

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 DATE: 05-23-2013 TIME: 20:43  
 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.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 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 01/01/2012 AND ENDING 12/31/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-1,316,213	1,560			1
2 SUBPROVIDER - IPF		-1,524				2
3 SUBPROVIDER - IRF						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		-1,317,737	1,560			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 (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.	N			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
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

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
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
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
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
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
<b>RURAL PROVIDERS</b>				
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

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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 7,000,000 PAID LOSSES: 7,000,000 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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

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

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.	1 Y	2 149018	140
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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?			144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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. SEE 42 CFR §413.13)

	TITLE XVIII	TITLE	TITLE
	PART A	PART B	V
	1	2	3
155	HOSPITAL	N	N
156	SUBPROVIDER - IPF	N	N
157	SUBPROVIDER - IRF	N	N
158	SUBPROVIDER - (OTHER)	N	N
159	SNF	N	N
160	HHA	N	N
161	CMHC	N	N

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
05/23/2013 20:43

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165  
ENTER 'Y' FOR YES OR 'N' FOR NO.

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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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	
<b>FINANCIAL DATA AND REPORTS</b>					
		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	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		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.	Y		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.			Y 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.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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 N	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)	Y	04/01/2013	Y	04/01/2013 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    |  |

COST REPORT PREPARER CONTACT INFORMATION

- |  |  |                   |    |
|--|--|-------------------|----|
| 41 FIRST NAME: DAVID                       | LAST NAME: PLETCHER                      | TITLE: CONSULTANT | 41 |
| 42 EMPLOYER: STRATEGIC REIMBURSEMENT, INC. |  |                   | 42 |
| 43 PHONE NUMBER: 630-530-7100              | E-MAIL ADDRESS: DAVID.PLETCHER@SRINC.ORG |                   | 43 |





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	104,053,945		104,053,945	3,620,823.55	28.74	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - 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 AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,053,699	133,872	3,187,571	102,691.13	31.04	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,892,522		1,892,522	36,928.22	51.25	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		5,773,041		5,773,041	96,511.00	59.82	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		3,584,961		3,584,961	22,943.50	156.25	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		35,638,241	-1,010,746	34,627,495			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS			1,010,746	1,010,746			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
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		2,569,379		2,569,379	88,266.00	29.11	26
27	ADMINISTRATIVE & GENERAL		14,482,080	-59,593	14,422,487	225,207.00	64.04	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		5,122,100		5,122,100	16,479.57	310.82	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,723,459		2,723,459	117,487.00	23.18	30
31	LAUNDRY & LINEN SERVICE		107,191		107,191	8,867.00	12.09	31
32	HOUSEKEEPING		1,946,142		1,946,142	152,573.00	12.76	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,249,247	-1,511,555	737,692	112,763.00	6.54	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		376,304		376,304	7,520.00	50.04	35
36	CAFETERIA			1,511,555	1,511,555	55,039.00	27.46	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,648,036		2,648,036	82,280.00	32.18	38
39	CENTRAL SERVICES AND SUPPLY		1,288,575		1,288,575	81,543.00	15.80	39
40	PHARMACY		3,720,785		3,720,785	93,792.00	39.67	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,882,348		1,882,348	88,339.00	21.31	41
42	SOCIAL SERVICE		326,609		326,609	9,122.00	35.80	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	109,552,349			109,552,349	3,644,823.12	30.06	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,053,699	133,872		3,187,571	102,691.13	31.04	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	106,498,650	-133,872		106,364,778	3,542,131.99	30.03	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,250,524			11,250,524	156,382.72	71.94	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	35,638,241	-1,010,746		34,627,495		32.56	5
6	TOTAL (SUM OF LINES 3 THRU 5)	153,387,415	-1,144,618		152,242,797	3,698,514.71	41.16	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	39,442,255	-59,593		39,382,662	1,139,277.57	34.57	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,101,239	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,574,013	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	368,289	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	20,486,061	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	610,048	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	30,286	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,248,173	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE		15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	709,548	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	6,830,645	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	297,595	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	382,344	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	35,638,241	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 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
05/23/2013 20:43

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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.302115	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				45,855,154	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				24,462,049	5
6	MEDICAID CHARGES				179,933,984	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				54,360,756	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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 FACILITY	26,003,771	1,656,570	27,660,341		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,856,129	500,475	8,356,604		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	57,269	133,551	190,820		22
23	COST OF CHARITY CARE	7,798,860	366,924	8,165,784		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)			17,240,024		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,269,414		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			15,970,610		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,824,961		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			12,990,745		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			12,990,745		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				2,048,367	1
2	00200				10,937,656	2
3	00300					3
4	00400	2,569,379	4,249,066	6,818,445	58,192	4
5	00500	14,482,080	45,810,016	60,292,096	-2,889,441	5
6	00600					6
7	00700	2,723,459	9,770,325	12,493,784	-812,124	7
8	00800					8
9	00900	107,191	1,107,078	1,214,269	-9,787	8
10	01000	1,946,142	1,341,563	3,287,705	-26,562	9
11	01100	2,249,247	3,175,464	5,424,711	-3,716,854	10
12	01200				3,645,552	11
13	01300					12
14	01400	2,648,036	1,015,932	3,663,968	-18,229	13
15	01500	1,288,575	5,262,139	6,550,714	-3,314,805	14
16	01600	3,720,785	14,090,123	17,810,908	-12,636,633	15
17	01700	1,882,348	1,241,310	3,123,658	-39,936	16
18	01800	326,609	171,482	498,091		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
23.01	02301	151,335	38,049	189,384	144,469	23.01
23.02	02302				75,716	23.02
		289,203	284,258	573,461	8,502	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,270,425	12,176,429	33,446,854	-3,509,402	30
31	03100	3,874,664	3,894,093	7,768,757	-646,003	31
34.01	03401	6,551,573	3,393,244	9,944,817	-2,426,066	34.01
34.02	03402	776,988	371,507	1,148,495	-53,610	34.02
40	04000	1,207,982	883,387	2,091,369	-43,185	40
43	04300				2,665,177	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,910,383	20,285,059	27,195,442	-14,627,048	50
51	05100	925,383	381,662	1,307,045	-24,088	51
52	05200	2,263,932	2,202,448	4,466,380	-333,057	52
53	05300	332,138	3,303,553	3,635,691	-1,183,747	53
54	05400	2,476,376	2,754,822	5,231,198	-2,098,309	54
55	05500	737,730	1,014,584	1,752,314	-361,667	55
56	05600	236,137	866,474	1,102,611	-51,360	56
60	06000	6,071,315	11,753,108	17,824,423	-741,793	60
62.30	06250					62.30
63	06300	145,608	1,477,023	1,622,631	-29,237	63
65	06500	2,754,037	2,051,488	4,805,525	-605,104	65
66	06600	480,317	1,110,197	1,590,514	-13,375	66
69	06900	1,111,338	704,865	1,816,203	-325,358	69
70	07000	66,363	67,962	134,325	-27,428	70
71	07100				10,874,544	71
72	07200				14,963,435	72
73	07300				12,083,524	73
74	07400		656,212	656,212	-32,014	74
76	03340	484,109	699,543	1,183,652	-296,269	76
76.01	03450	478,576	1,035,772	1,514,348	-500,001	76.01
76.02	03290	641,209	696,259	1,337,468	-134,149	76.02
76.03	03141	908,099	5,575,533	6,483,632	-4,973,014	76.03
76.04	03950					76.04
76.05	03951					76.05
76.07	03952					76.07
76.08	03953	187,570	219,226	406,796	-45,508	76.08
76.10	03955	909,869	690,159	1,600,028	-62,487	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	09003	558,468	475,975	1,034,443	-152,926	90.01
90.02	09001	352,998	296,548	649,546	-46,810	90.02
90.03	09002	396,098	118,883	514,981	-4,101	90.03
91	09100	5,154,692	3,908,736	9,063,428	-653,910	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	861,018	2,025,710	2,886,728	-16,101	95
98	09950					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 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
 05/23/2013 20:43

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					99.40
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	103,509,784	172,647,266	276,157,050	23,636	118
	NONREIMBURSABLE COST CENTERS					
192	19200 PHYSICIANS' PRIVATE OFFICES	539	1,270,248	1,270,787		192
193.01	19301 BELOIT HEART STANDBY	62,716	19,792	82,508		193.01
194	07950 GUEST CENTER	60,849	304,008	364,857	-19,726	194
194.01	07954 OTHER NONREIMBURSEABLE COST CENTER					194.01
194.02	07951 COMMUNITY SERVICES	314,155	1,359,177	1,673,332	-2,760	194.02
194.04	07952 AUXILIARY	105,902	390,584	496,486	-1,150	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)	104,053,945	175,991,075	280,045,020		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	2,048,367	-78,395	1,969,972	1
2	00200	CAP REL COSTS-MVBLE EQUIP	10,937,656	-5,160	10,932,496	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	6,876,637	-1,545,001	5,331,636	4
5	00500	ADMINISTRATIVE & GENERAL	57,402,655	-5,389,536	52,013,119	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	11,681,660	-33,838	11,647,822	7
8	00800	LAUNDRY & LINEN SERVICE	1,204,482		1,204,482	8
9	00900	HOUSEKEEPING	3,261,143	-47,725	3,213,418	9
10	01000	DIETARY	1,707,857		1,707,857	10
11	01100	CAFETERIA	3,645,552	-1,757,704	1,887,848	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,645,739	-53,000	3,592,739	13
14	01400	CENTRAL SERVICES & SUPPLY	3,235,909		3,235,909	14
15	01500	PHARMACY	5,174,275		5,174,275	15
16	01600	MEDICAL RECORDS & LIBRARY	3,083,722	-44,424	3,039,298	16
17	01700	SOCIAL SERVICE	498,091	-2,345	495,746	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	333,853	-35,143	298,710	23
23.01	02301	PASTORAL EDUCATION PROGRAM	75,716	-4,150	71,566	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	581,963	-69,055	512,908	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	29,937,452	-9,180	29,928,272	30
31	03100	INTENSIVE CARE UNIT	7,122,754	-580,978	6,541,776	31
34.01	03401	NEONATAL INTENSIVE CARE	7,518,751	-61,563	7,457,188	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	1,094,885	-9,838	1,085,047	34.02
40	04000	SUBPROVIDER - IPF	2,048,184	-104,515	1,943,669	40
43	04300	NURSERY	2,665,177		2,665,177	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	12,568,394	-687,557	11,880,837	50
51	05100	RECOVERY ROOM	1,282,957		1,282,957	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,133,323		4,133,323	52
53	05300	ANESTHESIOLOGY	2,451,944	-499,669	1,952,275	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,132,889	-7,650	3,125,239	54
55	05500	RADIOLOGY-THERAPEUTIC	1,390,647	-50,100	1,340,547	55
56	05600	RADIOISOTOPE	1,051,251		1,051,251	56
60	06000	LABORATORY	17,082,630	-8,716,801	8,365,829	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,394		1,593,394	63
65	06500	RESPIRATORY THERAPY	4,200,421	-10,173	4,190,248	65
66	06600	PHYSICAL THERAPY	1,577,139		1,577,139	66
69	06900	ELECTROCARDIOLOGY	1,490,845	-21,946	1,468,899	69
70	07000	ELECTROENCEPHALOGRAPHY	106,897		106,897	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,874,544		10,874,544	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	14,963,435		14,963,435	72
73	07300	DRUGS CHARGED TO PATIENTS	12,083,524		12,083,524	73
74	07400	RENAL DIALYSIS	624,198		624,198	74
76	03340	GI LAB	887,383		887,383	76
76.01	03450	MRI	1,014,347		1,014,347	76.01
76.02	03290	CT SCAN	1,203,319		1,203,319	76.02
76.03	03141	CARDIAC CATHETERIZATION	1,510,618	-111,515	1,399,103	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	361,288		361,288	76.08
76.10	03955	GENETIC SERVICES	1,537,541	-682,226	855,315	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	09003	PAIN CENTER	881,517	-10,000	871,517	90.01
90.02	09001	ANTENATAL TEST CENTER	602,736	-15,421	587,315	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	510,880	-4,795	506,085	90.03
91	09100	EMERGENCY	8,409,518	-120,955	8,288,563	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
95	09500	AMBULANCE SERVICES	2,870,627	-20,183	2,850,444	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

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	276,180,686	-20,790,541	255,390,145	118
192	19200 PHYSICIANS' PRIVATE OFFICES	1,270,787		1,270,787	192
193.01	19301 BELOIT HEART STANDBY	82,508		82,508	193.01
194	07950 GUEST CENTER	345,131	-113,004	232,127	194
194.01	07954 OTHER NONREIMBURSEABLE COST CENTER				194.01
194.02	07951 COMMUNITY SERVICES	1,670,572		1,670,572	194.02
194.04	07952 AUXILIARY	495,336		495,336	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)	280,045,020	-20,903,545	259,141,475	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		12,083,524	1
500 TOTAL RECLASSIFICATIONS					12,083,524	500
CODE LETTER - A						
1 RECLASS RADIOLOGY ADMIN	B	MRI	76.01	34,215	32,373	1
2		RADIOLOGY-THERAPEUTIC	55	31,750	30,041	2
3		RADIOISOTOPE	56	12,078	11,428	3
4		CT SCAN	76.02	39,627	37,494	4
5		PARAMDICAL ED PROGRAM XRAY	23	74,279	70,280	5
500 TOTAL RECLASSIFICATIONS				191,949	181,616	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	1,511,555	2,133,997	1
500 TOTAL RECLASSIFICATIONS				1,511,555	2,133,997	500
CODE LETTER - E						
1 RECLASS MED SUPPLIES CHGD PAT	F	MEDICAL SUPPLIES CHRGED TO PA	71		10,874,544	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
500 TOTAL RECLASSIFICATIONS					10,874,544	500
CODE LETTER - F						
1 NURSERY COSTS	G	NURSERY	43	582,760	313,484	1
2		NURSERY	43	1,178,516	590,417	2
500 TOTAL RECLASSIFICATIONS				1,761,276	903,901	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		1,827,505
2		CAP REL COSTS-MVBLE EQUIP	2		10,937,656
3					
4					
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42					
43					
44					
45					
500 TOTAL RECLASSIFICATIONS					12,765,161
CODE LETTER - H					500
1 INSURANCE RECLASS	I	EMPLOYEE BENEFITS	4		93,702
2		CAP REL COSTS-BLDG & FIXT	1		220,862
500 TOTAL RECLASSIFICATIONS					314,564
CODE LETTER - I					500
1 PASTORAL EDUCATION PROGRAM	J	PASTORAL EDUCATION PROGRAM	23.01	59,593	16,123
500 TOTAL RECLASSIFICATIONS				59,593	16,123
CODE LETTER - J					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 IMPLANTS	K	IMPL. DEV. CHARGED TO PATIENT	72		14,963,435
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
500 TOTAL RECLASSIFICATIONS					14,963,435
CODE LETTER - K					500
GRAND TOTAL (INCREASES)				3,524,373	54,266,865

