	25.09	2.39					27.48 70
71 MEDICAL SUPPLIES CHRGED TO PATI	28.30	9.06					37.36 71
72 IMPL. DEV. CHARGED TO PATIENT	27.56	10.96					38.52 72
73 DRUGS CHARGED TO PATIENTS	29.41	6.99					36.40 73
74 RENAL DIALYSIS	58.07	1.60					59.67 74
76 GI LAB	9.85	21.67					31.52 76
76.01 MRI	12.79	29.01					41.80 76.01
76.02 CT SCAN	16.85	17.39					34.24 76.02
76.03 CARDIAC CATHETERIZATION	28.94	13.87					42.81 76.03
76.08 SPECIAL SURGICAL SERVICES	0.04	51.16					51.20 76.08
76.10 GENETIC SERVICES	2.60	2.08					4.68 76.10
90.01 PAIN CENTER	1.18	41.33					42.51 90.01
90.02 ANTENATAL TEST CENTER	0.20	0.51					0.71 90.02
91 EMERGENCY	14.89	10.84					25.73 91
92 OBSERVATION BEDS	1.58	12.00					13.58 92
200 TOTAL CHARGES	23.26	11.24					34.50 200

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

SUBPROVIDER-IPF

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							
40 SUBPROVIDER - IPF	27.35		19.35				46.70 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.03						0.03 54
60 LABORATORY	0.37						0.37 60
66 PHYSICAL THERAPY	0.03						0.03 66
69 ELECTROCARDIOLOGY	0.02						0.02 69
70 ELECTROENCEPHALOGRAPHY	0.08						0.08 70
73 DRUGS CHARGED TO PATIENTS	0.20						0.20 73
76.01 MRI	0.05						0.05 76.01
76.02 CT SCAN	0.05						0.05 76.02
91 EMERGENCY	0.27						0.27 91
200 TOTAL CHARGES	0.08						0.08 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	2,080,661	0.77	-2,080,661	-1.82		1
2	CAP REL COSTS-MVBLE EQUIP	10,981,419	4.05	-10,981,419	-9.59		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	4,293,214	1.58	-4,293,214	-3.75		4
5	ADMINISTRATIVE & GENERAL	59,379,000	21.89	-59,379,000	-51.88		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	11,852,841	4.37	-11,852,841	-10.36		7
8	LAUNDRY & LINEN SERVICE	1,261,921	0.47	-1,261,921	-1.10		8
9	HOUSEKEEPING	3,336,586	1.23	-3,336,586	-2.92		9
10	DIETARY	1,765,002	0.65	-1,765,002	-1.54		10
11	CAFETERIA	1,872,368	0.69	-1,872,368	-1.64		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	4,184,134	1.54	-4,184,134	-3.66		13
14	CENTRAL SERVICES & SUPPLY	3,352,018	1.24	-3,352,018	-2.93		14
15	PHARMACY	5,324,445	1.96	-5,324,445	-4.65		15
16	MEDICAL RECORDS & LIBRARY	3,335,176	1.23	-3,335,176	-2.91		16
17	SOCIAL SERVICE	494,958	0.18	-494,958	-0.43		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMEDICAL ED PROGRAM XRAY	307,947	0.11	-307,947	-0.27		23
23.01	PASTORAL EDUCATION PROGRAM	68,128	0.03	-68,128	-0.06		23.01
23.02	PARAMED EDUC EMT PROGRAM	569,842	0.21	-569,842	-0.50		23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	31,559,734	11.64	24,508,954	21.41	56,068,688	20.67
31	INTENSIVE CARE UNIT	6,509,562	2.40	4,236,986	3.70	10,746,548	3.96
34.01	NEONATAL INTENSIVE CARE	7,724,290	2.85	5,121,798	4.47	12,846,088	4.74
34.02	PEDIATRIC INTENSIVE CARE	1,319,671	0.49	951,636	0.83	2,271,307	0.84
40	SUBPROVIDER - IPF	1,970,560	0.73	1,731,719	1.51	3,702,279	1.37
43	NURSERY	2,986,368	1.10	2,156,332	1.88	5,142,700	1.90
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,269,325	0.84	6,234,915	5.45	8,504,240	3.14
51	RECOVERY ROOM	1,370,908	0.51	886,548	0.77	2,257,456	0.83
52	DELIVERY ROOM & LABOR ROOM	3,780,533	1.39	2,785,619	2.43	6,566,152	2.42
53	ANESTHESIOLOGY	1,968,581	0.73	985,101	0.86	2,953,682	1.09
