

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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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. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/17/2016 Time: 15:32		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 WERE 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 certification 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 07/01/2015 and ending 06/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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 XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		878,214	-45,905	-125,393		1
2	SUBPROVIDER - IPF		7,169				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		885,383	-45,905	-125,393		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.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 2400 N ROCKTON AVENUE	P.O. Box:								1
2	City: ROCKFORD	State: IL	ZIP Code: 61103	County: WINNEBAGO						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	ROCKFORD MEMORIAL HOSPITAL	14-0239	40420	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	RMH PSYCHIATRIC UNIT	14-S239	40420	4	03 / 01 / 1990	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,149		965		12,962	3,935	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
Teaching Hospitals					
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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

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 Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 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. 3/ col. 3 + col. 4))
65	1	2	3	4	5
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
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. 3/ col. 3 + col. 4))
67	1	2	3	4	5

Inpatient Psychiatric Facility PPS

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)	N	N		71

Inpatient Rehabilitation Facility PPS

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	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/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2			
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105		
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106		
107	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. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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.	Physical	Occupational	Speech	Respiratory	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N		110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 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 Pub. 15-1, chapter 22, section 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	3,492,644			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 high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0764	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: MERCY ROCKFORD HEALTH SYSTEM	Contractor's Name: NGS	Contractor's Number: 00450	141
142	Street: 2400 NORTH ROCKTON AVENUE	P.O. Box:		142
143	City: ROCKFORD	State: IL	ZIP Code: 61103	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	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, chapter 40, §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				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	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.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2015	09 / 30 / 2016		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N		171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
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.	N			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

		Y/N	Type	Date	
Financial Data and Reports					
		1	2	3	
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.	N			4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		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 Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME 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	
Bad Debts			
		Y	
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

		Y/N	
Bed Complement			
		Y	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		1	2	3	4
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)	N		N	
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	10/18/2016	Y	10/18/2016
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	
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	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL 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 relifed 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 capitalization 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	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: TRACEY	Last name: HALBRADER	Title: SENIOR FINANCIAL ANALYST
42	Employer: MERCY HEALTH		
43	Phone number: 815-971-3342	E-mail Address: THALBRADER@MHEMAIL.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	239	87,106			16,098	5,607	40,179	1
2	HMO and other (see instructions)						6,049	12,962		2
3	HMO IPF Subprovider						282	599		3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		239	87,106			16,098	5,607	40,179	7
8	Intensive Care Unit	31	21	7,870			1,704	1,279	4,680	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
11.01	NEONATAL INTENSIVE CARE	34.01	46	16,836				4,609	14,284	11.01
11.02	PEDIATRIC INTENSIVE CARE	34.02	7	2,562				589	980	11.02
12	Other Special Care (specify)	35								12
13	Nursery	43						1,700	2,619	13
14	Total (see instructions)		313	114,374			17,802	13,784	62,742	14
15	CAH Visits									15
16	Subprovider - IPF	40	14	5,124			1,137	1,002	3,899	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		327							27
28	Observation Bed Days								5,326	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							265	2,004	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,906	1,997	12,447	1
2	HMO and other (see instructions)					1,353	2,890		2
3	HMO IPF Subprovider						115		3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
11.01	NEONATAL INTENSIVE CARE								11.01
11.02	PEDIATRIC INTENSIVE CARE								11.02
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,601.13			3,906	1,997	12,447	14
15	CAH Visits								15
16	Subprovider - IPF		27.09			129	194	573	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,628.22						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	111,715,822	-13,640,863	98,074,959	3,386,701.00	28.96	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		3,008,157	-162,578	2,845,579	153,123.00	18.58	10
OTHER WAGES & RELATED COSTS							
11		2,187,932		2,187,932	39,530.55	55.35	11
12							12
13		5,459,179		5,459,179	35,550.00	153.56	13
14		21,850,122		21,850,122	407,174.00	53.66	14
15							15
16							16
WAGE-RELATED COSTS							
17		29,619,913		29,619,913			17
18							18
19		1,160,214		1,160,214			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		2,319,185	-995,619	1,323,566	72,257.00	18.32	26
27		19,574,544	-11,833,020	7,741,524	189,913.00	40.76	27
28		1,149,516		1,149,516	4,035.93	284.82	28
29							29
30		2,615,716	-112,490	2,503,226	106,140.00	23.58	30
31		102,869		102,869	8,125.00	12.66	31
32		1,963,980		1,963,980	147,154.00	13.35	32
33		81,564		81,564	5,949.04	13.71	33
34		2,246,735	-1,467,521	779,214	53,544.00	14.55	34
35		314,811		314,811	5,839.64	53.91	35
36			1,467,521	1,467,521	100,840.00	14.55	36
37							37
38		3,678,912		3,678,912	67,627.00	54.40	38
39		1,368,236		1,368,236	82,427.00	16.60	39
40		3,961,229		3,961,229	96,040.00	41.25	40
41		1,544,737	-490,900	1,053,837	38,966.00	27.05	41
42		280,337	-46,256	234,081	7,369.00	31.77	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	113,261,713	-13,640,863	99,620,850	3,402,525.61	29.28	1
2	Excluded area salaries (see instructions)	3,008,157	-162,578	2,845,579	153,123.00	18.58	2
3	Subtotal salaries (line 1 minus line 2)	110,253,556	-13,478,285	96,775,271	3,249,402.61	29.78	3
4	Subtotal other wages & related costs (see instructions)	29,497,233		29,497,233	482,254.55	61.17	4
5	Subtotal wage-related costs (see instructions)	29,619,913		29,619,913		30.61%	5
6	Total (sum of lines 3 through 5)	169,370,702	-13,478,285	155,892,417	3,731,657.16	41.78	6
7	Total overhead cost (see instructions)	41,202,371	-13,478,285	27,724,086	986,226.61	28.11	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	6,095,975	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		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		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	15,299,370	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	650,701	10
11	Life Insurance (If employee is owner or beneficiary)	28,744	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,072,929	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)	129,699	16
	TAXES		
17	FICA-Employers Portion Only	6,873,121	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	87,656	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	541,932	23
24	Total Wage Related cost (Sum of lines 1-23)	30,780,127	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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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 Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	819,069	18,541,946	1
2	Hospital	752,402	17,877,269	2
3	Subprovider - IPF	66,667	378,651	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		286,026	18

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.238143	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		23,337,512	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		24,132,458	5
6	Medicaid charges		238,728,954	6
7	Medicaid cost (line 1 times line 6)		56,851,629	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.		9,381,659	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 fundng 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)		9,381,659	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		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	1,910,436	1,270,274	3,180,710	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	454,957	302,507	757,464	21
22	Partial payment by patients approved for charity care	4,250	105,559	109,809	22
23	Cost of charity care (line 21 minus line 22)	450,707	196,948	647,655	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		15,154,957	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,338,766	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,816,191	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,290,229	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		3,937,884	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,319,543	31