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		12,083,524	1
500 TOTAL RECLASSIFICATIONS					12,083,524	500
CODE LETTER - A						
1 RECLASS RADIOLOGY ADMIN	B	RADIOLOGY-DIAGNOSTIC	54	191,949	181,616	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				191,949	181,616	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	1,511,555	2,133,997	1
500 TOTAL RECLASSIFICATIONS				1,511,555	2,133,997	500
CODE LETTER - E						
1 RECLASS MED SUPPLIES CHGD PAT	F	CENTRAL SERVICES & SUPPLY	14		1,270,863	1
2		ADULTS & PEDIATRICS	30		506,176	2
3		INTENSIVE CARE UNIT	31		194,695	3
4		NEONATAL INTENSIVE CARE	34.01		196,401	4
5		PEDIATRIC INTENSIVE CARE	34.02		17,471	5
6		OPERATING ROOM	50		5,559,710	6
7		DELIVERY ROOM & LABOR ROOM	52		39,369	7
8		ANESTHESIOLOGY	53		404,086	8
9		RADIOLOGY-DIAGNOSTIC	54		476,801	9
10		RADIOLOGY-THERAPEUTIC	55		14,271	10
11		RESPIRATORY THERAPY	65		139,568	11
12		PHYSICAL THERAPY	66		3,749	12
13		ELECTROCARDIOLOGY	69		33,279	13
14		GI LAB	76		49,949	14
15		CT SCAN	76.02		1,245	15
16		CARDIAC CATHETERIZATION	76.03		1,897,642	16
17		SPECIAL SURGICAL SERVICES	76.08		16,889	17
18		PAIN CENTER	90.01		46,126	18
19		EMERGENCY	91		6,254	19
500 TOTAL RECLASSIFICATIONS					10,874,544	500
CODE LETTER - F						
1 NURSERY COSTS	G	ADULTS & PEDIATRICS	30	582,760	313,484	1
2		NEONATAL INTENSIVE CARE	34.01	1,178,516	590,417	2
500 TOTAL RECLASSIFICATIONS				1,761,276	903,901	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		35,510	9 1
2		ADMINISTRATIVE & GENERAL	5		2,469,161	9 2
3		OPERATION OF PLANT	7		812,124	3
4		LAUNDRY & LINEN SERVICE	8		9,787	4
5		HOUSEKEEPING	9		26,562	5
6		DIETARY	10		71,302	6
7		NURSING ADMINISTRATION	13		18,229	7
8		CENTRAL SERVICES & SUPPLY	14		295,228	8
9		PHARMACY	15		553,109	9
10		MEDICAL RECORDS & LIBRARY	16		39,936	10
11		PARAMEDICAL ED PROGRAM XRAY	23		90	11
12		PARAMED EDUC EMT PROGRAM	23.02		21,498	12
13		ADULTS & PEDIATRICS	30		1,410,481	13
14		INTENSIVE CARE UNIT	31		183,406	14
15		NEONATAL INTENSIVE CARE	34.01		190,482	15
16		PEDIATRIC INTENSIVE CARE	34.02		12,099	16
17		SUBPROVIDER - IPF	40		43,185	17
18		OPERATING ROOM	50		1,417,145	18
19		RECOVERY ROOM	51		24,088	19
20		DELIVERY ROOM & LABOR ROOM	52		239,516	20
21		ANESTHESIOLOGY	53		223,636	21
22		RADIOLOGY-DIAGNOSTIC	54		591,863	22
23		RADIOLOGY-THERAPEUTIC	55		389,550	23
24		RADIOISOTOPE	56		74,866	24
25		LABORATORY	60		741,793	25
26		BLOOD STORING, PROCESSING & T	63		29,237	26
27		RESPIRATORY THERAPY	65		273,490	27
28		PHYSICAL THERAPY	66		4,468	28
29		ELECTROCARDIOLOGY	69		246,288	29
30		ELECTROENCEPHALOGRAPHY	70		27,428	30
31		RENAL DIALYSIS	74		32,014	31
32		GI LAB	76		177,589	32
33		MRI	76.01		566,589	33
34		CT SCAN	76.02		208,312	34
35		CARDIAC CATHETERIZATION	76.03		464,205	35
36		SPECIAL SURGICAL SERVICES	76.08		5,379	36
37		GENETIC SERVICES	76.10		62,487	37
38		PAIN CENTER	90.01		43,330	38
39		ANTENATAL TEST CENTER	90.02		46,810	39
40		CHILD PSYCHIATRIC CLINIC	90.03		4,101	40
41		EMERGENCY	91		639,051	41
42		AMBULANCE SERVICES	95		16,101	42
43		GUEST CENTER	194		19,726	43
44		COMMUNITY SERVICES	194.02		2,760	44
45		AUXILIARY	194.04		1,150	45
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					12,765,161	500
1 INSURANCE RECLASS	I	ADMINISTRATIVE & GENERAL	5		314,564	12 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					314,564	500
1 PASTORAL EDUCATION PROGRAM	J	ADMINISTRATIVE & GENERAL	5	59,593	16,123	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				59,593	16,123	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF. 10
			LINE #	SALARY		
1	1	6	7	8	9	
1 IMPLANTS	K	CENTRAL SERVICES & SUPPLY	14		1,748,714	1
2		ADULTS & PEDIATRICS	30		696,501	2
3		INTENSIVE CARE UNIT	31		267,902	3
4		NEONATAL INTENSIVE CARE	34.01		270,250	4
5		PEDIATRIC INTENSIVE CARE	34.02		24,040	5
6		OPERATING ROOM	50		7,650,193	6
7		DELIVERY ROOM & LABOR ROOM	52		54,172	7
8		ANESTHESIOLOGY	53		556,025	8
9		RADIOLOGY-DIAGNOSTIC	54		656,080	9
10		RADIOLOGY-THERAPEUTIC	55		19,637	10
11		RESPIRATORY THERAPY	65		192,046	11
12		PHYSICAL THERAPY	66		5,158	12
13		ELECTROCARDIOLOGY	69		45,791	13
14		GI LAB	76		68,731	14
15		CT SCAN	76.02		1,713	15
16		CARDIAC CATHETERIZATION	76.03		2,611,167	16
17		SPECIAL SURGICAL SERVICES	76.08		23,240	17
18		PAIN CENTER	90.01		63,470	18
19		EMERGENCY	91		8,605	19
500 TOTAL RECLASSIFICATIONS					14,963,435	500
CODE LETTER - K						
GRAND TOTAL (DECREASES)				3,524,373	54,266,865	

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	6,918,755	222,418		222,418		7,141,173	2
3 BUILDINGS AND FIXTURES	54,250,851	394,443		394,443		54,645,294	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	101,588,726	5,153,650		5,153,650	3,930	106,738,446	5
6 MOVABLE EQUIPMENT	109,616,163	6,345,049		6,345,049	4,695,595	111,265,617	6
7 HIT DESIGNATED ASSETS	1,275,558					1,275,558	7
8 SUBTOTAL (SUM OF LINES 1-7)	274,729,715	12,115,560		12,115,560	4,699,525	282,145,750	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	274,729,715	12,115,560		12,115,560	4,699,525	282,145,750	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) 15
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) 15
1 CAP REL COSTS-BLDG & FIXT	1,749,110			220,862			1,969,972 1
2 CAP REL COSTS-MVBLE EQUIP	10,932,496						10,932,496 2
3 TOTAL	12,681,606			220,862			12,902,468 3

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	-5,392	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,675,104			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	8,808,781			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,757,704	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	-44,424	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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.01 XRAY COPY	B	-3,443	RADIOLOGY-DIAGNOSTIC	54	33.01
33.10 DAY CARE CENTER	B	-1,544,594	EMPLOYEE BENEFITS	4	33.10
33.17 MISC REVENUE - CYTOGENETICS	B	-656,136	GENETIC SERVICES	76.10	33.17
33.18 MISC ADMIN & GEN - OTHER OP INC	B	-380,367	ADMINISTRATIVE & GENERAL	5	33.18
33.82 PATIENT PHONES	A	-20,725	CAP REL COSTS-BLDG & FIXT	1	9 33.82
33.83 PATIENT PHONES	A	-407	EMPLOYEE BENEFITS	4	33.83
33.85 PATIENT PHONES	A	-133,078	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	9 33.88
33.89 AHA & IHA LOBBY EXPENSE	A	-12,597	ADMINISTRATIVE & GENERAL	5	33.89
34 USEFUL LIFE CHG-SO MULFORD	A	-57,670	CAP REL COSTS-BLDG & FIXT	1	9 34
34.03 INTEREST EXPENSE	A	-2,684,175	ADMINISTRATIVE & GENERAL	5	34.03
35 PHYSICIAN BILLING	A	-533	ADMINISTRATIVE & GENERAL	5	35
36 REFERENCE LABORATORY	B	-8,328,773	LABORATORY	60	36
37 PROVIDER TAX ASSESSMENT	A	-11,011,998	ADMINISTRATIVE & GENERAL	5	37
38					38
39					39
40					40
41 RENTAL REVENUE	B	-26,849	ADMINISTRATIVE & GENERAL	5	41
42 MISC REVENUE	B	-22,532	OPERATION OF PLANT	7	42
43					43
44 PASTORAL CARE	B	-4,150	PASTORAL EDUCATION PROGRAM	23.01	44
45 EDUCATION REV	B	-35,143	PARAMDICAL ED PROGRAM XRAY	23	45
45.17 EMS REV	B	-69,055	PARAMED EDUC EMT PROGRAM	23.02	45.17
45.18 MISC REV	B	-20,840	NEONATAL INTENSIVE CARE	34.01	45.18
45.26 MISC REV	B	-512	RESPIRATORY THERAPY	65	45.26
45.37 MISC REV	B	-1,500	CARDIAC CATHETERIZATION	76.03	45.37

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

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 05/23/2013 20:43

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	
45.42 MISC REV	B	-4,795	CHILD PSYCHIATRIC CLINIC	90.03	45.42
45.43 MISC REV	B	-36,913	EMERGENCY	91	45.43
45.46 PROPERTY TAX	B	-113,004	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)		-20,903,545			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJ- USTMENTS (COL. 4-5) 6	WKST A-7 REF 7	
1	7	OPERATION OF PLANT	RMB RENT	1,114	1,114	1	
2	50	OPERATING ROOM	RMB RENT	21,322	39,672	-18,350	2
3	54	RADIOLOGY-DIAGNOSTIC	RMB RENT	2,705	6,912	-4,207	3
3.01	69	ELECTROCARDIOLOGY	RMB RENT	24,902	46,848	-21,946	4.01
3.02	76.10	GENETIC SERVICES	RMB RENT	29,290	55,380	-26,090	4.02
3.03	5	ADMINISTRATIVE & GENERAL	RHS MANAGEMENT FEE	13,642,049	4,763,789	8,878,260	4.03
4							4
5		TOTALS (SUM OF LINES 1-4)		13,721,382	4,912,601	8,808,781	5
		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.

SYMBOL (1)	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS 6	
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5			
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	30,000	30,000	171,400	1,300	107,125	5,356	1	
2	5	ADMINISTRATIVE & GENERAL	PROFESSIONAL FE	2,077,466	2,077,466	171,400	58,426	4,814,527	240,726	2	
3	5	ADMINISTRATIVE & GENERAL	PROFESSIONAL FE	111,563	111,563	171,400	1,133	93,364	4,668	3	
4	13	NURSING ADMINISTRATION	PROFESSIONAL FE	140,740	53,000	87,740	204,100	8,808	864,285	43,214	4
5	17	SOCIAL SERVICE	PROFESSIONAL FE	2,790		2,790	154,100	6	445	22	5
6	30	ADULTS & PEDIATRICS	PROFESSIONAL FE	60,152		60,152	154,100	688	50,972	2,549	6
7	31	INTENSIVE CARE UNIT	PROFESSIONAL FE	580,978	580,978						7
8	34.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FE	73,849		73,849	171,400	402	33,126	1,656	8
9	34.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FE	25,000		25,000	171,400	184	15,162	758	9
10	40	SUBPROVIDER - IPF	PROFESSIONAL FE	88,667	88,667						10
11	50	OPERATING ROOM	PROFESSIONAL FE	240,317		240,317	204,100	199	19,527	976	11
12	50	OPERATING ROOM	PROFESSIONAL FE	143,847	40,187	103,660	204,100	754	73,986	3,699	12
13	52	DELIVERY ROOM & LABOR RO	PROFESSIONAL FE	906,842		906,842	194,500	10,369	969,601	48,480	13
14	53	ANESTHESIOLOGY	PROFESSIONAL FE	1,657,942		1,657,942	200,300	12,028	1,158,273	57,914	14
15	55	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FE	58,637		58,637	204,100	87	8,537	427	15
16	60	LABORATORY	PROFESSIONAL FE	388,028	388,028						16
17	65	RESPIRATORY THERAPY	PROFESSIONAL FE	21,469		21,469	194,500	163	15,242	762	17
18	65	RESPIRATORY THERAPY	PROFESSIONAL FE	9,568		9,568	194,500	85	7,948	397	18
19	65	RESPIRATORY THERAPY	PROFESSIONAL FE	5,741		5,741	194,500	42	3,927	196	19
20	76.03	CARDIAC CATHETERIZATION	PROFESSIONAL FE	110,015	110,015						20
21	90.01	PAIN CENTER	PROFESSIONAL FE	10,000	10,000						21
22	90.02	ANTENATAL TEST CENTER	PROFESSIONAL FE	39,869		39,869	241,000	211	24,448	1,222	22
23	91	EMERGENCY	PROFESSIONAL FE	227,911		227,911	200,300	1,494	143,869	7,193	23
24	95	AMBULANCE SERVICES	PROFESSIONAL FE	32,526		32,526	194,500	132	12,343	617	24
25	40	SUBPROVIDER - IPF	PURCHASED LABOR	15,848	15,848						25
26	50	OPERATING ROOM	PURCHASED LABOR	1,240,486		1,240,486	204,100	8,784	861,930	43,097	26
200		TOTAL		8,300,251	1,286,723	7,013,528		105,295	9,278,637	463,929	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				107,125		1
2	5 ADMINISTRATIVE & GENERAL	PROFESSIONAL FE				4,814,527		2
3	5 ADMINISTRATIVE & GENERAL	PROFESSIONAL FE				93,364	18,199	18,199
4	13 NURSING ADMINISTRATION	PROFESSIONAL FE				864,285		53,000
5	17 SOCIAL SERVICE	PROFESSIONAL FE				445	2,345	2,345
6	30 ADULTS & PEDIATRICS	PROFESSIONAL FE				50,972	9,180	9,180
7	31 INTENSIVE CARE UNIT	PROFESSIONAL FE						580,978
8	34.01 NEONATAL INTENSIVE CARE	PROFESSIONAL FE				33,126	40,723	40,723
9	34.02 PEDIATRIC INTENSIVE CARE	PROFESSIONAL FE				15,162	9,838	9,838
10	40 SUBPROVIDER - IPF	PROFESSIONAL FE						88,667
11	50 OPERATING ROOM	PROFESSIONAL FE				19,527	220,790	220,790
12	50 OPERATING ROOM	PROFESSIONAL FE				73,986	29,674	69,861
13	52 DELIVERY ROOM & LABOR RO	PROFESSIONAL FE				969,601		
14	53 ANESTHESIOLOGY	PROFESSIONAL FE				1,158,273	499,669	499,669
15	55 RADIOLOGY-THERAPEUTIC	PROFESSIONAL FE				8,537	50,100	50,100
16	60 LABORATORY	PROFESSIONAL FE						388,028
17	65 RESPIRATORY THERAPY	PROFESSIONAL FE				15,242	6,227	6,227
18	65 RESPIRATORY THERAPY	PROFESSIONAL FE				7,948	1,620	1,620
19	65 RESPIRATORY THERAPY	PROFESSIONAL FE				3,927	1,814	1,814
20	76.03 CARDIAC CATHETERIZATION	PROFESSIONAL FE						110,015
21	90.01 PAIN CENTER	PROFESSIONAL FE						10,000
22	90.02 ANTENATAL TEST CENTER	PROFESSIONAL FE				24,448	15,421	15,421
23	91 EMERGENCY	PROFESSIONAL FE				143,869	84,042	84,042
24	95 AMBULANCE SERVICES	PROFESSIONAL FE				12,343	20,183	20,183
25	40 SUBPROVIDER - IPF	PURCHASED LABOR						15,848
26	50 OPERATING ROOM	PURCHASED LABOR				861,930	378,556	378,556
200	TOTAL					9,278,637	1,388,381	2,675,104