54	RADIOLOGY-DIAGNOSTIC	2,567,188	0.95	3,160,029	2.76	5,727,217	2.11
55	RADIOLOGY-THERAPEUTIC	556,596	0.21	1,333,014	1.16	1,889,610	0.70
56	RADIOISOTOPE	895,278	0.33	498,547	0.44	1,393,825	0.51
60	LABORATORY	8,740,173	3.22	5,485,499	4.79	14,225,672	5.24
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	2,031,910	0.75	777,532	0.68	2,809,442	1.04
65	RESPIRATORY THERAPY	4,485,761	1.65	2,643,527	2.31	7,129,288	2.63
66	PHYSICAL THERAPY	1,598,335	0.59	887,746	0.78	2,486,081	0.92
69	ELECTROCARDIOLOGY	1,589,452	0.59	1,372,062	1.20	2,961,514	1.09
70	ELECTROENCEPHALOGRAPHY	104,424	0.04	111,997	0.10	216,421	0.08
71	MEDICAL SUPPLIES CHRGD TO PATI	24,111,931	8.89	10,286,157	8.99	34,398,088	12.68
72	IMPL. DEV. CHARGED TO PATIENT	13,414,966	4.95	7,302,228	6.38	20,717,194	7.64
73	DRUGS CHARGED TO PATIENTS	11,706,605	4.32	12,384,753	10.82	24,091,358	8.88
74	RENAL DIALYSIS	631,307	0.23	327,424	0.29	958,731	0.35
76	GI LAB	1,051,459	0.39	1,140,036	1.00	2,191,495	0.81
76.01	MRI	1,008,627	0.37	1,354,262	1.18	2,362,889	0.87
76.02	CT SCAN	1,260,485	0.46	1,160,988	1.01	2,421,473	0.89
76.03	CARDIAC CATHETERIZATION	1,201,214	0.44	1,485,221	1.30	2,686,435	0.99
76.04	PRIMARY PREVENTION PROGRAM						76.04
76.05	WOMEN'S HEALTH ADVANTAGE						76.05
76.07	OUTPATIENT DETOX						76.07
76.08	SPECIAL SURGICAL SERVICES	368,876	0.14	233,767	0.20	602,643	0.22
76.10	GENETIC SERVICES	599,275	0.22	675,608	0.59	1,274,883	0.47
76.11	CARDIOLOGY						76.11
76.12	OUTPATIENT PSYCH SERVICES						76.12
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.01	PAIN CENTER	894,838	0.33	764,811	0.67	1,659,649	0.61
90.02	ANTENATAL TEST CENTER	496,739	0.18	647,383	0.57	1,144,122	0.42
90.03	CHILD PSYCHIATRIC CLINIC	539,143	0.20	304,701	0.27	843,844	0.31
91	EMERGENCY	8,448,866	3.12	6,681,014	5.84	15,129,880	5.58
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	2,893,204	1.07	1,435,430	1.25	4,328,634	1.60
98	AIR AMBULANCE						98
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
192 PHYSICIANS' PRIVATE OFFICES	1,284,395	0.47	416,670	0.36	1,701,065	0.63	192
193.01 BELOIT HEART STANDBY	83,864	0.03	30,071	0.03	113,935	0.04	193.01
194 GUEST CENTER	206,821	0.08	384,850	0.34	591,671	0.22	194
194.01 OTHER NONREIMBURSEABLE COST CEN							194.01
194.02 COMMUNITY SERVICES	2,036,257	0.75	830,907	0.73	2,867,164	1.06	194.02
194.04 AUXILIARY	496,716	0.18	743,818	0.65	1,240,534	0.46	194.04
194.07 ROCKFORD HEALTH SYSTEM							194.07
194.08 DIALYSIS RENTED SPACE							194.08
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	271,223,897	100.00			271,223,897	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,502,337	41,237,514	0.036431	9,291,185	338,487	50
51 RECOVERY ROOM	75,066	6,974,195	0.010763	1,748,089	18,815	51
52 DELIVERY ROOM & LABOR ROOM	340,548	10,245,742	0.033238	65,078	2,163	52
53 ANESTHESIOLOGY	209,342	8,761,896	0.023892	1,790,684	42,783	53
54 RADIOLOGY-DIAGNOSTIC	629,979	36,836,776	0.017102	8,912,481	152,421	54
55 RADIOLOGY-THERAPEUTIC	443,262	8,048,801	0.055072	161,644	8,902	55
56 RADIOISOTOPE	87,064	6,567,985	0.013256	1,038,040	13,760	56
60 LABORATORY	925,079	57,414,030	0.016112	16,836,908	271,276	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	57,716	13,296,418	0.004341	5,162,656	22,411	63