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				189,724	189,724	-957	188,767	1
2	00200	Cap Rel Costs-Mvble Equip				16,062,484	16,062,484	-5,242	16,057,242	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,319,185	955,031	3,274,216	-2,017,665	1,256,551	-1,256,551		4
5	00500	Administrative & General	19,574,544	81,870,702	101,445,246	-998,170	100,447,076	-48,813,554	51,633,522	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,615,716	10,105,240	12,720,956	-1,582,804	11,138,152	-190,127	10,948,025	7
8	00800	Laundry & Linen Service	102,869	1,030,271	1,133,140	-6,661	1,126,479		1,126,479	8
9	00900	Housekeeping	1,963,980	1,611,955	3,575,935	-33,413	3,542,522	-48,120	3,494,402	9
10	01000	Dietary	2,246,735	2,691,321	4,938,056	-3,286,977	1,651,079		1,651,079	10
11	01100	Cafeteria				3,225,436	3,225,436	-1,530,891	1,694,545	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	3,678,912	1,263,775	4,942,687	-34,689	4,907,998	-185,265	4,722,733	13
14	01400	Central Services & Supply	1,368,236	2,271,907	3,640,143	-381,959	3,258,184		3,258,184	14
15	01500	Pharmacy	3,961,229	16,415,301	20,376,530	-16,636,539	3,739,991	-234,172	3,505,819	15
16	01600	Medical Records & Library	1,544,737	1,016,986	2,561,723	-753,343	1,808,380	-21,404	1,786,976	16
17	01700	Social Service	280,337	179,255	459,592	-107,360	352,232		352,232	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	PARAMEDICAL ED PROGRAM XRAY	161,645	56,629	218,274	-90	218,184	-31,867	186,317	23
23.01	02301	PASTORAL EDUCATION PROGRAM				84,590	84,590	-8,010	76,580	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	607,493	546,778	1,154,271	29,071	1,183,342	-182,660	1,000,682	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	20,307,245	11,073,810	31,381,055	-3,692,039	27,689,016	-324,239	27,364,777	30
31	03100	Intensive Care Unit	3,751,384	3,963,505	7,714,889	-853,833	6,861,056		6,861,056	31
34.01	03401	NEONATAL INTENSIVE CARE	7,639,282	3,958,059	11,597,341	-3,317,292	8,280,049	-44,345	8,235,704	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	884,340	618,792	1,503,132	-70,840	1,432,292		1,432,292	34.02
40	04000	Subprovider - IPF	1,589,711	719,587	2,309,298	-65,922	2,243,376	-42,281	2,201,095	40
43	04300	Nursery				3,135,786	3,135,786		3,135,786	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	7,231,790	25,599,644	32,831,434	-17,197,080	15,634,354	-452,185	15,182,169	50
51	05100	Recovery Room	896,189	528,096	1,424,285	-9,115	1,415,170		1,415,170	51
52	05200	Delivery Room & Labor Room	2,533,908	2,622,320	5,156,228	-511,629	4,644,599	-488,385	4,156,214	52
53	05300	Anesthesiology	315,114	3,521,656	3,836,770	-206,234	3,630,536	-1,546,477	2,084,059	53
54	05400	Radiology-Diagnostic	2,638,043	3,815,718	6,453,761	-2,299,258	4,154,503	-3,039	4,151,464	54
55	05500	Radiology-Therapeutic	1,257,248	1,508,598	2,765,846	-969,103	1,796,743		1,796,743	55
56	05600	Radioisotope	230,192	1,001,118	1,231,310	-3,550	1,227,760		1,227,760	56
57	05700	CT Scan	657,363	674,888	1,332,251	-323,539	1,008,712		1,008,712	57
58	05800	MRI	526,720	762,117	1,288,837	-429,272	859,565		859,565	58
59	05900	Cardiac Catheterization	939,702	6,186,458	7,126,160	-5,437,705	1,688,455		1,688,455	59
60	06000	Laboratory	6,128,058	14,009,811	20,137,869	-525,387	19,612,482	-10,859,791	8,752,691	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	145,259	1,133,399	1,278,658	-18,967	1,259,691		1,259,691	63
65	06500	Respiratory Therapy	2,364,842	1,967,489	4,332,331	-530,218	3,802,113	-6,360	3,795,753	65
66	06600	Physical Therapy	578,208	1,274,774	1,852,982	-10,282	1,842,700		1,842,700	66
69	06900	Electrocardiology	1,225,180	1,166,733	2,391,913	-272,450	2,119,463		2,119,463	69
70	07000	Electroencephalography	537,105	484,885	1,021,990	-137,954	884,036		884,036	70
71	07100	Medical Supplies Charged to Patients				10,976,443	10,976,443		10,976,443	71
72	07200	Impl. Dev. Charged to Patients				15,924,135	15,924,135		15,924,135	72
73	07300	Drugs Charged to Patients				16,415,301	16,415,301		16,415,301	73
74	07400	Renal Dialysis		722,416	722,416	-3,350	719,066		719,066	74
76	03340	GI LAB	517,946	1,005,009	1,522,955	-662,214	860,741		860,741	76
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	529,432	574,663	1,104,095	-152,982	951,113		951,113	90.01
90.02	09001	ANTENATAL TEST CENTER	443,720	357,497	801,217	-55,573	745,644		745,644	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	328,084	77,259	405,343	-315	405,028		405,028	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	230,725	282,780	513,505	-39,286	474,219		474,219	90.04
90.05	09005	GENETIC SERVICES	559,112	449,388	1,008,500	-54,954	953,546	-60,816	892,730	90.05
91	09100	Emergency	5,654,994	4,212,371	9,867,365	-1,312,166	8,555,199	-50,781	8,504,418	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services	74,427	401,434	475,861	-488	475,373	-66,923	408,450	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	111,140,941	214,689,425	325,830,366	1,040,303	326,870,669	-66,454,442	260,416,227	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	474	666,172	666,646		666,646		666,646	192
193.0 1	19301	BELOIT HEART STANDBY	34,168	6,701	40,869		40,869		40,869	193.0 1
194	07950	GUEST CENTER	68,889	289,943	358,832	-6,300	352,532	-71,316	281,216	194
194.0 1	07954	OTHER NONREIMBURSEABLE COST CENTER								194.0 1
194.0 2	07951	COMMUNITY SERVICES	358,025	1,511,642	1,869,667	-1,031,770	837,897		837,897	194.0 2
194.0 4	07952	AUXILIARY	113,325	325,227	438,552	-2,233	436,319		436,319	194.0 4
194.0 8	07955	DIALYSIS RENTED SPACE								194.0 8
200		TOTAL (sum of lines 118-199)	111,715,822	217,489,110	329,204,932		329,204,932	-66,525,758	262,679,174	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DRUGS CHARGED TO PATIENTS	A	Drugs Charged to Patients	73		16,415,301	1
500	Total reclassifications					16,415,301	500
	Code Letter - A						
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	1,467,521	1,757,915	1
500	Total reclassifications				1,467,521	1,757,915	500
	Code Letter - E						
1	RECLASS MED SUPPLIES CHGD PAT	F	Medical Supplies Charged to P	71		10,976,443	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
500	Total reclassifications					10,976,443	500
	Code Letter - F						
1	NURSERY COSTS	G	Nursery	43	489,734	247,752	1
2			Nursery	43	1,587,225	811,075	2
500	Total reclassifications				2,076,959	1,058,827	500
	Code Letter - G						
1	DEPARTMENTAL DEPRECIATION	H	Cap Rel Costs-Mvble Equip	2		16,062,484	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
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37							37