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	1,969,972	1,969,972				1
2 CAP REL COSTS-MVBLE EQUIP	10,932,496		10,932,496			2
4 EMPLOYEE BENEFITS	5,331,636	72,470	30,412	5,434,518		4
5 ADMINISTRATIVE & GENERAL	52,013,119	520,095	2,114,670	772,324	55,420,208	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,647,822	204,733	695,529	145,841	12,693,925	7
8 LAUNDRY & LINEN SERVICE	1,204,482	10,653	8,382	5,740	1,229,257	8
9 HOUSEKEEPING	3,213,418	25,485	22,749	104,216	3,365,868	9
10 DIETARY	1,707,857	14,399	33,586	39,503	1,795,345	10
11 CAFETERIA	1,887,848	73,408	27,479	80,944	2,069,679	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,592,739	13,676	15,612	141,802	3,763,829	13
14 CENTRAL SERVICES & SUPPLY	3,235,909	31,470	252,843	69,003	3,589,225	14
15 PHARMACY	5,174,275	18,004	473,700	199,248	5,865,227	15
16 MEDICAL RECORDS & LIBRARY	3,039,298	18,454	34,202	100,800	3,192,754	16
17 SOCIAL SERVICE	495,746	4,252		17,490	517,488	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	298,710	1,636	77	12,082	312,505	23
23.01 PASTORAL EDUCATION PROGRAM	71,566	2,173		3,191	76,930	23.01
23.02 PARAMED EDUC EMT PROGRAM	512,908	13,896	18,412	15,487	560,703	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,928,272	253,837	1,207,981	1,107,845	32,497,935	30
31 INTENSIVE CARE UNIT	6,541,776	24,360	157,075	207,488	6,930,699	31
34.01 NEONATAL INTENSIVE CARE	7,457,188	38,514	163,135	287,727	7,946,564	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,085,047	8,903	10,362	41,608	1,145,920	34.02
40 SUBPROVIDER - IPF	1,943,669	27,142	36,985	64,687	2,072,483	40
43 NURSEY	2,665,177	17,445		94,316	2,776,938	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,880,837	96,663	1,213,688	370,051	13,561,239	50
51 RECOVERY ROOM	1,282,957	7,848	20,630	49,554	1,360,989	51
52 DELIVERY ROOM & LABOR ROOM	4,133,323	34,179	205,129	121,234	4,493,865	52
53 ANESTHESIOLOGY	1,952,275	2,259	191,529	17,786	2,163,849	53
54 RADIOLOGY-DIAGNOSTIC	3,125,239	31,265	506,890	121,702	3,785,096	54
55 RADIOLOGY-THERAPEUTIC	1,340,547	27,494	333,623	41,615	1,743,279	55
56 RADIOISOTOPE	1,051,251	4,032	64,118	13,314	1,132,715	56
60 LABORATORY	8,365,829	44,964	635,295	325,119	9,371,207	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,593,394	1,821	25,040	7,797	1,628,052	63
65 RESPIRATORY THERAPY	4,190,248	24,079	234,226	147,479	4,596,032	65
66 PHYSICAL THERAPY	1,577,139	13,739	3,827	25,721	1,620,426	66
69 ELECTROCARDIOLOGY	1,468,899	20,786	210,929	59,512	1,760,126	69
70 ELECTROENCEPHALOGRAPHY	106,897	1,467	23,490	3,554	135,408	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,874,544				10,874,544	71
72 IMPL. DEV. CHARGED TO PATIENT	14,963,435				14,963,435	72
73 DRUGS CHARGED TO PATIENTS	12,083,524				12,083,524	73
74 RENAL DIALYSIS	624,198	4,297	27,418		655,913	74
76 GI LAB	887,383	20,826	152,093	25,924	1,086,226	76
76.01 MRI	1,014,347	14,291	485,245	27,546	1,541,429	76.01
76.02 CT SCAN	1,203,319	7,236	178,405	36,571	1,425,531	76.02
76.03 CARDIAC CATHETERIZATION	1,399,103	13,653	397,560	48,629	1,858,945	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	361,288	14,630	4,607	10,044	390,569	76.08
76.10 GENETIC SERVICES	855,315	15,044	53,516	48,723	972,598	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	871,517	10,977	37,109	29,906	949,509	90.01
90.02 ANTENATAL TEST CENTER	587,315	13,216	40,090	18,903	659,524	90.02
90.03 CHLD PSYCHIATRIC CLINIC	506,085	3,893	3,512	21,211	534,701	90.03
91 EMERGENCY	8,288,563	44,723	547,304	276,034	9,156,624	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,850,444	16,213	13,789	46,108	2,926,554	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)	255,390,145	1,884,600	10,912,253	5,405,379	255,255,391	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	1,270,787	36,574		29	1,307,390	192
193.01 BELOIT HEART STANDBY	82,508			3,358	85,866	193.01
194 GUEST CENTER	232,127	12,955	16,894	3,258	265,234	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	1,670,572	9,313	2,364	16,823	1,699,072	194.02
194.04 AUXILIARY	495,336	26,530	985	5,671	528,522	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)	259,141,475	1,969,972	10,932,496	5,434,518	259,141,475	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	55,420,208					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,453,243	16,147,168				7
8 LAUNDRY & LINEN SERVICE	334,406	146,693	1,710,356			8
9 HOUSEKEEPING	915,647	350,922		4,632,437		9
10 DIETARY	488,404	198,273		58,691	2,540,713	10
11 CAFETERIA	563,033	1,010,798		299,207		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,023,908	188,312		55,742		13
14 CENTRAL SERVICES & SUPPLY	976,409	433,323	9,568	128,268		14
15 PHARMACY	1,595,570	247,902		73,382		15
16 MEDICAL RECORDS & LIBRARY	868,554	254,101		75,217		16
17 SOCIAL SERVICE	140,777	58,545		17,330		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	85,014	22,533		6,670		23
23.01 PASTORAL EDUCATION PROGRAM	20,928	29,917		8,856		23.01
23.02 PARAMED EDUC EMT PROGRAM	152,533	191,342		56,639		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,840,782	3,495,218	622,509	1,034,621	2,110,135	30
31 INTENSIVE CARE UNIT	1,885,420	335,423	68,246	99,289	224,271	31
34.01 NEONATAL INTENSIVE CARE	2,161,775	530,318	47,019	156,980		34.01
34.02 PEDIATRIC INTENSIVE CARE	311,735	122,593	2,156	36,289	41,060	34.02
40 SUBPROVIDER - IPF	563,796	373,734	14,263	110,629	165,247	40
43 NURSERY	755,435	240,205	93,018	71,103		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,689,186	1,331,002	264,986	393,991		50
51 RECOVERY ROOM	370,242	108,070	17,122	31,990		51
52 DELIVERY ROOM & LABOR ROOM	1,222,507	470,624	100,694	139,310		52
53 ANESTHESIOLOGY	588,651	31,101		9,206		53
54 RADIOLOGY-DIAGNOSTIC	1,029,694	430,502	64,999	127,433		54
55 RADIOLOGY-THERAPEUTIC	474,240	378,575	6,675	112,062		55
56 RADIOISOTOPE	308,143	55,515	201	16,433		56
60 LABORATORY	2,549,334	619,128	23,137	183,269		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	442,894	25,076		7,423		63
65 RESPIRATORY THERAPY	1,250,300	331,558	391	98,145		65
66 PHYSICAL THERAPY	440,819	189,183	981	56,000		66
69 ELECTROCARDIOLOGY	478,823	286,212		84,722		69
70 ELECTROENCEPHALOGRAPHY	36,836	20,200		5,979		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,958,300					71
72 IMPL. DEV. CHARGED TO PATIENT	4,070,638					72
73 DRUGS CHARGED TO PATIENTS	3,287,190					73
74 RENAL DIALYSIS	178,434	59,172		17,516		74
76 GI LAB	295,496	286,769	29,227	84,887		76
76.01 MRI	419,329	196,775	13,447	58,248		76.01
76.02 CT SCAN	387,800	99,641		29,495		76.02
76.03 CARDIAC CATHETERIZATION	505,706	187,999	19,460	55,650		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	106,250	201,442	9,258	59,629		76.08
76.10 GENETIC SERVICES	264,585	207,154	132	61,320		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	258,303	151,151		44,742		90.01
90.02 ANTENATAL TEST CENTER	179,416	181,974	10,394	53,866		90.02
90.03 CHILD PSYCHIATRIC CLINIC	145,460	53,599	1,256	15,866		90.03
91 EMERGENCY	2,490,959	615,819	283,160	182,289		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	796,137	223,244	180	66,083		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	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
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	54,363,041	14,971,637	1,702,479	4,284,467	2,540,713	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	355,661	503,605		149,073		192
193.01 BELOIT HEART STANDBY	23,359					193.01
194 GUEST CENTER	72,154	178,386	7,877	52,804		194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	462,214	128,235		37,959		194.02
194.04 AUXILIARY	143,779	365,305		108,134		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)	55,420,208	16,147,168	1,710,356	4,632,437	2,540,713	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	3,942,717					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	109,201	5,140,992				13
14 CENTRAL SERVICES & SUPPLY	108,229		5,245,022			14
15 PHARMACY	124,495			7,906,612		15
16 MEDICAL RECORDS & LIBRARY	117,251				4,508,099	16
17 SOCIAL SERVICE	12,103	3,870				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	41,665					23
23.01 PASTORAL EDUCATION PROGRAM	32,755					23.01
23.02 PARAMED EDUC EMT PROGRAM	17,765	2,290				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,083,759	1,652,520			290,241	30
31 INTENSIVE CARE UNIT	177,347	408,030			73,112	31
34.01 NEONATAL INTENSIVE CARE	281,468	601,008			194,439	34.01
34.02 PEDIATRIC INTENSIVE CARE	30,756	113,957			16,142	34.02
40 SUBPROVIDER - IPF	57,959	96,121			21,963	40
43 NURSERY	79,361	466,096			60,718	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	271,086	493,411			246,047	50
51 RECOVERY ROOM	35,253	120,005			32,459	51
52 DELIVERY ROOM & LABOR ROOM	102,317	263,985			55,580	52
53 ANESTHESIOLOGY	17,044	34,491			52,480	53
54 RADIOLOGY-DIAGNOSTIC	120,165	50,876			186,919	54
55 RADIOLOGY-THERAPEUTIC	32,311	35,472			57,647	55
56 RADIOISOTOPE	8,300				43,998	56
60 LABORATORY	343,258				308,486	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,189				59,840	63
65 RESPIRATORY THERAPY	132,407	26,672			156,302	65
66 PHYSICAL THERAPY	46,301	3,821			26,908	66
69 ELECTROCARDIOLOGY	49,743	39,080			133,460	69
70 ELECTROENCEPHALOGRAPHY	3,692	27			7,225	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,360,260		701,862	71
72 IMPL. DEV. CHARGED TO PATIENT			2,884,762		378,769	72
73 DRUGS CHARGED TO PATIENTS				7,906,612	544,504	73
74 RENAL DIALYSIS					6,502	74
76 GI LAB	25,399	64,900			45,491	76
76.01 MRI	23,511				130,103	76.01
76.02 CT SCAN	29,118	89			218,211	76.02
76.03 CARDIAC CATHETERIZATION	35,142	47,188			96,173	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	7,634	22,274			10,271	76.08
76.10 GENETIC SERVICES	35,364	1,021			5,285	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	26,343	96,578			36,071	90.01
90.02 ANTENATAL TEST CENTER	14,906	9,550			27,950	90.02
90.03 CHILD PSYCHIATRIC CLINIC	13,074	3,750			2,448	90.03
91 EMERGENCY	240,802	400,086			254,011	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	29,035	83,566			26,482	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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 PART I

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
118 SUBTOTALS (SUM OF LINES 1-117)	3,923,508	5,140,992	5,245,022	7,906,612	4,508,099	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 BELOIT HEART STANDBY	1,194					193.01
194 GUEST CENTER	3,997					194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	4,747					194.02
194.04 AUXILIARY	9,271					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)	3,942,717	5,140,992	5,245,022	7,906,612	4,508,099	202



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COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY	23.01	PARA MED EDUC EMT	23.02	SUBTOTAL	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)	750,113	468,387	169,386	981,272	252,647,637	118	
NONREIMBURSABLE COST CENTERS							
192 PHYSICIANS' PRIVATE OFFICES					2,315,729	192	
193.01 BELOIT HEART STANDBY					110,419	193.01	
194 GUEST CENTER					580,452	194	
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01	
194.02 COMMUNITY SERVICES					2,332,227	194.02	
194.04 AUXILIARY					1,155,011	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)	750,113	468,387	169,386	981,272	259,141,475	202	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	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 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	52,404,171		30
31 INTENSIVE CARE UNIT	10,266,694		31
34.01 NEONATAL INTENSIVE CARE	11,957,702		34.01
34.02 PEDIATRIC INTENSIVE CARE	1,826,336		34.02
40 SUBPROVIDER - IPF	3,576,535		40
43 NURSERY	4,555,061		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	20,387,406		50
51 RECOVERY ROOM	2,076,130		51
52 DELIVERY ROOM & LABOR ROOM	6,874,947		52
53 ANESTHESIOLOGY	2,896,822		53
54 RADIOLOGY-DIAGNOSTIC	6,264,071		54
55 RADIOLOGY-THERAPEUTIC	2,840,261		55
56 RADIOISOTOPE	1,565,305		56
60 LABORATORY	13,397,819		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,170,474		63
65 RESPIRATORY THERAPY	6,611,739		65
66 PHYSICAL THERAPY	2,384,439		66
69 ELECTROCARDIOLOGY	2,832,166		69
70 ELECTROENCEPHALOGRAPHY	209,367		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,894,966		71
72 IMPL. DEV. CHARGED TO PATIENT	22,297,604		72
73 DRUGS CHARGED TO PATIENTS	23,821,830		73
74 RENAL DIALYSIS	917,537		74
76 GI LAB	1,918,395		76
76.01 MRI	2,382,842		76.01
76.02 CT SCAN	2,189,885		76.02
76.03 CARDIAC CATHETERIZATION	2,806,263		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	807,327		76.08
76.10 GENETIC SERVICES	1,547,459		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	1,562,697		90.01
90.02 ANTENATAL TEST CENTER	1,137,580		90.02
90.03 CHILD PSYCHIATRIC CLINIC	770,154		90.03
91 EMERGENCY	14,344,372		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES	4,151,281		95
98 AIR AMBULANCE			98
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20