65 RESPIRATORY THERAPY	393,219	44,149,459	0.008907	9,011,223	80,263	65
66 PHYSICAL THERAPY	60,795	5,297,831	0.011475	2,190,370	25,134	66
69 ELECTROCARDIOLOGY	260,276	22,054,645	0.011801	4,845,987	57,187	69
70 ELECTROENCEPHALOGRAPHY	33,286	1,147,271	0.029013	287,844	8,351	70
71 MEDICAL SUPPLIES CHRGD TO PATI	687,302	121,810,241	0.005642	34,466,433	194,460	71
72 IMPL. DEV. CHARGED TO PATIENT	614,649	74,263,441	0.008277	20,469,093	169,423	72
73 DRUGS CHARGED TO PATIENTS	851,472	88,788,767	0.009590	26,111,391	250,408	73
74 RENAL DIALYSIS	45,651	1,644,712	0.027756	955,082	26,509	74
76 GI LAB	191,431	7,942,478	0.024102	782,638	18,863	76
76.01 MRI	473,717	21,505,122	0.022028	2,751,249	60,605	76.01
76.02 CT SCAN	292,211	40,787,922	0.007164	6,872,000	49,231	76.02
76.03 CARDIAC CATHETERIZATION	514,278	14,326,598	0.035897	4,145,904	148,826	76.03
76.04 PRIMARY PREVENTION PROGRAM						76.04
76.05 WOMEN'S HEALTH ADVANTAGE	5,585					76.05
76.07 OUTPATIENT DETOX						76.07
76.08 SPECIAL SURGICAL SERVICES	16,459	1,899,495	0.008665	694	6	76.08
76.10 GENETIC SERVICES	123,853	681,160	0.181827	17,736	3,225	76.10
76.11 RADIOLOGY						76.11
76.12 OUTPATIENT PSYCH SERVICES						76.12
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PAIN CENTER	84,080	7,589,532	0.011078	89,842	995	90.01
90.02 ANTENATAL TEST CENTER	125,732	4,217,389	0.029813	8,261	246	90.02
90.03 CHILD PSYCHIATRIC CLINIC	21,275	566,920	0.037527			90.03
91 EMERGENCY	832,608	53,489,999	0.015566	7,963,205	123,955	91
92 OBSERVATION BEDS	188,646	7,480,232	0.025219	118,534	2,989	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
98 AIR AMBULANCE						98
200 TOTAL	10,086,918	709,026,571		166,094,251	2,091,694	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT	
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL	
	1	2	3	4	5	6	7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	2,509,919		2,509,919	52,541	47.77	22,395	1,069,809	30
31 INTENSIVE CARE UNIT	326,331		326,331	5,545	58.85	2,556	150,421	31
34.01 NEONATAL INTENSIVE CARE	463,075		463,075	12,351	37.49			34.01
34.02 PEDIATRIC INTENSIVE CARE	80,371		80,371	1,284	62.59			34.02
200 TOTAL	3,379,696		3,379,696	71,721		24,951	1,220,230	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1,220,230

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2,091,694

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3,311,924

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 5,768

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 24,951

PER DISCHARGE CAPITAL COSTS 574.19

PER DIEM CAPITAL COSTS 132.74

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)	65,812,228
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	195,248,715
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.337

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,154,886
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	1,726,454
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.669

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,311,924
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	17,169,756
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	80,111,324
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.214