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
500	Total reclassifications					16,062,484	500
	Code Letter - H						
1	INSURANCE RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		189,724	1
2							2
3							3
500	Total reclassifications					189,724	500
	Code Letter - I						
1	PASTORAL EDUCATION PROGRAM	J	PASTORAL EDUCATION PROGRAM	23.01	55,077	29,513	1
500	Total reclassifications				55,077	29,513	500
	Code Letter - J						
1	IMPLANTS	K	Impl. Dev. Charged to Patient	72		15,924,135	1
2							2
3							3
500	Total reclassifications					15,924,135	500
	Code Letter - K						
1	SHARED SERVICES SALARY RECLASS	L	Employee Benefits Department	4		995,619	1
2	SHARED SERVICES SALARY RECLASS	L	Administrative & General	5		11,777,943	2
3	SHARED SERVICES SALARY RECLASS	L	Operation of Plant	7		112,490	3
4	SHARED SERVICES SALARY RECLASS	L	Medical Records & Library	16		490,900	4
5	SHARED SERVICES SALARY RECLASS	L	Social Service	17		46,256	5
6	SHARED SERVICES SALARY RECLASS	L	COMMUNITY SERVICES	194.02		217,655	6
500	Total reclassifications					13,640,863	500
	Code Letter - L						
1	SHARED SERVICES DIRECT COST ASSIGNE	M					1
2	SHARED SERVICES DIRECT COST ASSIGNE	M	Administrative & General	5		4,064,497	2
3							3
4							4
5							5
500	Total reclassifications					4,064,497	500
	Code Letter - M						
	GRAND TOTAL (Increases)				3,599,557	80,149,702	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DRUGS CHARGED TO PATIENTS	A	Pharmacy	15		16,415,301	1	
500	Total reclassifications					16,415,301	500	
	Code letter - A							
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	1,467,521	1,757,915	1	
500	Total reclassifications				1,467,521	1,757,915	500	
	Code letter - E							
1	RECLASS MED SUPPLIES CHGD PAT	F	Administrative & General	5		1,001	1	
2			Adults & Pediatrics	30		1,480,374	2	
3			Intensive Care Unit	31		601,146	3	
4			NEONATAL INTENSIVE CARE	34.01		639,224	4	
5			PEDIATRIC INTENSIVE CARE	34.02		52,856	5	
6			Subprovider - IPF	40		7,751	6	
7			Operating Room	50		4,838,170	7	
8			Delivery Room & Labor Room	52		287,170	8	
9			Anesthesiology	53		21,097	9	
10			Radiology-Diagnostic	54		782,017	10	
11			Radiology-Therapeutic	55		77,312	11	
12			CT Scan	57		119,870	12	
13			Cardiac Catheterization	59		646,611	13	
14			Respiratory Therapy	65		367,806	14	
15			Physical Therapy	66		254	15	
16			GI LAB	76		244,035	16	
17			SPECIAL SURGICAL SERVICES	90.04		18,276	17	
18			Emergency	91		791,473	18	
500	Total reclassifications					10,976,443	500	
	Code letter - F							
1	NURSERY COSTS	G	Adults & Pediatrics	30	489,734	247,752	1	
2			NEONATAL INTENSIVE CARE	34.01	1,587,225	811,075	2	
500	Total reclassifications				2,076,959	1,058,827	500	
	Code letter - G							
1	DEPARTMENTAL DEPRECIATION	H	Employee Benefits Department	4		35,260	9	
2			Administrative & General	5		4,758,705	2	
3			Operation of Plant	7		1,379,203	3	
4			Laundry & Linen Service	8		6,661	4	
5			Housekeeping	9		33,413	5	
6			Dietary	10		61,541	6	
7			Nursing Administration	13		34,689	7	
8			Central Services & Supply	14		381,959	8	
9			Pharmacy	15		221,238	9	
10			Medical Records & Library	16		7,499	10	
11			PARAMDICAL ED PROGRAM XRAY	23		90	11	
12			PARAMED EDUC EMT PROGRAM	23.02		929	12	
13			Adults & Pediatrics	30		1,474,179	13	
14			Intensive Care Unit	31		252,687	14	
15			NEONATAL INTENSIVE CARE	34.01		279,768	15	
16			PEDIATRIC INTENSIVE CARE	34.02		17,984	16	
17			Subprovider - IPF	40		58,171	17	
18			Operating Room	50		1,602,427	18	
19			Recovery Room	51		9,115	19	
20			Delivery Room & Labor Room	52		224,459	20	
21			Anesthesiology	53		185,137	21	
22			Radiology-Diagnostic	54		805,776	22	
23			Radiology-Therapeutic	55		891,791	23	
24			Radioisotope	56		3,550	24	
25			CT Scan	57		203,669	25	
26			MRI	58		429,272	26	
27			Cardiac Catheterization	59		334,907	27	
28			Laboratory	60		524,997	28	
29			Blood Storing, Processing & T	63		18,967	29	
30			Respiratory Therapy	65		162,412	30	
31			Physical Therapy	66		10,028	31	
32			Electrocardiology	69		272,450	32	
33			Electroencephalography	70		137,954	33	
34			Renal Dialysis	74		3,350	34	
35			GI LAB	76		418,179	35	
36			SPECIAL SURGICAL SERVICES	90.04		21,010	36	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
37			GENETIC SERVICES	90.05		54,954	37	
38			PAIN CENTER	90.01		152,982	38	
39			ANTENATAL TEST CENTER	90.02		55,573	39	
40			CHILD PSYCHIATRIC CLINIC	90.03		315	40	
41			Emergency	91		520,693	41	
42			Ambulance Services	95		488	42	
43			GUEST CENTER	194		6,300	43	
44			COMMUNITY SERVICES	194.02		5,520	44	
45			AUXILIARY	194.04		2,233	45	
500	Total reclassifications					16,062,484	500	
	Code letter - H							
1	INSURANCE RECLASS	I	Administrative & General	5		188,371	9	
2			Laboratory	60		390	2	
3			COMMUNITY SERVICES	194.02		963	3	
500	Total reclassifications					189,724	500	
	Code letter - I							
1	PASTORAL EDUCATION PROGRAM	J	Administrative & General	5	55,077	29,513	1	
500	Total reclassifications				55,077	29,513	500	
	Code letter - J							
1	IMPLANTS	K	Operating Room	50		10,756,483	1	
2			Radiology-Diagnostic	54		711,465	2	
3			Cardiac Catheterization	59		4,456,187	3	
500	Total reclassifications					15,924,135	500	
	Code letter - K							
1	SHARED SERVICES SALARY RECLASS	L	Employee Benefits Department	4	995,619		1	
2	SHARED SERVICES SALARY RECLASS	L	Administrative & General	5	11,777,943		2	
3	SHARED SERVICES SALARY RECLASS	L	Operation of Plant	7	112,490		3	
4	SHARED SERVICES SALARY RECLASS	L	Medical Records & Library	16	490,900		4	
5	SHARED SERVICES SALARY RECLASS	L	Social Service	17	46,256		5	
6	SHARED SERVICES SALARY RECLASS	L	COMMUNITY SERVICES	194.02	217,655		6	
500	Total reclassifications				13,640,863		500	
	Code letter - L							
1	SHARED SERVICES DIRECT COST ASSIGNE	M	Employee Benefits Department	4		1,982,405	1	
2	SHARED SERVICES DIRECT COST ASSIGNE	M	Operation of Plant	7		203,601	2	
3			Medical Records & Library	16		745,844	3	
4			Social Service	17		107,360	4	
5			COMMUNITY SERVICES	194.02		1,025,287	5	
500	Total reclassifications					4,064,497	500	
	Code letter - M							
	GRAND TOTAL (Decreases)				17,240,420	66,508,839		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	2,600,972					2,600,972		1
2	Land Improvements	7,340,745	6,234,094		6,234,094		13,574,839		2
3	Buildings and Fixtures	54,804,308	1,293,267		1,293,267		56,097,575		3
4	Building Improvements								4
5	Fixed Equipment	122,505,047	12,552,962		12,552,962		135,058,009		5
6	Movable Equipment	100,468,309	29,311,415		29,311,415		129,779,724		6
7	HIT-designated Assets	22,861,855	4,107,376		4,107,376		26,969,231		7
8	Subtotal (sum of lines 1-7)	310,581,236	53,499,114		53,499,114		364,080,350		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	310,581,236	53,499,114		53,499,114		364,080,350		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	64,746,025		64,746,025	0.209396					1
2	Cap Rel Costs-Mvble Equip	245,835,212	1,378,000	244,457,212	0.790604					2
3	Total (sum of lines 1-2)	310,581,237	1,378,000	309,203,237	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	188,767						188,767	1	
2	Cap Rel Costs-Mvble Equip	16,057,242						16,057,242	2	
3	Total (sum of lines 1-2)	16,246,009						16,246,009	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		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	-4,318	Administrative & General	5	8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-37,828,730			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-500,318			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,377,982	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	-21,404	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-152,909	Cafeteria	11	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					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					32
33						33
33.01	MISC REV - EMP BEN	B	-1,251,772	Employee Benefits Department	4	33.01
33.02	MISC REV - ADMIN	B	-482,249	Administrative & General	5	33.02
33.03	MISC REV - PLANT	B	-26,211	Operation of Plant	7	33.03
33.05	MISC REV - PARAMED XRAY ED	B	-31,867	PARAMDICAL ED PROGRAM XRAY	23	33.05
33.06	MISC REV - PASTORAL ED	B	-8,010	PASTORAL EDUCATION PROGRAM	23.01	33.06
33.07	MISC REV - PARAMED EMT ED	B	-182,660	PARAMED EDUC EMT PROGRAM	23.02	33.07
33.08	MISC REV - NICU	B	-12,645	NEONATAL INTENSIVE CARE	34.01	33.08
33.09	MISC REV - XRAYS	B	-3,039	Radiology-Diagnostic	54	33.09
33.10	MISC REV - REF LAB	B	-10,471,763	Laboratory	60	33.10
33.12	MISC REV - CYTOGENETICS	B	-60,816	GENETIC SERVICES	90.05	33.12
33.14	MISC REV - LEASE	B	-26,923	Ambulance Services	95	33.14
33.16	MISC REV - PHARM	B	-234,172	Pharmacy	15	33.16
34						34
34.01	INTEREST - ADMIN	A	-1,305,378	Administrative & General	5	34.01
34.02	INTEREST - SURG	A	-45,872	Operating Room	50	34.02
35						35
35.01	PATIENT PHONE - BLD & FIXT	A	-957	Cap Rel Costs-Bldg & Fixt	1	9
35.02	PATIENT PHONE - EQUIP	A	-5,242	Cap Rel Costs-Mvble Equip	2	9
35.03	PATIENT PHONE - EMP BEN	A	-2,336	Employee Benefits Department	4	35.03
35.04	PATIENT PHONE - ADMIN	A	-102,530	Administrative & General	5	35.04
35.05	PATIENT PHONE - PLANT	A	-163,916	Operation of Plant	7	35.05
35.06	PATIENT PHONE - HOUSEKEEP	A	-48,120	Housekeeping	9	35.06
36						36
36.01	PHYSICIAN BILLING	A	-682	Administrative & General	5	36.01
37						37
37.01	LOBBYING	A	-19,455	Administrative & General	5	37.01
38						38
39						39
39.01	TAXES - PROV ASSESS	A	-12,082,166	Administrative & General	5	39.01
39.02	TAXES - PROPERTY	A	-71,316	GUEST CENTER	194	39.02
40						40