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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)		252,647,637	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		2,315,729	192
193.01 BELOIT HEART STANDBY		110,419	193.01
194 GUEST CENTER		580,452	194
194.01 OTHER NONREIMBURSEABLE COST CENTER			194.01
194.02 COMMUNITY SERVICES		2,332,227	194.02
194.04 AUXILIARY		1,155,011	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)		259,141,475	202

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	111	72,470	30,412	102,993	102,993	4
5 ADMINISTRATIVE & GENERAL	28,659	520,095	2,114,670	2,663,424	14,639	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	116	204,733	695,529	900,378	2,764	7
8 LAUNDRY & LINEN SERVICE		10,653	8,382	19,035	109	8
9 HOUSEKEEPING	1,270	25,485	22,749	49,504	1,975	9
10 DIETARY	-103	14,399	33,586	47,882	749	10
11 CAFETERIA		73,408	27,479	100,887	1,534	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	-1,136	13,676	15,612	28,152	2,688	13
14 CENTRAL SERVICES & SUPPLY	382,064	31,470	252,843	666,377	1,308	14
15 PHARMACY	1,223	18,004	473,700	492,927	3,777	15
16 MEDICAL RECORDS & LIBRARY	1,320	18,454	34,202	53,976	1,911	16
17 SOCIAL SERVICE		4,252		4,252	332	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	-190	1,636	77	1,523	229	23
23.01 PASTORAL EDUCATION PROGRAM		2,173		2,173	60	23.01
23.02 PARAMED EDUC EMT PROGRAM	515	13,896	18,412	32,823	294	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	-4,798	253,837	1,207,981	1,457,020	20,982	30
31 INTENSIVE CARE UNIT	-3,440	24,360	157,075	177,995	3,933	31
34.01 NEONATAL INTENSIVE CARE	92	38,514	163,135	201,741	5,454	34.01
34.02 PEDIATRIC INTENSIVE CARE	-94	8,903	10,362	19,171	789	34.02
40 SUBPROVIDER - IPF	-927	27,142	36,985	63,200	1,226	40
43 NURSERY		17,445		17,445	1,788	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,734	96,663	1,213,688	1,323,085	7,014	50
51 RECOVERY ROOM		7,848	20,630	28,478	939	51
52 DELIVERY ROOM & LABOR ROOM	-1,265	34,179	205,129	238,043	2,298	52
53 ANESTHESIOLOGY	-400	2,259	191,529	193,388	337	53
54 RADIOLOGY-DIAGNOSTIC	1,641	31,265	506,890	539,796	2,307	54
55 RADIOLOGY-THERAPEUTIC	-162	27,494	333,623	360,955	789	55
56 RADIOISOTOPE		4,032	64,118	68,150	252	56
60 LABORATORY	2,150	44,964	635,295	682,409	6,162	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	-115	1,821	25,040	26,746	148	63
65 RESPIRATORY THERAPY	9,813	24,079	234,226	268,118	2,795	65
66 PHYSICAL THERAPY	-220	13,739	3,827	17,346	488	66
69 ELECTROCARDIOLOGY		20,786	210,929	231,715	1,128	69
70 ELECTROENCEPHALOGRAPHY		1,467	23,490	24,957	67	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		4,297	27,418	31,715		74
76 GI LAB	-90	20,826	152,093	172,829	491	76
76.01 MRI	-133	14,291	485,245	499,403	522	76.01
76.02 CT SCAN	-12	7,236	178,405	185,629	693	76.02
76.03 CARDIAC CATHETERIZATION	14,457	13,653	397,560	425,670	922	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		14,630	4,607	19,237	190	76.08
76.10 GENETIC SERVICES	16,712	15,044	53,516	85,272	924	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	-669	10,977	37,109	47,417	567	90.01
90.02 ANTENATAL TEST CENTER	174	13,216	40,090	53,480	358	90.02
90.03 CHILD PSYCHIATRIC CLINIC	-100	3,893	3,512	7,305	402	90.03
91 EMERGENCY	1,084	44,723	547,304	593,111	5,232	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		16,213	13,789	30,002	874	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)	460,281	1,884,600	10,912,253	13,257,134	102,440	118
192 PHYSICIANS' PRIVATE OFFICES	982	36,574		37,556	1	192
193.01 BELOIT HEART STANDBY					64	193.01
194 GUEST CENTER		12,955	16,894	29,849	62	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES		9,313	2,364	11,677	319	194.02
194.04 AUXILIARY	1,225	26,530	985	28,740	107	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)	462,488	1,969,972	10,932,496	13,364,956	102,993	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	2,678,063					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	166,874	1,070,016				7
8 LAUNDRY & LINEN SERVICE	16,160	9,721	45,025			8
9 HOUSEKEEPING	44,248	23,254		118,981		9
10 DIETARY	23,602	13,139		1,507	86,879	10
11 CAFETERIA	27,208	66,982		7,685		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	49,479	12,479		1,432		13
14 CENTRAL SERVICES & SUPPLY	47,184	28,715	252	3,294		14
15 PHARMACY	77,104	16,428		1,885		15
16 MEDICAL RECORDS & LIBRARY	41,972	16,838		1,932		16
17 SOCIAL SERVICE	6,803	3,880		445		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	4,108	1,493		171		23
23.01 PASTORAL EDUCATION PROGRAM	1,011	1,982		227		23.01
23.02 PARAMED EDUC EMT PROGRAM	7,371	12,680		1,455		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	427,160	231,614	16,387	26,575	72,155	30
31 INTENSIVE CARE UNIT	91,111	22,227	1,797	2,550	7,669	31
34.01 NEONATAL INTENSIVE CARE	104,466	35,142	1,238	4,032		34.01
34.02 PEDIATRIC INTENSIVE CARE	15,064	8,124	57	932	1,404	34.02
40 SUBPROVIDER - IPF	27,245	24,766	375	2,841	5,651	40
43 NURSERY	36,506	15,918	2,449	1,826		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	178,276	88,201	6,976	10,119		50
51 RECOVERY ROOM	17,892	7,161	451	822		51
52 DELIVERY ROOM & LABOR ROOM	59,076	31,187	2,651	3,578		52
53 ANESTHESIOLOGY	28,446	2,061		236		53
54 RADIOLOGY-DIAGNOSTIC	49,759	28,528	1,711	3,273		54
55 RADIOLOGY-THERAPEUTIC	22,917	25,087	176	2,878		55
56 RADIOISOTOPE	14,891	3,679	5	422		56
60 LABORATORY	123,194	41,027	609	4,707		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	21,402	1,662		191		63
65 RESPIRATORY THERAPY	60,419	21,971	10	2,521		65
66 PHYSICAL THERAPY	21,302	12,536	26	1,438		66
69 ELECTROCARDIOLOGY	23,139	18,966		2,176		69
70 ELECTROENCEPHALOGRAPHY	1,780	1,339		154		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	142,957					71
72 IMPL. DEV. CHARGED TO PATIENT	196,709					72
73 DRUGS CHARGED TO PATIENTS	158,850					73
74 RENAL DIALYSIS	8,623	3,921		450		74
76 GI LAB	14,280	19,003	769	2,180		76
76.01 MRI	20,264	13,040	354	1,496		76.01
76.02 CT SCAN	18,740	6,603		758		76.02
76.03 CARDIAC CATHETERIZATION	24,438	12,458	512	1,429		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	5,134	13,349	244	1,532		76.08
76.10 GENETIC SERVICES	12,786	13,727	3	1,575		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	12,482	10,016		1,149		90.01
90.02 ANTENATAL TEST CENTER	8,670	12,059	274	1,384		90.02
90.03 CHILD PSYCHIATRIC CLINIC	7,029	3,552	33	408		90.03
91 EMERGENCY	120,373	40,808	7,454	4,682		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	38,472	14,794	5	1,697		95
98 AIR AMBULANCE						98
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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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 SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,626,976	992,117	44,818	110,044	86,879	118
192 PHYSICIANS' PRIVATE OFFICES	17,187	33,372		3,829		192
193.01 BELOIT HEART STANDBY	1,129					193.01
194 GUEST CENTER	3,487	11,821	207	1,356		194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	22,336	8,498		975		194.02
194.04 AUXILIARY	6,948	24,208		2,777		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)	2,678,063	1,070,016	45,025	118,981	86,879	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	204,296					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,658	99,888				13
14 CENTRAL SERVICES & SUPPLY	5,608		752,738			14
15 PHARMACY	6,451	1		598,573		15
16 MEDICAL RECORDS & LIBRARY	6,075	4			122,708	16
17 SOCIAL SERVICE	627	75				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	2,159					23
23.01 PASTORAL EDUCATION PROGRAM	1,697					23.01
23.02 PARAMED EDUC EMT PROGRAM	921	44				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,159	32,107			7,914	30
31 INTENSIVE CARE UNIT	9,189	7,928			1,994	31
34.01 NEONATAL INTENSIVE CARE	14,585	11,677			5,302	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,594	2,214			440	34.02
40 SUBPROVIDER - IPF	3,003	1,868			599	40
43 NURSERY	4,112	9,056			1,656	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,047	9,587			6,709	50
51 RECOVERY ROOM	1,827	2,332			885	51
52 DELIVERY ROOM & LABOR ROOM	5,302	5,129			1,516	52
53 ANESTHESIOLOGY	883	670			1,431	53
54 RADIOLOGY-DIAGNOSTIC	6,226	989			5,097	54
55 RADIOLOGY-THERAPEUTIC	1,674	689			1,572	55
56 RADIOISOTOPE	430				1,200	56
60 LABORATORY	17,786				8,412	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	373				1,632	63
65 RESPIRATORY THERAPY	6,861	518			4,262	65
66 PHYSICAL THERAPY	2,399	74			734	66
69 ELECTROCARDIOLOGY	2,577	759			3,639	69
70 ELECTROENCEPHALOGRAPHY	191	1			197	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			338,732		18,920	71
72 IMPL. DEV. CHARGED TO PATIENT			414,006		10,328	72
73 DRUGS CHARGED TO PATIENTS				598,573	14,847	73
74 RENAL DIALYSIS					177	74
76 GI LAB	1,316	1,261			1,240	76
76.01 MRI	1,218				3,548	76.01
76.02 CT SCAN	1,509	2			5,950	76.02
76.03 CARDIAC CATHETERIZATION	1,821	917			2,622	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	396	433			280	76.08
76.10 GENETIC SERVICES	1,832	20			144	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	1,365	1,876			984	90.01
90.02 ANTENATAL TEST CENTER	772	186			762	90.02
90.03 CHILD PSYCHIATRIC CLINIC	677	73			67	90.03
91 EMERGENCY	12,477	7,774			6,926	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,504	1,624			722	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

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 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 SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	203,301	99,888	752,738	598,573	122,708	118
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 BELOIT HEART STANDBY	62					193.01
194 GUEST CENTER	207					194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	246					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)	204,296	99,888	752,738	598,573	122,708	202



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COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY		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)	16,414				13,045,035	118	
NONREIMBURSABLE COST CENTERS							
192 PHYSICIANS' PRIVATE OFFICES					91,945	192	
193.01 BELOIT HEART STANDBY					1,255	193.01	
194 GUEST CENTER					46,989	194	
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01	
194.02 COMMUNITY SERVICES					44,051	194.02	
194.04 AUXILIARY					63,260	194.04	
194.07 ROCKFORD HEALTH SYSTEM						194.07	
194.08 DIALYSIS RENTED SPACE						194.08	
200 CROSS FOOT ADJUSTMENTS		9,683	7,150	55,588	72,421	200	
201 NEGATIVE COST CENTER						201	
202 TOTAL (SUM OF LINES 118-201)	16,414	9,683	7,150	55,588	13,364,956	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		2,362,052	30
31 INTENSIVE CARE UNIT		326,393	31
34.01 NEONATAL INTENSIVE CARE		383,851	34.01
34.02 PEDIATRIC INTENSIVE CARE		49,850	34.02
40 SUBPROVIDER - IPF		132,814	40
43 NURSERY		90,876	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		1,644,014	50
51 RECOVERY ROOM		60,787	51
52 DELIVERY ROOM & LABOR ROOM		348,780	52
53 ANESTHESIOLOGY		227,452	53
54 RADIOLOGY-DIAGNOSTIC		637,686	54
55 RADIOLOGY-THERAPEUTIC		416,737	55
56 RADIOISOTOPE		89,029	56
60 LABORATORY		884,306	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.		52,154	63
65 RESPIRATORY THERAPY		367,475	65
66 PHYSICAL THERAPY		56,343	66
69 ELECTROCARDIOLOGY		284,099	69
70 ELECTROENCEPHALOGRAPHY		28,686	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		500,609	71
72 IMPL. DEV. CHARGED TO PATIENT		621,043	72
73 DRUGS CHARGED TO PATIENTS		772,270	73
74 RENAL DIALYSIS		44,886	74
76 GI LAB		213,369	76
76.01 MRI		539,845	76.01
76.02 CT SCAN		219,884	76.02
76.03 CARDIAC CATHETERIZATION		470,789	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		40,795	76.08
76.10 GENETIC SERVICES		116,283	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		75,856	90.01
90.02 ANTENATAL TEST CENTER		77,945	90.02
90.03 CHILD PSYCHIATRIC CLINIC		19,546	90.03
91 EMERGENCY		798,837	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES		89,694	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 01/01/2012 TO 12/31/2012

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

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

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)		13,045,035	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		91,945	192
193.01 BELOIT HEART STANDBY		1,255	193.01
194 GUEST CENTER		46,989	194
194.01 OTHER NONREIMBURSEABLE COST CENTER			194.01
194.02 COMMUNITY SERVICES		44,051	194.02
194.04 AUXILIARY		63,260	194.04
194.07 ROCKFORD HEALTH SYSTEM			194.07
194.08 DIALYSIS RENTED SPACE			194.08
200 CROSS FOOT ADJUSTMENTS		72,421	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		13,364,956	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	778,856					1
2 CAP REL COSTS-MVBLE EQUIP		12,765,162				2
4 EMPLOYEE BENEFITS	28,652	35,510	101,484,566			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	205,627	2,469,162	14,422,487	-55,420,208	203,721,267	5
6 OPERATION OF PLANT	80,944	812,124	2,723,459		12,693,925	7
8 LAUNDRY & LINEN SERVICE	4,212	9,787	107,191		1,229,257	8
9 HOUSEKEEPING	10,076	26,562	1,946,142		3,365,868	9
10 DIETARY	5,693	39,216	737,692		1,795,345	10
11 CAFETERIA	29,023	32,086	1,511,555		2,069,679	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,407	18,229	2,648,036		3,763,829	13
14 CENTRAL SERVICES & SUPPLY	12,442	295,228	1,288,575		3,589,225	14
15 PHARMACY	7,118	553,109	3,720,785		5,865,227	15
16 MEDICAL RECORDS & LIBRARY	7,296	39,936	1,882,348		3,192,754	16
17 SOCIAL SERVICE	1,681		326,609		517,488	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	647	90	225,614		312,505	23
23.01 PASTORAL EDUCATION PROGRAM	859		59,593		76,930	23.01
23.02 PARAMED EDUC EMT PROGRAM	5,494	21,498	289,203		560,703	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	100,358	1,410,481	20,687,665		32,497,935	30
31 INTENSIVE CARE UNIT	9,631	183,406	3,874,664		6,930,699	31
34.01 NEONATAL INTENSIVE CARE	15,227	190,482	5,373,057		7,946,564	34.01
34.02 PEDIATRIC INTENSIVE CARE	3,520	12,099	776,988		1,145,920	34.02
40 SUBPROVIDER - IPF	10,731	43,185	1,207,982		2,072,483	40
43 NURSEY	6,897		1,761,276		2,776,938	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	38,217	1,417,145	6,910,383		13,561,239	50
51 RECOVERY ROOM	3,103	24,088	925,383		1,360,989	51
52 DELIVERY ROOM & LABOR ROOM	13,513	239,516	2,263,932		4,493,865	52
53 ANESTHESIOLOGY	893	223,636	332,138		2,163,849	53
54 RADIOLOGY-DIAGNOSTIC	12,361	591,863	2,272,672		3,785,096	54
55 RADIOLOGY-THERAPEUTIC	10,870	389,550	777,115		1,743,279	55
56 RADIOISOTOPE	1,594	74,866	248,619		1,132,715	56
60 LABORATORY	17,777	741,793	6,071,315		9,371,207	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	720	29,237	145,608		1,628,052	63
65 RESPIRATORY THERAPY	9,520	273,490	2,754,037		4,596,032	65
66 PHYSICAL THERAPY	5,432	4,468	480,317		1,620,426	66
69 ELECTROCARDIOLOGY	8,218	246,288	1,111,338		1,760,126	69
70 ELECTROENCEPHALOGRAPHY	580	27,428	66,363		135,408	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					10,874,544	71
72 IMPL. DEV. CHARGED TO PATIENT					14,963,435	72
73 DRUGS CHARGED TO PATIENTS					12,083,524	73
74 RENAL DIALYSIS	1,699	32,014			655,913	74
76 GI LAB	8,234	177,589	484,109		1,086,226	76
76.01 MRI	5,650	566,589	514,406		1,541,429	76.01
76.02 CT SCAN	2,861	208,312	682,937		1,425,531	76.02
76.03 CARDIAC CATHETERIZATION	5,398	464,205	908,099		1,858,945	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	5,784	5,379	187,570		390,569	76.08
76.10 GENETIC SERVICES	5,948	62,487	909,869		972,598	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	4,340	43,330	558,468		949,509	90.01
90.02 ANFENATAL TEST CENTER	5,225	46,810	352,998		659,524	90.02
90.03 CHILD PSYCHIATRIC CLINIC	1,539	4,101	396,098		534,701	90.03
91 EMERGENCY	17,682	639,051	5,154,692		9,156,624	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	6,410	16,101	861,018		2,926,554	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)	745,103	12,741,526	100,940,405	-55,420,208	199,835,183	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	14,460		539		1,307,390	192
193.01 BELOIT HEART STANDBY			62,716		85,866	193.01
194 GUEST CENTER	5,122	19,726	60,849		265,234	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	3,682	2,760	314,155		1,699,072	194.02
194.04 AUXILIARY	10,489	1,150	105,902		528,522	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	1,969,972	10,932,496	5,434,518		55,420,208	202
203 UNIT COST MULT-WS B PT I	2.529315	0.856432	0.053550		0.272039	203
204 COST TO BE ALLOC PER B PT II			102,993		2,678,063	204
205 UNIT COST MULT-WS B PT II			0.001015		0.013146	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 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	463,633				7
8 LAUNDRY & LINEN SERVICE	4,212	739,519			8
9 HOUSEKEEPING	10,076		449,345		9
10 DIETARY	5,693		5,693	166,329	10
11 CAFETERIA	29,023		29,023		11
12 MAINTENANCE OF PERSONNEL					142,038
13 NURSING ADMINISTRATION	5,407		5,407		13
14 CENTRAL SERVICES & SUPPLY	12,442	4,137	12,442		14
15 PHARMACY	7,118		7,118		15
16 MEDICAL RECORDS & LIBRARY	7,296		7,296		16
17 SOCIAL SERVICE	1,681		1,681		436
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	647		647		1,501
23.01 PASTORAL EDUCATION PROGRAM	859		859		1,180
23.02 PARAMED EDUC EMT PROGRAM	5,494		5,494		640
INPATIENT ROUTINE SERV COST CENTERS					23.01
30 ADULTS & PEDIATRICS	100,358	269,159	100,358	138,141	39,043
31 INTENSIVE CARE UNIT	9,631	29,508	9,631	14,682	6,389
34.01 NEONATAL INTENSIVE CARE	15,227	20,330	15,227		10,140
34.02 PEDIATRIC INTENSIVE CARE	3,520	932	3,520	2,688	1,108
40 SUBPROVIDER - IPF	10,731	6,167	10,731	10,818	2,088
43 NURSEY	6,897	40,219	6,897		2,859
ANCILLARY SERVICE COST CENTERS					43
50 OPERATING ROOM	38,217	114,574	38,217		9,766
51 RECOVERY ROOM	3,103	7,403	3,103		1,270
52 DELIVERY ROOM & LABOR ROOM	13,513	43,538	13,513		3,686
53 ANESTHESIOLOGY	893		893		614
54 RADIOLOGY-DIAGNOSTIC	12,361	28,104	12,361		4,329
55 RADIOLOGY-THERAPEUTIC	10,870	2,886	10,870		1,164
56 RADIOISOTOPE	1,594	87	1,594		299
60 LABORATORY	17,777	10,004	17,777		12,366
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	720		720		259
65 RESPIRATORY THERAPY	9,520	169	9,520		4,770
66 PHYSICAL THERAPY	5,432	424	5,432		1,668
69 ELECTROCARDIOLOGY	8,218		8,218		1,792
70 ELECTROENCEPHALOGRAPHY	580		580		133
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					70
72 IMPL. DEV. CHARGED TO PATIENT					71
73 DRUGS CHARGED TO PATIENTS					72
74 RENAL DIALYSIS	1,699		1,699		73
76 GI LAB	8,234	12,637	8,234		915
76.01 MRI	5,650	5,814	5,650		847
76.02 CT SCAN	2,861		2,861		1,049
76.03 CARDIAC CATHETERIZATION	5,398	8,414	5,398		1,266
76.04 PRIMARY PREVENTION PROGRAM					76.02
76.05 WOMEN'S HEALTH ADVANTAGE					76.03
76.07 OUTPATIENT DETOX					76.04
76.08 SPECIAL SURGICAL SERVICES	5,784	4,003	5,784		76.05
76.10 GENETIC SERVICES	5,948	57	5,948		76.07
76.11 CARDIOLOGY					275
76.12 OUTPATIENT PSYCH SERVICES					1,274
76.97 CARDIAC REHABILITATION					76.08
76.98 HYPERBARIC OXYGEN THERAPY					76.10
76.99 LITHOTRIPSY					76.11
OUTPATIENT SERVICE COST CENTERS					76.12
90.01 PAIN CENTER	4,340		4,340		949
90.02 ANTENATAL TEST CENTER	5,225	4,494	5,225		537
90.03 CHILD PSYCHIATRIC CLINIC	1,539	543	1,539		471
91 EMERGENCY	17,682	122,432	17,682		8,675
92 OBSERVATION BEDS					91
OTHER REIMBURSABLE COST CENTERS					92
95 AMBULANCE SERVICES	6,410	78	6,410		1,046
98 AIR AMBULANCE					95
99.10 CORF					98

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 SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	429,880	736,113	415,592	166,329	141,346	118
192 PHYSICIANS' PRIVATE OFFICES	14,460		14,460			192
193.01 BELOIT HEART STANDBY					43	193.01
194 GUEST CENTER	5,122	3,406	5,122		144	194
194.01 OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02 COMMUNITY SERVICES	3,682		3,682		171	194.02
194.04 AUXILIARY	10,489		10,489		334	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	16,147,168	1,710,356	4,632,437	2,540,713	3,942,717	202
203 UNIT COST MULT-WS B PT I	34.827478	2.312795	10.309310	15.275226	27.758184	203
204 COST TO BE ALLOC PER B PT II	1,070,016	45,025	118,981	86,879	204,296	204
205 UNIT COST MULT-WS B PT II	2.307894	0.060884	0.264788	0.522332	1.438319	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			836,262,367		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			53,837,996	6,661	30
31 INTENSIVE CARE UNIT	91,942			13,561,918		31
34.01 NEONATAL INTENSIVE CARE	135,426			36,067,420	102	34.01
34.02 PEDIATRIC INTENSIVE CARE	25,678			2,994,331	29	34.02
40 SUBPROVIDER - IPF	21,659			4,074,013	972	40
43 NURSEY	105,026			11,262,828	57	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	111,181			45,640,296		50
51 RECOVERY ROOM	27,041			6,020,938		51
52 DELIVERY ROOM & LABOR ROOM	59,484			10,309,851		52
53 ANESTHESIOLOGY	7,772			9,734,815		53
54 RADIOLOGY-DIAGNOSTIC	11,464			34,672,395		54
55 RADIOLOGY-THERAPEUTIC	7,993			10,693,103		55
56 RADIOISOTOPE				8,161,366		56
60 LABORATORY				57,222,379		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				11,099,926		63
65 RESPIRATORY THERAPY	6,010			28,993,099		65
66 PHYSICAL THERAPY	861			4,991,278		66
69 ELECTROCARDIOLOGY	8,806			24,756,120		69
70 ELECTROENCEPHALOGRAPHY	6			1,340,138		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45		130,226,945		71
72 IMPL. DEV. CHARGED TO PATIENT		55		70,259,417		72
73 DRUGS CHARGED TO PATIENTS			100	101,002,487		73
74 RENAL DIALYSIS				1,206,012		74
76 GI LAB	14,624			8,438,379		76
76.01 MRI				24,133,455		76.01
76.02 CT SCAN	20			40,476,824		76.02
76.03 CARDIAC CATHETERIZATION	10,633			17,839,481		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			1,905,209		76.08
76.10 GENETIC SERVICES	230			980,360		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			6,691,029		90.01
90.02 ANTENATAL TEST CENTER	2,152			5,184,513		90.02
90.03 CHILD PSYCHIATRIC CLINIC	845			454,141		90.03
91 EMERGENCY	90,152			47,117,571		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	18,830			4,912,334		95
98 AIR AMBULANCE						98
99.10 CORF						99.10

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
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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	836,262,367	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	5,140,992	5,245,022	7,906,612	4,508,099	750,113	202
203 UNIT COST MULT-WS B PT I	4.437908	52,450.220000	79,066.120000	0.005391	95.910114	203
204 COST TO BE ALLOC PER B PT II	99,888	752,738	598,573	122,708	16,414	204
205 UNIT COST MULT-WS B PT II	0.086227	7,527.380000	5,985.730000	0.000147	2.098709	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY ASSIGNED TIME		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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KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA		PARA MED		
	EDUCATION XRAY ASSIGNED TIME		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	468,387	169,386		981,272	202
203 UNIT COST MULT-WS B PT I	4,683.870000	2.295203		1,533.237500	203
204 COST TO BE ALLOC PER B PT II	9,683	7,150		55,588	204
205 UNIT COST MULT-WS B PT II	96.830000	0.096883		86.856250	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	52,404,171		52,404,171	9,180	52,413,351	30
31 INTENSIVE CARE UNIT	10,266,694		10,266,694		10,266,694	31
34.01 NEONATAL INTENSIVE CARE	11,957,702		11,957,702	40,723	11,998,425	34.01
34.02 PEDIATRIC INTENSIVE CARE	1,826,336		1,826,336	9,838	1,836,174	34.02
40 SUBPROVIDER - IPF	3,576,535		3,576,535		3,576,535	40
43 NURSERY	4,555,061		4,555,061		4,555,061	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,387,406		20,387,406	629,020	21,016,426	50
51 RECOVERY ROOM	2,076,130		2,076,130		2,076,130	51
52 DELIVERY ROOM & LABOR ROOM	6,874,947		6,874,947		6,874,947	52
53 ANESTHESIOLOGY	2,896,822		2,896,822	499,669	3,396,491	53
54 RADIOLOGY-DIAGNOSTIC	6,264,071		6,264,071		6,264,071	54
55 RADIOLOGY-THERAPEUTIC	2,840,261		2,840,261	50,100	2,890,361	55
56 RADIOISOTOPE	1,565,305		1,565,305		1,565,305	56
60 LABORATORY	13,397,819		13,397,819		13,397,819	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,170,474		2,170,474		2,170,474	63
65 RESPIRATORY THERAPY	6,611,739		6,611,739	9,661	6,621,400	65
66 PHYSICAL THERAPY	2,384,439		2,384,439		2,384,439	66
69 ELECTROCARDIOLOGY	2,832,166		2,832,166		2,832,166	69
70 ELECTROENCEPHALOGRAPHY	209,367		209,367		209,367	70
71 MEDICAL SUPPLIES CHRGED TO	16,894,966		16,894,966		16,894,966	71
72 IMPL. DEV. CHARGED TO PATIE	22,297,604		22,297,604		22,297,604	72
73 DRUGS CHARGED TO PATIENTS	23,821,830		23,821,830		23,821,830	73
74 RENAL DIALYSIS	917,537		917,537		917,537	74
76 GI LAB	1,918,395		1,918,395		1,918,395	76
76.01 MRI	2,382,842		2,382,842		2,382,842	76.01
76.02 CT SCAN	2,189,885		2,189,885		2,189,885	76.02
76.03 CARDIAC CATHETERIZATION	2,806,263		2,806,263		2,806,263	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	807,327		807,327		807,327	76.08
76.10 GENETIC SERVICES	1,547,459		1,547,459		1,547,459	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	1,562,697		1,562,697		1,562,697	90.01
90.02 ANTENATAL TEST CENTER	1,137,580		1,137,580	15,421	1,153,001	90.02
90.03 CHILD PSYCHIATRIC CLINIC	770,154		770,154		770,154	90.03
91 EMERGENCY	14,344,372		14,344,372	84,042	14,428,414	91
92 OBSERVATION BEDS	8,915,263		8,915,263		8,915,263	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,151,281		4,151,281	20,183	4,171,464	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)	261,562,900		261,562,900	1,367,837	262,930,737	200
201 LESS OBSERVATION BEDS	8,915,263		8,915,263		8,915,263	201
202 TOTAL (SEE INSTRUCTIONS)	252,647,637		252,647,637		254,015,474	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	42,194,823		42,194,823			30
31 INTENSIVE CARE UNIT	13,561,918		13,561,918			31
34.01 NEONATAL INTENSIVE CARE	36,067,420		36,067,420			34.01
34.02 PEDIATRIC INTENSIVE CARE	2,994,331		2,994,331			34.02
40 SUBPROVIDER - IPF	4,074,013		4,074,013			40
43 NURSERY	11,262,828		11,262,828			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,847,329	19,792,967	45,640,296	0.446697	0.446697	0.460480 50
51 RECOVERY ROOM	3,542,397	2,478,541	6,020,938	0.344818	0.344818	0.344818 51
52 DELIVERY ROOM & LABOR ROOM	8,606,477	1,703,374	10,309,851	0.666833	0.666833	0.666833 52
53 ANESTHESIOLOGY	5,403,649	4,331,166	9,734,815	0.297573	0.297573	0.348901 53
54 RADIOLOGY-DIAGNOSTIC	16,066,523	18,605,872	34,672,395	0.180665	0.180665	0.180665 54
55 RADIOLOGY-THERAPEUTIC	161,357	10,531,746	10,693,103	0.265616	0.265616	0.270301 55
56 RADIOISOTOPE	1,763,330	6,398,036	8,161,366	0.191794	0.191794	0.191794 56
60 LABORATORY	36,381,697	20,840,682	57,222,379	0.234136	0.234136	0.234136 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	9,545,971	1,553,955	11,099,926	0.195540	0.195540	0.195540 63
65 RESPIRATORY THERAPY	22,607,842	6,385,257	28,993,099	0.228045	0.228045	0.228378 65
66 PHYSICAL THERAPY	3,617,092	1,374,186	4,991,278	0.477721	0.477721	0.477721 66
69 ELECTROCARDIOLOGY	8,851,940	15,904,180	24,756,120	0.114403	0.114403	0.114403 69
70 ELECTROENCEPHALOGRAPHY	840,165	499,973	1,340,138	0.156228	0.156228	0.156228 70
71 MEDICAL SUPPLIES CHRGED TO	90,531,401	39,695,544	130,226,945	0.129735	0.129735	0.129735 71
72 IMPL. DEV. CHARGED TO PATIE	51,293,339	18,966,078	70,259,417	0.317361	0.317361	0.317361 72
73 DRUGS CHARGED TO PATIENTS	65,928,201	35,074,286	101,002,487	0.235854	0.235854	0.235854 73
74 RENAL DIALYSIS	1,151,786	54,226	1,206,012	0.760803	0.760803	0.760803 74
76 GI LAB	1,660,355	6,778,024	8,438,379	0.227342	0.227342	0.227342 76
76.01 MRI	6,562,999	17,570,456	24,133,455	0.098736	0.098736	0.098736 76.01
76.02 CT SCAN	14,098,474	26,378,350	40,476,824	0.054102	0.054102	0.054102 76.02
76.03 CARDIAC CATHETERIZATION	9,529,963	8,309,518	17,839,481	0.157306	0.157306	0.157306 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	225	1,904,984	1,905,209	0.423747	0.423747	0.423747 76.08
76.10 GENETIC SERVICES	83,426	896,934	980,360	1.578460	1.578460	1.578460 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	177,389	6,513,640	6,691,029	0.233551	0.233551	0.233551 90.01
90.02 ANTENATAL TEST CENTER	597,641	4,586,872	5,184,513	0.219419	0.219419	0.222393 90.02
90.03 CHILD PSYCHIATRIC CLINIC	207	453,934	454,141	1.695848	1.695848	1.695848 90.03
91 EMERGENCY	13,396,327	33,721,244	47,117,571	0.304438	0.304438	0.306222 91
92 OBSERVATION BEDS	483,720	11,159,453	11,643,173	0.765707	0.765707	0.765707 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		4,912,334	4,912,334	0.845073	0.845073	0.849182 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)	508,886,555	327,375,812	836,262,367			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	508,886,555	327,375,812	836,262,367			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)	(COL. 1 MINUS COL. 2)	(COL. 3 MINUS COL. 4)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,362,052		2,362,052	55,122	42.85	20,788	890,766 30
31 INTENSIVE CARE UNIT	326,393		326,393	4,894	66.69	2,310	154,054 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NEONATAL INTENSIVE CARE	383,851		383,851	12,065	31.82		34.01
34.02 PEDIATRIC INTENSIVE CARE	49,850		49,850	896	55.64		34.02
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	132,814		132,814	3,606	36.83	848	31,232 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	90,876		90,876	2,646	34.34		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,345,836		3,345,836	79,229		23,946	1,076,052 200