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-66,525,758				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1							1
2	5	Administrative & General	MNGMT FEE & SHARED SVCS	33,140,707	33,641,025	-500,318	2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			33,140,707	33,641,025	-500,318	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	Percentage of Ownership	Related Organization(s) and/or Home Office		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	E	RKFD MEM DVLMT				SERVICE	6
7	E	RMHSC				PHYSICIAN CLINI	7
8	E	FREEPORT MEM HO				MOBILE CATH LAB	8
9	B	ROCKFORD HEALTH SYSTEM				HOME OFFICE	9
10	B	VAN MATER REHAB HOSPITAL		VAN MATER REHAB HOSPITAL		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:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	4	Employee Benefits De PROFESSIONAL FE	2,443	2,443		211,500				1
2	5	Administrative & Gen PROFESSIONAL FE	35,821,362	32,916,707	2,904,655	211,500	14,800	1,504,904	75,245	2
3	13	Nursing Administrati PROFESSIONAL FE	185,265	185,265		211,500				3
4										4
5	30	Adults & Pediatrics PROFESSIONAL FE	324,239	324,239		179,000				5
6										6
7	34.01	NEONATAL INTENSIVE C PROFESSIONAL FE	43,949		43,949	197,500	129	12,249	612	7
8	34.02	PEDIATRIC INTENSIVE PROFESSIONAL FE	4,800		4,800	197,500	73	6,931	347	8
9	40	Subprovider - IPF PROFESSIONAL FE	42,281	42,281		181,300				9
10	50	Operating Room PROFESSIONAL FE	1,619,153	406,313	1,212,840	246,400	14,112	1,671,729	83,586	10
11	52	Delivery Room & Labo PROFESSIONAL FE	990,969		990,969	237,100	4,409	502,584	25,129	11
12	53	Anesthesiology PROFESSIONAL FE	1,608,054	1,500,545	107,509	239,400	535	61,577	3,079	12
13	60	Laboratory PROFESSIONAL FE	388,028	388,028		260,300				13
14	65	Respiratory Therapy PROFESSIONAL FE	6,360	6,360		197,500				14
15	91	Emergency PROFESSIONAL FE	194,458		194,458	200,300	1,492	143,677	7,184	15
16										16
17										17
18										18
19	95	Ambulance Services PROFESSIONAL FE	40,000	40,000		200,300				19
20										20
200		TOTAL	41,271,361	35,812,181	5,459,180		35,550	3,903,651	195,182	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	4	Employee Benefits De	PROFESSIONAL FE						2,443	1
2	5	Administrative & Gen	PROFESSIONAL FE				1,504,904	1,399,751	34,316,458	2
3	13	Nursing Administrati	PROFESSIONAL FE						185,265	3
4										4
5	30	Adults & Pediatrics	PROFESSIONAL FE						324,239	5
6										6
7	34.01	NEONATAL INTENSIVE C	PROFESSIONAL FE				12,249	31,700	31,700	7
8	34.02	PEDIATRIC INTENSIVE	PROFESSIONAL FE				6,931			8
9	40	Subprovider - IPF	PROFESSIONAL FE						42,281	9
10	50	Operating Room	PROFESSIONAL FE				1,671,729		406,313	10
11	52	Delivery Room & Labo	PROFESSIONAL FE				502,584	488,385	488,385	11
12	53	Anesthesiology	PROFESSIONAL FE				61,577	45,932	1,546,477	12
13	60	Laboratory	PROFESSIONAL FE						388,028	13
14	65	Respiratory Therapy	PROFESSIONAL FE						6,360	14
15	91	Emergency	PROFESSIONAL FE				143,677	50,781	50,781	15
16										16
17										17
18										18
19	95	Ambulance Services	PROFESSIONAL FE						40,000	19
20										20
200		TOTAL					3,903,651	2,016,549	37,828,730	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	188,767	188,767					1
2	Cap Rel Costs-Mvble Equip	16,057,242		16,057,242				2
4	Employee Benefits Department		7,676	48,832	56,508			4
5	Administrative & General	51,633,522	46,498	6,130,929	4,521	57,815,470	57,815,470	5
6	Maintenance & Repairs							6
7	Operation of Plant	10,948,025	20,005	1,193,691	1,462	12,163,183	3,432,621	7
8	Laundry & Linen Service	1,126,479	1,043	6,637	60	1,134,219	320,092	8
9	Housekeeping	3,494,402	2,258	22,435	1,147	3,520,242	993,462	9
10	Dietary	1,651,079	2,977	56,055	455	1,710,566	482,746	10
11	Cafeteria	1,694,545	5,606		857	1,701,008	480,048	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,722,733	1,576	30,979	2,148	4,757,436	1,342,615	13
14	Central Services & Supply	3,258,184	3,082	347,983	799	3,610,048	1,018,806	14
15	Pharmacy	3,505,819	1,777	235,292	2,313	3,745,201	1,056,948	15
16	Medical Records & Library	1,786,976	1,345	18,677	615	1,807,613	510,134	16
17	Social Service	352,232	442		137	352,811	99,568	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMEDICAL ED PROGRAM XRAY	186,317	160	81	94	186,652	52,676	23
23.01	PASTORAL EDUCATION PROGRAM	76,580	118		32	76,730	21,654	23.01
23.02	PARAMED EDUC EMT PROGRAM	1,000,682	1,375	468	355	1,002,880	283,027	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	27,364,777	27,971	1,365,503	11,580	28,769,831	8,119,312	30
31	Intensive Care Unit	6,861,056	2,386	236,615	2,191	7,102,248	2,004,354	31
34.01	NEONATAL INTENSIVE CARE	8,235,704	3,137	219,302	3,534	8,461,677	2,388,004	34.01
34.02	PEDIATRIC INTENSIVE CARE	1,432,292	872	16,865	516	1,450,545	409,364	34.02
40	Subprovider - IPF	2,201,095	2,658	52,341	928	2,257,022	636,963	40
43	Nursery	3,135,786	1,633		1,213	3,138,632	885,766	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	15,182,169	9,860	1,402,822	4,223	16,599,074	4,684,491	50
51	Recovery Room	1,415,170	769	7,880	523	1,424,342	401,969	51
52	Delivery Room & Labor Room	4,156,214	3,353	244,062	1,480	4,405,109	1,243,183	52
53	Anesthesiology	2,084,059	221	169,505	184	2,253,969	636,102	53
54	Radiology-Diagnostic	4,151,464	3,090	673,819	1,541	4,829,914	1,363,069	54
55	Radiology-Therapeutic	1,796,743	3,204	508,710	734	2,309,391	651,742	55
56	Radioisotope	1,227,760	349	3,212	134	1,231,455	347,534	56
57	CT Scan	1,008,712	709	183,344	384	1,193,149	336,723	57
58	MRI	859,565	1,400	387,835	308	1,249,108	352,516	58
59	Cardiac Catheterization	1,688,455	1,335	245,404	549	1,935,743	546,294	59
60	Laboratory	8,752,691	4,724	581,200	3,579	9,342,194	2,636,498	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,259,691	178	18,035	85	1,277,989	360,666	63
65	Respiratory Therapy	3,795,753	1,440	150,077	1,381	3,948,651	1,114,365	65
66	Physical Therapy	1,842,700	1,318	5,920	338	1,850,276	522,174	66
69	Electrocardiology	2,119,463	2,642	219,053	716	2,341,874	660,910	69
70	Electroencephalography	884,036	1,328	101,728	314	987,406	278,660	70
71	Medical Supplies Charged to Patients	10,976,443				10,976,443	3,097,706	71
72	Impl. Dev. Charged to Patients	15,924,135				15,924,135	4,494,014	72
73	Drugs Charged to Patients	16,415,301				16,415,301	4,632,628	73
74	Renal Dialysis	719,066	421	7,202		726,689	205,082	74
76	GI LAB	860,741	1,959	350,664	302	1,213,666	342,514	76
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	951,113	1,376	123,783	309	1,076,581	303,826	90.01
90.02	ANTENATAL TEST CENTER	745,644	1,294	47,380	259	794,577	224,241	90.02
90.03	CHILD PSYCHIATRIC CLINIC	405,028	408	284	192	405,912	114,554	90.03
90.04	SPECIAL SURGICAL SERVICES	474,219	848	20,072	135	495,274	139,773	90.04
90.05	GENETIC SERVICES	892,730	1,408	59,356	327	953,821	269,182	90.05
91	Emergency	8,504,418	4,073	525,505	3,303	9,037,299	2,550,452	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	408,450	1,451	551	43	410,495	115,847	95
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								