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	1,644,014	45,640,296	0.036021	10,110,175	364,179	50
51 RECOVERY ROOM	60,787	6,020,938	0.010096	1,388,436	14,018	51
52 DELIVERY ROOM & LABOR ROOM	348,780	10,309,851	0.033830	41,689	1,410	52
53 ANESTHESIOLOGY	227,452	9,734,815	0.023365	1,951,660	45,601	53
54 RADIOLOGY-DIAGNOSTIC	637,686	34,672,395	0.018392	7,800,827	143,473	54
55 RADIOLOGY-THERAPEUTIC	416,737	10,693,103	0.038973	68,629	2,675	55
56 RADIOISOTOPE	89,029	8,161,366	0.010909	982,496	10,718	56
60 LABORATORY	884,306	57,222,379	0.015454	15,768,017	243,679	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	52,154	11,099,926	0.004699	4,066,589	19,109	63
65 RESPIRATORY THERAPY	367,475	28,993,099	0.012675	7,092,664	89,900	65
66 PHYSICAL THERAPY	56,343	4,991,278	0.011288	1,952,116	22,035	66
69 ELECTROCARDIOLOGY	284,099	24,756,120	0.011476	4,650,472	53,369	69
70 ELECTROENCEPHALOGRAPHY	28,686	1,340,138	0.021405	320,292	6,856	70
71 MEDICAL SUPPLIES CHRGD TO PA	500,609	130,226,945	0.003844	35,646,935	137,027	71
72 IMPL. DEV. CHARGED TO PATIENT	621,043	70,259,417	0.008839	18,810,419	166,265	72
73 DRUGS CHARGED TO PATIENTS	772,270	101,002,487	0.007646	26,248,918	200,699	73
74 RENAL DIALYSIS	44,886	1,206,012	0.037219	832,027	30,967	74
76 GI LAB	213,369	8,438,379	0.025286	829,636	20,978	76
76.01 MRI	539,845	24,133,455	0.022369	3,058,656	68,419	76.01
76.02 CT SCAN	219,884	40,476,824	0.005432	6,294,252	34,190	76.02
76.03 CARDIAC CATHETERIZATION	470,789	17,839,481	0.026390	4,450,640	117,452	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	40,795	1,905,209	0.021412			76.08
76.10 GENETIC SERVICES	116,283	980,360	0.118613	8,236	977	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	75,856	6,691,029	0.011337	135,654	1,538	90.01
90.02 ANTENATAL TEST CENTER	77,945	5,184,513	0.015034	13,554	204	90.02
90.03 CHILD PSYCHIATRIC CLINIC	19,546	454,141	0.043039			90.03
91 EMERGENCY	798,837	47,117,571	0.016954	6,298,597	106,786	91
92 OBSERVATION BEDS	401,775	11,643,173	0.034507			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
98 AIR AMBULANCE						98
200 TOTAL (SUM OF LINES 50-199)	10,011,280	721,194,700		158,821,586	1,902,524	200

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
 05/23/2013 20:43

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		137,594			137,594	30
31 INTENSIVE CARE UNIT		64,857			64,857	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 NEONATAL INTENSIVE CARE		28,348			28,348	34.01
34.02 PEDIATRIC INTENSIVE CARE		2,947			2,947	34.02
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		7,115			7,115	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY		6,720			6,720	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		247,581			247,581	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	55,122	2.50	20,788	51,970	30
31 INTENSIVE CARE UNIT	4,894	13.25	2,310	30,608	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NEONATAL INTENSIVE CARE	12,065	2.35			34.01
34.02 PEDIATRIC INTENSIVE CARE	896	3.29			34.02
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,606	1.97	848	1,671	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,646	2.54			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	79,229		23,946	84,249	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			136,458	136,458	136,458	50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM			26,065	26,065	26,065	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC			468,387	468,387	468,387	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			19,932	19,932	19,932	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			720,622	720,622	720,622	91
92	OBSERVATION BEDS			23,403	23,403	23,403	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
98	AIR AMBULANCE						98
200	TOTAL (SUM OF LINES 50-199)			1,394,867	1,394,867	1,394,867	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	45,640,296	0.002990	0.002990	10,110,175	30,229	5,226,618	15,628	50
51 RECOVERY ROOM	6,020,938			1,388,436		433,909		51
52 DELIVERY ROOM & LABOR ROOM	10,309,851	0.002528	0.002528	41,689	105	14,304	36	52
53 ANESTHESIOLOGY	9,734,815			1,951,660		1,081,545		53
54 RADIOLOGY-DIAGNOSTIC	34,672,395	0.013509	0.013509	7,800,827	105,381	6,173,308	83,395	54
55 RADIOLOGY-THERAPEUTIC	10,693,103			68,629		3,934,327		55
56 RADIOISOTOPE	8,161,366			982,496		2,901,212		56
60 LABORATORY	57,222,379			15,768,017		851,358		60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	11,099,926			4,066,589		665,950		63
65 RESPIRATORY THERAPY	28,993,099	0.000687	0.000687	7,092,664	4,873	1,874,676	1,288	65
66 PHYSICAL THERAPY	4,991,278			1,952,116		32,692		66
69 ELECTROCARDIOLOGY	24,756,120			4,650,472		6,338,501		69
70 ELECTROENCEPHALOGRAPHY	1,340,138			320,292		50,205		70
71 MEDICAL SUPPLIES CHRGED TO P	130,226,945			35,646,935		12,303,972		71
72 IMPL. DEV. CHARGED TO PATIEN	70,259,417			18,810,419		7,460,308		72
73 DRUGS CHARGED TO PATIENTS	101,002,487			26,248,918		9,254,783		73
74 RENAL DIALYSIS	1,206,012			832,027		27,171		74
76 GI LAB	8,438,379			829,636		1,610,645		76
76.01 MRI	24,133,455			3,058,656		9,302,627		76.01
76.02 CT SCAN	40,476,824			6,294,252		7,714,243		76.02
76.03 CARDIAC CATHETERIZATION	17,839,481			4,450,640		2,980,279		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	1,905,209					798,589		76.08
76.10 GENETIC SERVICES	980,360			8,236		22,464		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	6,691,029			135,654		2,839,113		90.01
90.02 ANTENATAL TEST CENTER	5,184,513			13,554		60,457		90.02
90.03 CHLD PSYCHIATRIC CLINIC	454,141							90.03
91 EMERGENCY	47,117,571	0.015294	0.015294	6,298,597	96,331	6,053,422	92,581	91
92 OBSERVATION BEDS	11,643,173	0.002010	0.002010			1,632,086	3,280	92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES								95
98 AIR AMBULANCE								98
200 TOTAL (SUM OF LINES 50-199)	721,194,700			158,821,586	236,919	91,638,764	196,208	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 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	0.446697	5,226,618			2,334,715		50
51 RECOVERY ROOM	0.344818	433,909			149,620		51
52 DELIVERY ROOM & LABOR ROOM	0.666833	14,304			9,538		52
53 ANESTHESIOLOGY	0.297573	1,081,545			321,839		53
54 RADIOLOGY-DIAGNOSTIC	0.180665	6,173,308			1,115,301		54
55 RADIOLOGY-THERAPEUTIC	0.265616	3,934,327			1,045,020		55
56 RADIOISOTOPE	0.191794	2,901,212			556,435		56
60 LABORATORY	0.234136	851,358			199,334		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540	665,950			130,220		63
65 RESPIRATORY THERAPY	0.228045	1,874,676			427,510		65
66 PHYSICAL THERAPY	0.477721	32,692			15,618		66
69 ELECTROCARDIOLOGY	0.114403	6,338,501			725,144		69
70 ELECTROENCEPHALOGRAPHY	0.156228	50,205			7,843		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735	12,303,972			1,596,256		71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361	7,460,308			2,367,611		72
73 DRUGS CHARGED TO PATIENTS	0.235854	9,254,783		128,867	2,182,778		73
74 RENAL DIALYSIS	0.760803	27,171			20,672		74
76 GI LAB	0.227342	1,610,645			366,167		76
76.01 MRI	0.098736	9,302,627			918,504		76.01
76.02 CT SCAN	0.054102	7,714,243			417,356		76.02
76.03 CARDIAC CATHETERIZATION	0.157306	2,980,279			468,816		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	0.423747	798,589			338,400		76.08
76.10 GENETIC SERVICES	1.578460	22,464			35,459		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	0.233551	2,839,113			663,078		90.01
90.02 ANTENATAL TEST CENTER	0.219419	60,457			13,265		90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848						90.03
91 EMERGENCY	0.304438	6,053,422			1,842,892		91
92 OBSERVATION BEDS	0.765707	1,632,086			1,249,700		92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.845073						95
98 AIR AMBULANCE							98
200 SUBTOTAL (SEE INSTRUCTIONS)		91,638,764		128,867	19,519,091		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		91,638,764		128,867	19,519,091		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	1,644,014	45,640,296	0.036021	50
51	RECOVERY ROOM	60,787	6,020,938	0.010096	51
52	DELIVERY ROOM & LABOR ROOM	348,780	10,309,851	0.033830	52
53	ANESTHESIOLOGY	227,452	9,734,815	0.023365	53
54	RADIOLOGY-DIAGNOSTIC	637,686	34,672,395	0.018392	8,494 54
55	RADIOLOGY-THERAPEUTIC	416,737	10,693,103	0.038973	55
56	RADIOISOTOPE	89,029	8,161,366	0.010909	56
60	LABORATORY	884,306	57,222,379	0.015454	148,912 2,301 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	52,154	11,099,926	0.004699	63
65	RESPIRATORY THERAPY	367,475	28,993,099	0.012675	15,165 192 65
66	PHYSICAL THERAPY	56,343	4,991,278	0.011288	5,243 59 66
69	ELECTROCARDIOLOGY	284,099	24,756,120	0.011476	5,036 58 69
70	ELECTROENCEPHALOGRAPHY	28,686	1,340,138	0.021405	2,134 46 70
71	MEDICAL SUPPLIES CHRGD TO PA	500,609	130,226,945	0.003844	687 3 71
72	IMPL. DEV. CHARGED TO PATIENT	621,043	70,259,417	0.008839	72
73	DRUGS CHARGED TO PATIENTS	772,270	101,002,487	0.007646	210,450 1,609 73
74	RENAL DIALYSIS	44,886	1,206,012	0.037219	74
76	GI LAB	213,369	8,438,379	0.025286	76
76.01	MRI	539,845	24,133,455	0.022369	76.01
76.02	CT SCAN	219,884	40,476,824	0.005432	14,398 78 76.02
76.03	CARDIAC CATHETERIZATION	470,789	17,839,481	0.026390	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	40,795	1,905,209	0.021412	76.08
76.10	GENETIC SERVICES	116,283	980,360	0.118613	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	75,856	6,691,029	0.011337	90.01
90.02	ANTENATAL TEST CENTER	77,945	5,184,513	0.015034	90.02
90.03	CHILD PSYCHIATRIC CLINIC	19,546	454,141	0.043039	90.03
91	EMERGENCY	798,837	47,117,571	0.016954	104,375 1,770 91
92	OBSERVATION BEDS	401,775	11,643,173	0.034507	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
98	AIR AMBULANCE				98
200	TOTAL (SUM OF LINES 50-199)	10,011,280	721,194,700		514,894 6,272 200

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		136,458		136,458	136,458	50		
51	RECOVERY ROOM						51		
52	DELIVERY ROOM & LABOR ROOM		26,065		26,065	26,065	52		
53	ANESTHESIOLOGY						53		
54	RADIOLOGY-DIAGNOSTIC		468,387		468,387	468,387	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		19,932		19,932	19,932	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		720,622		720,622	720,622	91		
92	OBSERVATION BEDS						92		
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES						95		
98	AIR AMBULANCE						98		
200	TOTAL (SUM OF LINES 50-199)		1,371,464		1,371,464	1,371,464	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	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9				
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	45,640,296	0.002990	0.002990				50
51 RECOVERY ROOM	6,020,938						51
52 DELIVERY ROOM & LABOR ROOM	10,309,851	0.002528	0.002528				52
53 ANESTHESIOLOGY	9,734,815						53
54 RADIOLOGY-DIAGNOSTIC	34,672,395	0.013509	0.013509	8,494	115		54
55 RADIOLOGY-THERAPEUTIC	10,693,103						55
56 RADIOISOTOPE	8,161,366						56
60 LABORATORY	57,222,379			148,912			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	11,099,926						63
65 RESPIRATORY THERAPY	28,993,099	0.000687	0.000687	15,165	10		65
66 PHYSICAL THERAPY	4,991,278			5,243			66
69 ELECTROCARDIOLOGY	24,756,120			5,036			69
70 ELECTROENCEPHALOGRAPHY	1,340,138			2,134			70
71 MEDICAL SUPPLIES CHRGED TO P	130,226,945			687			71
72 IMPL. DEV. CHARGED TO PATIEN	70,259,417						72
73 DRUGS CHARGED TO PATIENTS	101,002,487			210,450			73
74 RENAL DIALYSIS	1,206,012						74
76 GI LAB	8,438,379						76
76.01 MRI	24,133,455						76.01
76.02 CT SCAN	40,476,824			14,398			76.02
76.03 CARDIAC CATHETERIZATION	17,839,481						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	1,905,209						76.08
76.10 GENETIC SERVICES	980,360						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	6,691,029						90.01
90.02 ANTENATAL TEST CENTER	5,184,513						90.02
90.03 CHILD PSYCHIATRIC CLINIC	454,141						90.03
91 EMERGENCY	47,117,571	0.015294	0.015294	104,375	1,596		91
92 OBSERVATION BEDS	11,643,173						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)	721,194,700			514,894	1,721		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	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	0.446697						50
51 RECOVERY ROOM	0.344818						51
52 DELIVERY ROOM & LABOR ROOM	0.666833						52
53 ANESTHESIOLOGY	0.297573						53
54 RADIOLOGY-DIAGNOSTIC	0.180665						54
55 RADIOLOGY-THERAPEUTIC	0.265616						55
56 RADIOISOTOPE	0.191794						56
60 LABORATORY	0.234136						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540						63
65 RESPIRATORY THERAPY	0.228045						65
66 PHYSICAL THERAPY	0.477721						66
69 ELECTROCARDIOLOGY	0.114403						69
70 ELECTROENCEPHALOGRAPHY	0.156228						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735						71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361						72
73 DRUGS CHARGED TO PATIENTS	0.235854						73
74 RENAL DIALYSIS	0.760803						74
76 GI LAB	0.227342						76
76.01 MRI	0.098736						76.01
76.02 CT SCAN	0.054102						76.02
76.03 CARDIAC CATHETERIZATION	0.157306						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	0.423747						76.08
76.10 GENETIC SERVICES	1.578460						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	0.233551						90.01
90.02 ANTENATAL TEST CENTER	0.219419						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848						90.03
91 EMERGENCY	0.304438						91
92 OBSERVATION BEDS	0.765707						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.845073						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) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 ÷ COL.4) 5	(COL.5 x COL.6) 7		
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,362,052		2,362,052	55,122	42.85	9,425	403,861 30
31 INTENSIVE CARE UNIT	326,393		326,393	4,894	66.69	907	60,488 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 NEONATAL INTENSIVE CARE	383,851		383,851	12,065	31.82	5,612	178,574 34.01
34.02 PEDIATRIC INTENSIVE CARE	49,850		49,850	896	55.64	529	29,434 34.02
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	132,814		132,814	3,606	36.83	555	20,441 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	90,876		90,876	2,646	34.34	2,334	80,150 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,345,836		3,345,836	79,229		19,362	772,948 200

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	1,644,014	45,640,296	0.036021		50
51 RECOVERY ROOM	60,787	6,020,938	0.010096		51
52 DELIVERY ROOM & LABOR ROOM	348,780	10,309,851	0.033830		52
53 ANESTHESIOLOGY	227,452	9,734,815	0.023365		53
54 RADIOLOGY-DIAGNOSTIC	637,686	34,672,395	0.018392		54
55 RADIOLOGY-THERAPEUTIC	416,737	10,693,103	0.038973		55
56 RADIOISOTOPE	89,029	8,161,366	0.010909		56
60 LABORATORY	884,306	57,222,379	0.015454		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	52,154	11,099,926	0.004699		63
65 RESPIRATORY THERAPY	367,475	28,993,099	0.012675		65
66 PHYSICAL THERAPY	56,343	4,991,278	0.011288		66
69 ELECTROCARDIOLOGY	284,099	24,756,120	0.011476		69
70 ELECTROENCEPHALOGRAPHY	28,686	1,340,138	0.021405		70
71 MEDICAL SUPPLIES CHRGD TO PA	500,609	130,226,945	0.003844		71
72 IMPL. DEV. CHARGED TO PATIENT	621,043	70,259,417	0.008839		72
73 DRUGS CHARGED TO PATIENTS	772,270	101,002,487	0.007646		73
74 RENAL DIALYSIS	44,886	1,206,012	0.037219		74
76 GI LAB	213,369	8,438,379	0.025286		76
76.01 MRI	539,845	24,133,455	0.022369		76.01
76.02 CT SCAN	219,884	40,476,824	0.005432		76.02
76.03 CARDIAC CATHETERIZATION	470,789	17,839,481	0.026390		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	40,795	1,905,209	0.021412		76.08
76.10 GENETIC SERVICES	116,283	980,360	0.118613		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	75,856	6,691,029	0.011337		90.01
90.02 ANTENATAL TEST CENTER	77,945	5,184,513	0.015034		90.02
90.03 CHILD PSYCHIATRIC CLINIC	19,546	454,141	0.043039		90.03
91 EMERGENCY	798,837	47,117,571	0.016954		91
92 OBSERVATION BEDS	401,775	11,643,173	0.034507		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-199)	10,011,280	721,194,700			200

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
 05/23/2013 20:43

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		137,594			137,594	30
31 INTENSIVE CARE UNIT		64,857			64,857	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 NEONATAL INTENSIVE CARE		28,348			28,348	34.01
34.02 PEDIATRIC INTENSIVE CARE		2,947			2,947	34.02
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		7,115			7,115	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY		6,720			6,720	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		247,581			247,581	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	55,122	2.50	9,425	23,563	30
31 INTENSIVE CARE UNIT	4,894	13.25	907	12,018	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 NEONATAL INTENSIVE CARE	12,065	2.35	5,612	13,188	34.01
34.02 PEDIATRIC INTENSIVE CARE	896	3.29	529	1,740	34.02
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,606	1.97	555	1,093	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,646	2.54	2,334	5,928	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	79,229		19,362	57,530	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			136,458		136,458	136,458	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM			26,065		26,065	26,065	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			468,387		468,387	468,387	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			19,932		19,932	19,932	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			720,622		720,622	720,622	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)			1,371,464		1,371,464	1,371,464	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	45,640,296	0.002990	0.002990					50
51 RECOVERY ROOM	6,020,938							51
52 DELIVERY ROOM & LABOR ROOM	10,309,851	0.002528	0.002528					52
53 ANESTHESIOLOGY	9,734,815							53
54 RADIOLOGY-DIAGNOSTIC	34,672,395	0.013509	0.013509					54
55 RADIOLOGY-THERAPEUTIC	10,693,103							55
56 RADIOISOTOPE	8,161,366							56
60 LABORATORY	57,222,379							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	11,099,926							63
65 RESPIRATORY THERAPY	28,993,099	0.000687	0.000687					65
66 PHYSICAL THERAPY	4,991,278							66
69 ELECTROCARDIOLOGY	24,756,120							69
70 ELECTROENCEPHALOGRAPHY	1,340,138							70
71 MEDICAL SUPPLIES CHRGED TO P	130,226,945							71
72 IMPL. DEV. CHARGED TO PATIEN	70,259,417							72
73 DRUGS CHARGED TO PATIENTS	101,002,487							73
74 RENAL DIALYSIS	1,206,012							74
76 GI LAB	8,438,379							76
76.01 MRI	24,133,455							76.01
76.02 CT SCAN	40,476,824							76.02
76.03 CARDIAC CATHETERIZATION	17,839,481							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	1,905,209							76.08
76.10 GENETIC SERVICES	980,360							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	6,691,029							90.01
90.02 ANTENATAL TEST CENTER	5,184,513							90.02
90.03 CHILD PSYCHIATRIC CLINIC	454,141							90.03
91 EMERGENCY	47,117,571	0.015294	0.015294					91
92 OBSERVATION BEDS	11,643,173							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	4,912,334							95
98 AIR AMBULANCE								98
200 TOTAL (SUM OF LINES 50-199)	721,194,700							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		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.446697						50
51 RECOVERY ROOM	0.344818						51
52 DELIVERY ROOM & LABOR ROOM	0.666833						52
53 ANESTHESIOLOGY	0.297573						53
54 RADIOLOGY-DIAGNOSTIC	0.180665						54
55 RADIOLOGY-THERAPEUTIC	0.265616						55
56 RADIOISOTOPE	0.191794						56
60 LABORATORY	0.234136						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540						63
65 RESPIRATORY THERAPY	0.228045						65
66 PHYSICAL THERAPY	0.477721						66
69 ELECTROCARDIOLOGY	0.114403						69
70 ELECTROENCEPHALOGRAPHY	0.156228						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735						71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361						72
73 DRUGS CHARGED TO PATIENTS	0.235854						73
74 RENAL DIALYSIS	0.760803						74
76 GI LAB	0.227342						76
76.01 MRI	0.098736						76.01
76.02 CT SCAN	0.054102						76.02
76.03 CARDIAC CATHETERIZATION	0.157306						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	0.423747						76.08
76.10 GENETIC SERVICES	1.578460						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	0.233551						90.01
90.02 ANTENATAL TEST CENTER	0.219419						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848						90.03
91 EMERGENCY	0.304438						91
92 OBSERVATION BEDS	0.765707						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.845073						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	1,644,014	45,640,296	0.036021	50
51	RECOVERY ROOM	60,787	6,020,938	0.010096	51
52	DELIVERY ROOM & LABOR ROOM	348,780	10,309,851	0.033830	52
53	ANESTHESIOLOGY	227,452	9,734,815	0.023365	53
54	RADIOLOGY-DIAGNOSTIC	637,686	34,672,395	0.018392	54
55	RADIOLOGY-THERAPEUTIC	416,737	10,693,103	0.038973	55
56	RADIOISOTOPE	89,029	8,161,366	0.010909	56
60	LABORATORY	884,306	57,222,379	0.015454	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	52,154	11,099,926	0.004699	63
65	RESPIRATORY THERAPY	367,475	28,993,099	0.012675	65
66	PHYSICAL THERAPY	56,343	4,991,278	0.011288	66
69	ELECTROCARDIOLOGY	284,099	24,756,120	0.011476	69
70	ELECTROENCEPHALOGRAPHY	28,686	1,340,138	0.021405	70
71	MEDICAL SUPPLIES CHRGD TO PA	500,609	130,226,945	0.003844	71
72	IMPL. DEV. CHARGED TO PATIENT	621,043	70,259,417	0.008839	72
73	DRUGS CHARGED TO PATIENTS	772,270	101,002,487	0.007646	73
74	RENAL DIALYSIS	44,886	1,206,012	0.037219	74
76	GI LAB	213,369	8,438,379	0.025286	76
76.01	MRI	539,845	24,133,455	0.022369	76.01
76.02	CT SCAN	219,884	40,476,824	0.005432	76.02
76.03	CARDIAC CATHETERIZATION	470,789	17,839,481	0.026390	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	40,795	1,905,209	0.021412	76.08
76.10	GENETIC SERVICES	116,283	980,360	0.118613	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	75,856	6,691,029	0.011337	90.01
90.02	ANTENATAL TEST CENTER	77,945	5,184,513	0.015034	90.02
90.03	CHILD PSYCHIATRIC CLINIC	19,546	454,141	0.043039	90.03
91	EMERGENCY	798,837	47,117,571	0.016954	91
92	OBSERVATION BEDS	401,775	11,643,173	0.034507	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
98	AIR AMBULANCE				98
200	TOTAL (SUM OF LINES 50-199)	10,011,280	721,194,700		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			136,458		136,458	136,458	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM			26,065		26,065	26,065	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			468,387		468,387	468,387	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			19,932		19,932	19,932	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			720,622		720,622	720,622	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
98 AIR AMBULANCE							98
200 TOTAL (SUM OF LINES 50-199)			1,371,464		1,371,464	1,371,464	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	45,640,296	0.002990	0.002990					50
51 RECOVERY ROOM	6,020,938							51
52 DELIVERY ROOM & LABOR ROOM	10,309,851	0.002528	0.002528					52
53 ANESTHESIOLOGY	9,734,815							53
54 RADIOLOGY-DIAGNOSTIC	34,672,395	0.013509	0.013509					54
55 RADIOLOGY-THERAPEUTIC	10,693,103							55
56 RADIOISOTOPE	8,161,366							56
60 LABORATORY	57,222,379							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	11,099,926							63
65 RESPIRATORY THERAPY	28,993,099	0.000687	0.000687					65
66 PHYSICAL THERAPY	4,991,278							66
69 ELECTROCARDIOLOGY	24,756,120							69
70 ELECTROENCEPHALOGRAPHY	1,340,138							70
71 MEDICAL SUPPLIES CHRGED TO P	130,226,945							71
72 IMPL. DEV. CHARGED TO PATIEN	70,259,417							72
73 DRUGS CHARGED TO PATIENTS	101,002,487							73
74 RENAL DIALYSIS	1,206,012							74
76 GI LAB	8,438,379							76
76.01 MRI	24,133,455							76.01
76.02 CT SCAN	40,476,824							76.02
76.03 CARDIAC CATHETERIZATION	17,839,481							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	1,905,209							76.08
76.10 GENETIC SERVICES	980,360							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	6,691,029							90.01
90.02 ANTENATAL TEST CENTER	5,184,513							90.02
90.03 CHILD PSYCHIATRIC CLINIC	454,141							90.03
91 EMERGENCY	47,117,571	0.015294	0.015294					91
92 OBSERVATION BEDS	11,643,173							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	4,912,334							95
98 AIR AMBULANCE								98
200 TOTAL (SUM OF LINES 50-199)	721,194,700							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	0.446697						50
51 RECOVERY ROOM	0.344818						51
52 DELIVERY ROOM & LABOR ROOM	0.666833						52
53 ANESTHESIOLOGY	0.297573						53
54 RADIOLOGY-DIAGNOSTIC	0.180665						54
55 RADIOLOGY-THERAPEUTIC	0.265616						55
56 RADIOISOTOPE	0.191794						56
60 LABORATORY	0.234136						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540						63
65 RESPIRATORY THERAPY	0.228045						65
66 PHYSICAL THERAPY	0.477721						66
69 ELECTROCARDIOLOGY	0.114403						69
70 ELECTROENCEPHALOGRAPHY	0.156228						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735						71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361						72
73 DRUGS CHARGED TO PATIENTS	0.235854						73
74 RENAL DIALYSIS	0.760803						74
76 GI LAB	0.227342						76
76.01 MRI	0.098736						76.01
76.02 CT SCAN	0.054102						76.02
76.03 CARDIAC CATHETERIZATION	0.157306						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	0.423747						76.08
76.10 GENETIC SERVICES	1.578460						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	0.233551						90.01
90.02 ANTENATAL TEST CENTER	0.219419						90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848						90.03
91 EMERGENCY	0.304438						91
92 OBSERVATION BEDS	0.765707						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.845073						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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0239) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] 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)	55,122	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	55,122	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)	3,989	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)	20,788	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)	52,413,351	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	52,413,351	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	42,194,823	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,194,823	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.242175	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)	10,577.79	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)	52,413,351	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) 950.86 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 19,766,478 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) 19,766,478 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	10,266,694	4,894	2,097.81	2,310	4,845,941	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 NEONATAL INTENSIVE CARE	11,998,425	12,065	994.48			46.01
46.02 PEDIATRIC INTENSIVE CARE	1,836,174	896	2,049.30			46.02
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					36,006,821	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					60,619,240	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,127,398 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,139,443 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 3,266,841 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 57,352,399 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 9,376 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 950.86 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,915,263 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	
90 CAPITAL-RELATED COST	2,362,052	52,413,351	0.045066	8,915,263	401,775	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	137,594	52,413,351	0.002625	8,915,263	23,403	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)	3,606	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,606	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,606	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)	3,576,535	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	3,576,535	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,074,013	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,074,013	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.877890	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)	1,129.79	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)	3,576,535	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)	991.83	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	841,072	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)	841,072	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	125,743	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	966,815	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	32,903	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	7,993	51
52 TOTAL PROGRAM EXCLUDABLE COST	40,896	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	925,919	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	55,122	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	55,122	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)	3,989	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)	9,425	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)	2,646	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,334	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)	52,404,171	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	52,404,171	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	42,194,823	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,194,823	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.241957	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)	10,577.79	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)	52,404,171	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) 950.69 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,960,253 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) 8,960,253 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	4,555,061	2,646	1,721.49	2,334	4,017,958 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,266,694	4,894	2,097.81	907	1,902,714 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
46.01 NEONATAL INTENSIVE CARE	11,957,702	12,065	991.11	5,612	5,562,109 46.01
46.02 PEDIATRIC INTENSIVE CARE	1,826,336	896	2,038.32	529	1,078,271 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)					21,521,305 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 808,944 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 808,944 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 9,376 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