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
118	SUBTOTALS (sum of lines 1-117)	260,416,227	183,753	16,020,088	56,300	260,373,851	57,164,875	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	666,646	130			666,776	188,174	192
193.0 1	BELOIT HEART STANDBY	40,869			20	40,889	11,539	193.0 1
194	GUEST CENTER	281,216	560	5,539	40	287,355	81,096	194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES	837,897	1,779	29,725	82	869,483	245,380	194.0 2
194.0 4	AUXILIARY	436,319	2,545	1,890	66	440,820	124,406	194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	262,679,174	188,767	16,057,242	56,508	262,679,174	57,815,470	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	15,595,804						7
8	Laundry & Linen Service	142,017	1,596,328					8
9	Housekeeping	307,366		4,821,070				9
10	Dietary	405,145		128,957	2,727,414			10
11	Cafeteria	763,053		242,878		3,186,987		11
12	Maintenance of Personnel							12
13	Nursing Administration	214,475		68,267		79,561	6,462,354	13
14	Central Services & Supply	419,509	9,050	133,529		96,986		14
15	Pharmacy	241,921		77,003		112,992		15
16	Medical Records & Library	183,084		58,275		45,838		16
17	Social Service	60,151		19,146		8,663		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY	21,815		6,944		41,702	130,155	23
23.01	PASTORAL EDUCATION PROGRAM	16,016		5,098		28,951	90,356	23.01
23.02	PARAMED EDUC EMT PROGRAM	187,097		59,552		25,085	78,342	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	3,806,904	591,407	1,211,726	2,174,019	839,300	2,619,990	30
31	Intensive Care Unit	324,730	50,124	103,361	240,158	135,874	424,144	31
34.01	NEONATAL INTENSIVE CARE	426,893	53,886	135,879		208,607	651,228	34.01
34.02	PEDIATRIC INTENSIVE CARE	118,684		37,777	68,555	29,588	92,328	34.02
40	Subprovider - IPF	361,819	13,853	115,166	197,567	66,297		40
43	Nursery	222,264	8,401	70,746		73,272		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	1,341,977	274,888	427,148		236,947	739,681	50
51	Recovery Room	104,624	15,415	33,302		26,896	83,983	51
52	Delivery Room & Labor Room	456,294	105,098	145,237		92,067	287,378	52
53	Anesthesiology	30,109		9,584		13,436	41,951	53
54	Radiology-Diagnostic	420,622	60,428	133,883		105,601		54
55	Radiology-Therapeutic	436,064	9,624	138,798		39,328		55
56	Radioisotope	47,507	12	15,122		7,122		56
57	CT Scan	96,465		30,705		25,036		57
58	MRI	190,502	14,207	60,636		18,697		58
59	Cardiac Catheterization	181,634	23,601	57,814		30,909	96,519	59
60	Laboratory	642,986	15,076	204,661		289,662		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,276		7,727		5,947		63
65	Respiratory Therapy	196,032	66	62,396		90,550		65
66	Physical Therapy	179,443	742	57,116		18,746		66
69	Electrocardiology	359,593		114,458		45,446	141,900	69
70	Electroencephalography	180,690	287	57,513		21,585	67,415	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	57,285		18,234				74
76	GI LAB	266,602	23,495	84,859		18,918	59,048	76
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	187,231		59,595		24,840	77,526	90.01
90.02	ANTENATAL TEST CENTER	176,172	17,021	56,075		15,271	47,707	90.02
90.03	CHILD PSYCHIATRIC CLINIC	55,498	513	17,665		8,174	25,504	90.03
90.04	SPECIAL SURGICAL SERVICES	115,346	15,609	36,714		8,370	26,103	90.04
90.05	GENETIC SERVICES	191,581	206	60,980		16,397		90.05
91	Emergency	554,378	286,838	176,457	47,115	216,169	674,779	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	197,448		62,847		2,031	6,317	95
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)	14,913,302	1,589,847	4,603,830	2,727,414	3,170,861	6,462,354	118
NONREIMBURSABLE COST CENTERS								

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
192	Physicians' Private Offices	17,634		5,613		24		192
193.0 1	BELOIT HEART STANDBY					367		193.0 1
194	GUEST CENTER	76,268	6,481	24,276		3,279		194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES	242,190		77,089		4,527		194.0 2
194.0 4	AUXILIARY	346,410		110,262		7,929		194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	15,595,804	1,596,328	4,821,070	2,727,414	3,186,987	6,462,354	202

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION XRAY		
		14	15	16	17	23	23.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							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	5,287,928						14
15	Pharmacy		5,234,065					15
16	Medical Records & Library			2,604,944				16
17	Social Service				540,339			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMEDICAL ED PROGRAM XRAY					439,944		23
23.01	PASTORAL EDUCATION PROGRAM						238,805	23.01
23.02	PARAMED EDUC EMT PROGRAM							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			157,972	460,196		150,718	30
31	Intensive Care Unit			37,882			16,649	31
34.01	NEONATAL INTENSIVE CARE			95,389	7,047		43,588	34.01
34.02	PEDIATRIC INTENSIVE CARE			13,375	2,004		4,752	34.02
40	Subprovider - IPF			12,444	67,154		13,697	40
43	Nursery			40,621	3,938		9,401	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			174,594				50
51	Recovery Room			21,259				51
52	Delivery Room & Labor Room			43,989				52
53	Anesthesiology		44,329	32,254				53
54	Radiology-Diagnostic			115,376		439,944		54
55	Radiology-Therapeutic			30,241				55
56	Radioisotope			24,068				56
57	CT Scan			126,852				57
58	MRI			65,300				58
59	Cardiac Catheterization			60,412				59
60	Laboratory			177,239				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			28,939				63
65	Respiratory Therapy			76,416				65
66	Physical Therapy			18,495				66
69	Electrocardiology			85,021				69
70	Electroencephalography			24,481				70
71	Medical Supplies Charged to Patients	2,157,672		390,099				71
72	Impl. Dev. Charged to Patients	3,130,256		225,280				72
73	Drugs Charged to Patients		5,189,736	303,518				73
74	Renal Dialysis			3,552				74
76	GI LAB			19,074				76
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			22,327				90.01
90.02	ANTENATAL TEST CENTER			21,571				90.02
90.03	CHILD PSYCHIATRIC CLINIC			842				90.03
90.04	SPECIAL SURGICAL SERVICES			6,073				90.04
90.05	GENETIC SERVICES			2,477				90.05
91	Emergency			146,178				91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			1,251				95
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)	5,287,928	5,234,065	2,604,861	540,339	439,944	238,805	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY		
		14	15	16	17	23	23.01	
192	Physicians' Private Offices							192
193.0 1	BELOIT HEART STANDBY							193.0 1
194	GUEST CENTER							194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES			83				194.0 2
194.0 4	AUXILIARY							194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,287,928	5,234,065	2,604,944	540,339	439,944	238,805	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT 23.02	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 Department						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 Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMDICAL ED PROGRAM XRAY						23
23.01	PASTORAL EDUCATION PROGRAM						23.01
23.02	PARAMED EDUC EMT PROGRAM	1,635,983					23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	43,456	48,944,831		48,944,831		30
31	Intensive Care Unit		10,439,524		10,439,524		31
34.01	NEONATAL INTENSIVE CARE	86,912	12,559,110		12,559,110		34.01
34.02	PEDIATRIC INTENSIVE CARE		2,226,972		2,226,972		34.02
40	Subprovider - IPF		3,741,982		3,741,982		40
43	Nursery		4,453,041		4,453,041		43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	227,504	24,706,304		24,706,304		50
51	Recovery Room		2,111,790		2,111,790		51
52	Delivery Room & Labor Room	43,456	6,821,811		6,821,811		52
53	Anesthesiology		3,061,734		3,061,734		53
54	Radiology-Diagnostic		7,468,837		7,468,837		54
55	Radiology-Therapeutic		3,615,188		3,615,188		55
56	Radioisotope		1,672,820		1,672,820		56
57	CT Scan		1,808,930		1,808,930		57
58	MRI		1,950,966		1,950,966		58
59	Cardiac Catheterization		2,932,926		2,932,926		59
60	Laboratory		13,308,316		13,308,316		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		1,705,544		1,705,544		63
65	Respiratory Therapy	33,231	5,521,707		5,521,707		65
66	Physical Therapy		2,646,992		2,646,992		66
69	Electrocardiology		3,749,202		3,749,202		69
70	Electroencephalography		1,618,037		1,618,037		70
71	Medical Supplies Charged to Patients		16,621,920		16,621,920		71
72	Impl. Dev. Charged to Patients		23,773,685		23,773,685		72
73	Drugs Charged to Patients		26,541,183		26,541,183		73
74	Renal Dialysis		1,010,842		1,010,842		74
76	GI LAB		2,028,176		2,028,176		76
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		1,751,926		1,751,926		90.01
90.02	ANTENATAL TEST CENTER		1,352,635		1,352,635		90.02
90.03	CHILD PSYCHIATRIC CLINIC		628,662		628,662		90.03
90.04	SPECIAL SURGICAL SERVICES		843,262		843,262		90.04
90.05	GENETIC SERVICES		1,494,644		1,494,644		90.05
91	Emergency	1,201,424	14,891,089		14,891,089		91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		796,236		796,236		95
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)	1,635,983	258,800,824		258,800,824		118
NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		23.02	24	25	26		
192	Physicians' Private Offices		878,221		878,221		192
193.0 1	BELOIT HEART STANDBY		52,795		52,795		193.0 1
194	GUEST CENTER		478,755		478,755		194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER						194.0 1
194.0 2	COMMUNITY SERVICES		1,438,752		1,438,752		194.0 2
194.0 4	AUXILIARY		1,029,827		1,029,827		194.0 4
194.0 8	DIALYSIS RENTED SPACE						194.0 8
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	1,635,983	262,679,174		262,679,174		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	14,293	7,676	48,832	70,801	70,801		4
5	Administrative & General	2,134,159	46,498	6,130,929	8,311,586	5,667	8,317,253	5
6	Maintenance & Repairs							6
7	Operation of Plant	13,432	20,005	1,193,691	1,227,128	1,832	493,813	7
8	Laundry & Linen Service		1,043	6,637	7,680	75	46,048	8
9	Housekeeping	16,347	2,258	22,435	41,040	1,438	142,918	9
10	Dietary	7,981	2,977	56,055	67,013	570	69,447	10
11	Cafeteria		5,606		5,606	1,074	69,059	11
12	Maintenance of Personnel							12
13	Nursing Administration	16,809	1,576	30,979	49,364	2,693	193,147	13
14	Central Services & Supply	425,799	3,082	347,983	776,864	1,002	146,564	14
15	Pharmacy	14,755	1,777	235,292	251,824	2,900	152,051	15
16	Medical Records & Library	4,865	1,345	18,677	24,887	771	73,387	16
17	Social Service	1,964	442		2,406	171	14,324	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY	15,542	160	81	15,783	118	7,578	23
23.01	PASTORAL EDUCATION PROGRAM		118		118	40	3,115	23.01
23.02	PARAMED EDUC EMT PROGRAM	24,418	1,375	468	26,261	445	40,716	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	117,358	27,971	1,365,503	1,510,832	14,487	1,168,017	30
31	Intensive Care Unit	13,825	2,386	236,615	252,826	2,746	288,344	31
34.01	NEONATAL INTENSIVE CARE	35,146	3,137	219,302	257,585	4,430	343,536	34.01
34.02	PEDIATRIC INTENSIVE CARE	1,748	872	16,865	19,485	647	58,891	34.02
40	Subprovider - IPF	7,511	2,658	52,341	62,510	1,164	91,633	40
43	Nursery		1,633		1,633	1,520	127,425	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	253,595	9,860	1,402,822	1,666,277	5,294	673,906	50
51	Recovery Room	2,612	769	7,880	11,261	656	57,827	51
52	Delivery Room & Labor Room	11,779	3,353	244,062	259,194	1,855	178,843	52
53	Anesthesiology	20,466	221	169,505	190,192	231	91,509	53
54	Radiology-Diagnostic	26,427	3,090	673,819	703,336	1,931	196,090	54
55	Radiology-Therapeutic	11,830	3,204	508,710	523,744	920	93,759	55
56	Radioisotope	192	349	3,212	3,753	169	49,996	56
57	CT Scan	1,011	709	183,344	185,064	481	48,441	57
58	MRI	672	1,400	387,835	389,907	386	50,713	58
59	Cardiac Catheterization	21,941	1,335	245,404	268,680	688	78,589	59
60	Laboratory	40,291	4,724	581,200	626,215	4,486	379,284	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,396	178	18,035	20,609	106	51,885	63
65	Respiratory Therapy	7,461	1,440	150,077	158,978	1,731	160,311	65
66	Physical Therapy	6,305	1,318	5,920	13,543	423	75,119	66
69	Electrocardiology	7,317	2,642	219,053	229,012	897	95,078	69
70	Electroencephalography	4,601	1,328	101,728	107,657	393	40,088	70
71	Medical Supplies Charged to Patients						445,633	71
72	Impl. Dev. Charged to Patients						646,504	72
73	Drugs Charged to Patients						666,445	73
74	Renal Dialysis		421	7,202	7,623		29,503	74
76	GI LAB	1,623	1,959	350,664	354,246	379	49,274	76
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	14,803	1,376	123,783	139,962	388	43,708	90.01
90.02	ANTENATAL TEST CENTER	8,275	1,294	47,380	56,949	325	32,259	90.02
90.03	CHILD PSYCHIATRIC CLINIC	1,183	408	284	1,875	240	16,480	90.03
90.04	SPECIAL SURGICAL SERVICES	560	848	20,072	21,480	169	20,108	90.04
90.05	GENETIC SERVICES	3,240	1,408	59,356	64,004	409	38,724	90.05
91	Emergency	18,422	4,073	525,505	548,000	4,139	366,905	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	5,054	1,451	551	7,056	54	16,666	95
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)	3,338,008	183,753	16,020,088	19,541,849	70,540	8,223,660	118
NONREIMBURSABLE COST CENTERS								