	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST		
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)	3,606	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,606	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,606	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)	555	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)	3,576,535	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	3,576,535	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,074,013	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,074,013	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.877890	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)	1,129.79	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)	3,576,535	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)	991.83	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	550,466	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)	550,466	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	550,466	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	21,534	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	21,534	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		20,438,700			30
31 INTENSIVE CARE UNIT		6,615,254			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	0.460480	10,110,175	4,655,533		50
51 RECOVERY ROOM	0.344818	1,388,436	478,758		51
52 DELIVERY ROOM & LABOR ROOM	0.666833	41,689	27,800		52
53 ANESTHESIOLOGY	0.348901	1,951,660	680,936		53
54 RADIOLOGY-DIAGNOSTIC	0.180665	7,800,827	1,409,336		54
55 RADIOLOGY-THERAPEUTIC	0.270301	68,629	18,550		55
56 RADIOISOTOPE	0.191794	982,496	188,437		56
60 LABORATORY	0.234136	15,768,017	3,691,860		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540	4,066,589	795,181		63
65 RESPIRATORY THERAPY	0.228378	7,092,664	1,619,808		65
66 PHYSICAL THERAPY	0.477721	1,952,116	932,567		66
69 ELECTROCARDIOLOGY	0.114403	4,650,472	532,028		69
70 ELECTROENCEPHALOGRAPHY	0.156228	320,292	50,039		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735	35,646,935	4,624,655		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.317361	18,810,419	5,969,693		72
73 DRUGS CHARGED TO PATIENTS	0.235854	26,248,918	6,190,912		73
74 RENAL DIALYSIS	0.760803	832,027	633,009		74
76 GI LAB	0.227342	829,636	188,611		76
76.01 MRI	0.098736	3,058,656	301,999		76.01
76.02 CT SCAN	0.054102	6,294,252	340,532		76.02
76.03 CARDIAC CATHETERIZATION	0.157306	4,450,640	700,112		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	0.423747				76.08
76.10 GENETIC SERVICES	1.578460	8,236	13,000		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	0.233551	135,654	31,682		90.01
90.02 ANTENATAL TEST CENTER	0.222393	13,554	3,014		90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848				90.03
91 EMERGENCY	0.306222	6,298,597	1,928,769		91
92 OBSERVATION BEDS	0.765707				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		158,821,586	36,006,821		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		158,821,586			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		1,183,747			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.460480				50
51 RECOVERY ROOM	0.344818				51
52 DELIVERY ROOM & LABOR ROOM	0.666833				52
53 ANESTHESIOLOGY	0.348901				53
54 RADIOLOGY-DIAGNOSTIC	0.180665	8,494	1,535		54
55 RADIOLOGY-THERAPEUTIC	0.270301				55
56 RADIOISOTOPE	0.191794				56
60 LABORATORY	0.234136	148,912	34,866		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540				63
65 RESPIRATORY THERAPY	0.228378	15,165	3,463		65
66 PHYSICAL THERAPY	0.477721	5,243	2,505		66
69 ELECTROCARDIOLOGY	0.114403	5,036	576		69
70 ELECTROENCEPHALOGRAPHY	0.156228	2,134	333		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735	687	89		71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361				72
73 DRUGS CHARGED TO PATIENTS	0.235854	210,450	49,635		73
74 RENAL DIALYSIS	0.760803				74
76 GI LAB	0.227342				76
76.01 MRI	0.098736				76.01
76.02 CT SCAN	0.054102	14,398	779		76.02
76.03 CARDIAC CATHETERIZATION	0.157306				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	0.423747				76.08
76.10 GENETIC SERVICES	1.578460				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	0.233551				90.01
90.02 ANTENATAL TEST CENTER	0.222393				90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848				90.03
91 EMERGENCY	0.306222	104,375	31,962		91
92 OBSERVATION BEDS	0.765707				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
98 AIR AMBULANCE					98
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		514,894	125,743		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		514,894			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 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
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.446697			50
51 RECOVERY ROOM	0.344818			51
52 DELIVERY ROOM & LABOR ROOM	0.666833			52
53 ANESTHESIOLOGY	0.297573			53
54 RADIOLOGY-DIAGNOSTIC	0.180665			54
55 RADIOLOGY-THERAPEUTIC	0.265616			55
56 RADIOISOTOPE	0.191794			56
60 LABORATORY	0.234136			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540			63
65 RESPIRATORY THERAPY	0.228045			65
66 PHYSICAL THERAPY	0.477721			66
69 ELECTROCARDIOLOGY	0.114403			69
70 ELECTROENCEPHALOGRAPHY	0.156228			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.129735			71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361			72
73 DRUGS CHARGED TO PATIENTS	0.235854			73
74 RENAL DIALYSIS	0.760803			74
76 GI LAB	0.227342			76
76.01 MRI	0.098736			76.01
76.02 CT SCAN	0.054102			76.02
76.03 CARDIAC CATHETERIZATION	0.157306			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	0.423747			76.08
76.10 GENETIC SERVICES	1.578460			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	0.233551			90.01
90.02 ANTENATAL TEST CENTER	0.219419			90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848			90.03
91 EMERGENCY	0.304438			91
92 OBSERVATION BEDS	0.765707			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	0.446697			50
51 RECOVERY ROOM	0.344818			51
52 DELIVERY ROOM & LABOR ROOM	0.666833			52
53 ANESTHESIOLOGY	0.297573			53
54 RADIOLOGY-DIAGNOSTIC	0.180665			54
55 RADIOLOGY-THERAPEUTIC	0.265616			55
56 RADIOISOTOPE	0.191794			56
60 LABORATORY	0.234136			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.195540			63
65 RESPIRATORY THERAPY	0.228045			65
66 PHYSICAL THERAPY	0.477721			66
69 ELECTROCARDIOLOGY	0.114403			69
70 ELECTROENCEPHALOGRAPHY	0.156228			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.129735			71
72 IMPL. DEV. CHARGED TO PATIENT	0.317361			72
73 DRUGS CHARGED TO PATIENTS	0.235854			73
74 RENAL DIALYSIS	0.760803			74
76 GI LAB	0.227342			76
76.01 MRI	0.098736			76.01
76.02 CT SCAN	0.054102			76.02
76.03 CARDIAC CATHETERIZATION	0.157306			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	0.423747			76.08
76.10 GENETIC SERVICES	1.578460			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	0.233551			90.01
90.02 ANTENATAL TEST CENTER	0.219419			90.02
90.03 CHILD PSYCHIATRIC CLINIC	1.695848			90.03
91 EMERGENCY	0.304438			91
92 OBSERVATION BEDS	0.765707			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	37,665,497	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,761,744	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	8,146,245	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	264.79	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)	0.0432	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3105	31
32	SUM OF LINES 30 AND 31	0.3537	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1840	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,930,451	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)	47,357,692	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)	47,357,692	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,344,463	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	94,785	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	82,578	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	236,919	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	51,116,437	59
60	PRIMARY PAYER PAYMENTS	126,467	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	50,989,970	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,634,564	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	146,800	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	832,707	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	582,895	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	634,396	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	47,791,501	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)	47,791,501	71
72	INTERIM PAYMENTS	49,107,714	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,316,213	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	583,815	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 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		48,771,514		14,894,141	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 08/01/2012	336,200		NONE	3.01
PROGRAM	.02				3.02
TO	.03				3.03
PROVIDER	.04				3.04
	.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
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	336,200			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		49,107,714		14,894,141	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			1,560	6.01
	TO .02				
	PROVIDER .01				
	PROVIDER .02	-1,316,213			6.02
	TO .01				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		47,791,501		14,895,701	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (14-S239) [ ] 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		756,489		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 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)		756,489		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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE	NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 TO .01 PROVIDER PROVIDER TO .02 PROGRAM	-1,524		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		754,965		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
05/23/2013 20:43

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0239) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	13,166	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	23,098	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	4,484	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	63,601	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	836,262,367	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	27,660,341	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)	793,718	1
2	NET IPF PPS OUTLIER PAYMENT	5,384	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	9.852459	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)	799,102	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)	799,102	16
17	PRIMARY PAYER PAYMENTS	1,740	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	797,362	18
19	DEDUCTIBLES	75,116	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	722,246	20
21	COINSURANCE	3,757	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	718,489	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	47,263	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	33,084	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	37,944	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	751,573	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,392	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	754,965	31
32	INTERIM PAYMENTS	756,489	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	-1,524	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 [XX] HOSPITAL (14-0239) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] 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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	21,521,305	1	INPATIENT HOSPITAL SNF/NF SERVICES
2		2	MEDICAL AND OTHER SERVICES
3		3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)
4	21,521,305	4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)
5		5	INPATIENT PRIMARY PAYER PAYMENTS
6		6	OUTPATIENT PRIMARY PAYER PAYMENTS
7	21,521,305	7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8		8	ROUTINE SERVICE CHARGES
9		9	ANCILLARY SERVICE CHARGES
10		10	ORGAN ACQUISITION CHARGES, NET OF REVENUE
11		11	INCENTIVE FROM TARGET AMOUNT COMPUTATION
12		12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)
CUSTOMARY CHARGES			
13		13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
14		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)
15	1.000000	1.000000	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)
16		16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
17		17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))
18	21,521,305	18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))
19		19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
20		20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
21		21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)
PROSPECTIVE PAYMENT AMOUNT			
22		22	OTHER THAN OUTLIER PAYMENTS
23		23	OUTLIER PAYMENTS
24		24	PROGRAM CAPITAL PAYMENTS
25		25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
26		26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS
27		27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)
28		28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)
29		29	SUM OF LINES 27 AND 21
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30		30	EXCESS OF REASONABLE COST (FROM LINE 18)
31		31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)
32		32	DEDUCTIBLES
33		33	COINSURANCE
34		34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)
35		35	UTILIZATION REVIEW
36		36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)
37		37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)
38		38	SUBTOTAL (LINE 36 ± LINE 37)
39		39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)
40		40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)
41		41	INTERIM PAYMENTS
42		42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)
43		43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	550,466		1
2			2
3			3
4	550,466		4
5			5
6			6
7	550,466		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	550,466		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

SECTION 115.2

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	44,316,689			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	62,759,359			4
5 OTHER RECEIVABLES	9,907,865			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	6,050,023			7
8 PREPAID EXPENSES	1,717,093			8
9 OTHER CURRENT ASSETS	13,160,000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	137,911,029			11
<b>FIXED ASSETS</b>				
12 LAND	2,580,438			12
13 LAND IMPROVEMENTS	7,141,173			13
14 ACCUMULATED DEPRECIATION	-5,650,724			14
15 BUILDINGS	54,645,295			15
16 ACCUMULATED DEPRECIATION	-38,850,528			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	106,738,446			19
20 ACCUMULATED DEPRECIATION	-73,470,495			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	127,285,894			23
24 ACCUMULATED DEPRECIATION	-88,667,399			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)	91,752,100			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	90,629,354			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	21,456,605			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	112,085,959			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	341,749,088			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	6,783,678			37
38 SALARIES, WAGES & FEES PAYABLE	28,331,172			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	3,368,049			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	7,508			43
44 OTHER CURRENT LIABILITIES	13,494,748			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	51,985,155			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	67,021,533			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	69,439,397			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	136,460,930			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	188,446,085			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	153,303,003			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)	153,303,003			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	341,749,088			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		157,174,331							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		63,165,679							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		220,340,010							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		220,340,010							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 OTHER		67,037,007							13
14									14
15									15
16 OTHER									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		67,037,007							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		153,303,003							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	42,194,823		42,194,823	2
3 SUBPROVIDER IPF	4,074,013		4,074,013	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	46,268,836		46,268,836	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13,561,918		13,561,918	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
14.01 SURGICAL INTENSIVE CARE UNIT				14.01
14.02 NEONATAL INTENSIVE CARE	36,067,420		36,067,420	14.02
15 PEDIATRIC INTENSIVE CARE	2,994,331		2,994,331	15
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	52,623,669		52,623,669	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	98,892,505		98,892,505	17
18 ANCILLARY SERVICES				18
19 OUTPATIENT SERVICES	409,994,050	327,391,585	737,385,635	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)	508,886,555	327,391,585	836,278,140	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		280,045,020	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	-312,079		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-312,079	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		279,732,941	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	836,278,140	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	528,689,517	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	307,588,623	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	279,732,941	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	27,855,682	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)	21,727,797	24
24.01	OTHER (OTHER NON-OPERATING INCOME)	13,582,200	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	35,309,997	25
26	TOTAL (LINE 5 PLUS LINE 25)	63,165,679	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	63,165,679	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	3,030,871	1
2	CAPITAL DRG OUTLIER PAYMENTS	88,398	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	173.77	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)	0.0432	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3105	8
9	SUM OF LINES 7 AND 8	0.3537	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0743	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	225,194	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,344,463	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 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11  
 05/23/2013 20:43

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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19