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
192	Physicians' Private Offices	173	130		303		27,070	192
193.0 1	BELOIT HEART STANDBY					25	1,660	193.0 1
194	GUEST CENTER		560	5,539	6,099	50	11,666	194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES	215	1,779	29,725	31,719	103	35,300	194.0 2
194.0 4	AUXILIARY	1,790	2,545	1,890	6,225	83	17,897	194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,340,186	188,767	16,057,242	19,586,195	70,801	8,317,253	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,722,773						7
8	Laundry & Linen Service	15,688	69,491					8
9	Housekeeping	33,953		219,349				9
10	Dietary	44,754		5,867	187,651			10
11	Cafeteria	84,290		11,050		171,079		11
12	Maintenance of Personnel							12
13	Nursing Administration	23,692		3,106		4,271	276,273	13
14	Central Services & Supply	46,341	394	6,075		5,206		14
15	Pharmacy	26,723		3,503		6,065		15
16	Medical Records & Library	20,224		2,651		2,461		16
17	Social Service	6,645		871		465		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY	2,410		316		2,239	5,564	23
23.01	PASTORAL EDUCATION PROGRAM	1,769		232		1,554	3,863	23.01
23.02	PARAMED EDUC EMT PROGRAM	20,667		2,710		1,347	3,349	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	420,523	25,744	55,133	149,576	45,054	112,009	30
31	Intensive Care Unit	35,871	2,182	4,703	16,523	7,294	18,133	31
34.01	NEONATAL INTENSIVE CARE	47,156	2,346	6,182		11,198	27,841	34.01
34.02	PEDIATRIC INTENSIVE CARE	13,110		1,719	4,717	1,588	3,947	34.02
40	Subprovider - IPF	39,968	603	5,240	13,593	3,559		40
43	Nursery	24,552	366	3,219		3,933		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	148,240	11,966	19,434		12,719	31,622	50
51	Recovery Room	11,557	671	1,515		1,444	3,590	51
52	Delivery Room & Labor Room	50,404	4,575	6,608		4,942	12,286	52
53	Anesthesiology	3,326		436		721	1,793	53
54	Radiology-Diagnostic	46,463	2,631	6,091		5,669		54
55	Radiology-Therapeutic	48,169	419	6,315		2,111		55
56	Radioisotope	5,248	1	688		382		56
57	CT Scan	10,656		1,397		1,344		57
58	MRI	21,044	618	2,759		1,004		58
59	Cardiac Catheterization	20,064	1,027	2,630		1,659	4,126	59
60	Laboratory	71,027	656	9,312		15,549		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,682		352		319		63
65	Respiratory Therapy	21,654	3	2,839		4,861		65
66	Physical Therapy	19,822	32	2,599		1,006		66
69	Electrocardiology	39,722		5,208		2,440	6,066	69
70	Electroencephalography	19,960	13	2,617		1,159	2,882	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	6,328		830				74
76	GI LAB	29,450	1,023	3,861		1,016	2,524	76
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	20,682		2,711		1,333	3,314	90.01
90.02	ANTENATAL TEST CENTER	19,461	741	2,551		820	2,040	90.02
90.03	CHILD PSYCHIATRIC CLINIC	6,131	22	804		439	1,090	90.03
90.04	SPECIAL SURGICAL SERVICES	12,742	680	1,670		449	1,116	90.04
90.05	GENETIC SERVICES	21,163	9	2,774		880		90.05
91	Emergency	61,239	12,487	8,028	3,242	11,604	28,848	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	21,811		2,859		109	270	95
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)	1,647,381	69,209	209,465	187,651	170,213	276,273	118
NONREIMBURSABLE COST CENTERS								

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
192	Physicians' Private Offices	1,948		255		1		192
193.0 1	BELOIT HEART STANDBY					20		193.0 1
194	GUEST CENTER	8,425	282	1,105		176		194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES	26,753		3,507		243		194.0 2
194.0 4	AUXILIARY	38,266		5,017		426		194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,722,773	69,491	219,349	187,651	171,079	276,273	202

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY		
		14	15	16	17	23	23.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							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	982,446						14
15	Pharmacy		443,066					15
16	Medical Records & Library			124,381				16
17	Social Service				24,882			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY					34,008		23
23.01	PASTORAL EDUCATION PROGRAM						10,691	23.01
23.02	PARAMED EDUC EMT PROGRAM							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			7,534	21,192			30
31	Intensive Care Unit			1,807				31
34.01	NEONATAL INTENSIVE CARE			4,549	325			34.01
34.02	PEDIATRIC INTENSIVE CARE			638	92			34.02
40	Subprovider - IPF			593	3,092			40
43	Nursery			1,937	181			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			8,327				50
51	Recovery Room			1,014				51
52	Delivery Room & Labor Room			2,098				52
53	Anesthesiology		3,752	1,538				53
54	Radiology-Diagnostic			5,502				54
55	Radiology-Therapeutic			1,442				55
56	Radioisotope			1,148				56
57	CT Scan			6,050				57
58	MRI			3,114				58
59	Cardiac Catheterization			2,881				59
60	Laboratory			8,453				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			1,380				63
65	Respiratory Therapy			3,644				65
66	Physical Therapy			882				66
69	Electrocardiology			4,055				69
70	Electroencephalography			1,168				70
71	Medical Supplies Charged to Patients	400,871		18,752				71
72	Impl. Dev. Charged to Patients	581,575		10,744				72
73	Drugs Charged to Patients		439,314	14,475				73
74	Renal Dialysis			169				74
76	GI LAB			910				76
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			1,065				90.01
90.02	ANTENATAL TEST CENTER			1,029				90.02
90.03	CHILD PSYCHIATRIC CLINIC			40				90.03
90.04	SPECIAL SURGICAL SERVICES			290				90.04
90.05	GENETIC SERVICES			118				90.05
91	Emergency			6,971				91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			60				95
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)	982,446	443,066	124,377	24,882			118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	PARAMEDICA EDUCATION XRAY		
		14	15	16	17	23	23.01	
192	Physicians' Private Offices							192
193.0 1	BELOIT HEART STANDBY							193.0 1
194	GUEST CENTER							194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES			4				194.0 2
194.0 4	AUXILIARY							194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments					34,008	10,691	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	982,446	443,066	124,381	24,882	34,008	10,691	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT 23.02	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 Department						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 Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMDICAL ED PROGRAM XRAY						23
23.01	PASTORAL EDUCATION PROGRAM						23.01
23.02	PARAMED EDUC EMT PROGRAM	95,495					23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		3,530,101		3,530,101		30
31	Intensive Care Unit		630,429		630,429		31
34.01	NEONATAL INTENSIVE CARE		705,148		705,148		34.01
34.02	PEDIATRIC INTENSIVE CARE		104,834		104,834		34.02
40	Subprovider - IPF		221,955		221,955		40
43	Nursery		164,766		164,766		43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		2,577,785		2,577,785		50
51	Recovery Room		89,535		89,535		51
52	Delivery Room & Labor Room		520,805		520,805		52
53	Anesthesiology		293,498		293,498		53
54	Radiology-Diagnostic		967,713		967,713		54
55	Radiology-Therapeutic		676,879		676,879		55
56	Radioisotope		61,385		61,385		56
57	CT Scan		253,433		253,433		57
58	MRI		469,545		469,545		58
59	Cardiac Catheterization		380,344		380,344		59
60	Laboratory		1,114,982		1,114,982		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		77,333		77,333		63
65	Respiratory Therapy		354,021		354,021		65
66	Physical Therapy		113,426		113,426		66
69	Electrocardiology		382,478		382,478		69
70	Electroencephalography		175,937		175,937		70
71	Medical Supplies Charged to Patients		865,256		865,256		71
72	Impl. Dev. Charged to Patients		1,238,823		1,238,823		72
73	Drugs Charged to Patients		1,120,234		1,120,234		73
74	Renal Dialysis		44,453		44,453		74
76	GI LAB		442,683		442,683		76
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		213,163		213,163		90.01
90.02	ANTENATAL TEST CENTER		116,175		116,175		90.02
90.03	CHILD PSYCHIATRIC CLINIC		27,121		27,121		90.03
90.04	SPECIAL SURGICAL SERVICES		58,704		58,704		90.04
90.05	GENETIC SERVICES		128,081		128,081		90.05
91	Emergency		1,051,463		1,051,463		91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		48,885		48,885		95
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)		19,221,373		19,221,373		118
NONREIMBURSABLE COST CENTERS							

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		23.02	24	25	26		
192	Physicians' Private Offices		29,577		29,577		192
193.0 1	BELOIT HEART STANDBY		1,705		1,705		193.0 1
194	GUEST CENTER		27,803		27,803		194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER						194.0 1
194.0 2	COMMUNITY SERVICES		97,629		97,629		194.0 2
194.0 4	AUXILIARY		67,914		67,914		194.0 4
194.0 8	DIALYSIS RENTED SPACE						194.0 8
200	Cross Foot Adjustments	95,495	140,194		140,194		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	95,495	19,586,195		19,586,195		202

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ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	761,971						1
2	Cap Rel Costs-Mvble Equip		8,923,010					2
4	Employee Benefits Department	30,984	27,136	96,751,393				4
5	Administrative & General	187,686	3,406,959	7,741,524	-57,815,470	204,863,704		5
6	Maintenance & Repairs							6
7	Operation of Plant	80,753	663,334	2,503,226		12,163,183	462,548	7
8	Laundry & Linen Service	4,212	3,688	102,869		1,134,219	4,212	8
9	Housekeeping	9,116	12,467	1,963,980		3,520,242	9,116	9
10	Dietary	12,016	31,150	779,214		1,710,566	12,016	10
11	Cafeteria	22,631		1,467,521		1,701,008	22,631	11
12	Maintenance of Personnel							12
13	Nursing Administration	6,361	17,215	3,678,912		4,757,436	6,361	13
14	Central Services & Supply	12,442	193,374	1,368,236		3,610,048	12,442	14
15	Pharmacy	7,175	130,752	3,961,229		3,745,201	7,175	15
16	Medical Records & Library	5,430	10,379	1,053,837		1,807,613	5,430	16
17	Social Service	1,784		234,081		352,811	1,784	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY	647	45	161,645		186,652	647	23
23.01	PASTORAL EDUCATION PROGRAM	475		55,077		76,730	475	23.01
23.02	PARAMED EDUC EMT PROGRAM	5,549	260	607,493		1,002,880	5,549	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	112,907	758,810	19,817,511		28,769,831	112,907	30
31	Intensive Care Unit	9,631	131,487	3,751,384		7,102,248	9,631	31
34.01	NEONATAL INTENSIVE CARE	12,661	121,866	6,052,057		8,461,677	12,661	34.01
34.02	PEDIATRIC INTENSIVE CARE	3,520	9,372	884,340		1,450,545	3,520	34.02
40	Subprovider - IPF	10,731	29,086	1,589,711		2,257,022	10,731	40
43	Nursery	6,592		2,076,959		3,138,632	6,592	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	39,801	779,548	7,231,790		16,599,074	39,801	50
51	Recovery Room	3,103	4,379	896,189		1,424,342	3,103	51
52	Delivery Room & Labor Room	13,533	135,625	2,533,908		4,405,109	13,533	52
53	Anesthesiology	893	94,194	315,114		2,253,969	893	53
54	Radiology-Diagnostic	12,475	374,441	2,638,043		4,829,914	12,475	54
55	Radiology-Therapeutic	12,933	282,690	1,257,248		2,309,391	12,933	55
56	Radioisotope	1,409	1,785	230,192		1,231,455	1,409	56
57	CT Scan	2,861	101,884	657,363		1,193,149	2,861	57
58	MRI	5,650	215,520	526,720		1,249,108	5,650	58
59	Cardiac Catheterization	5,387	136,371	939,702		1,935,743	5,387	59
60	Laboratory	19,070	322,973	6,128,058		9,342,194	19,070	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	720	10,022	145,259		1,277,989	720	63
65	Respiratory Therapy	5,814	83,398	2,364,842		3,948,651	5,814	65
66	Physical Therapy	5,322	3,290	578,208		1,850,276	5,322	66
69	Electrocardiology	10,665	121,728	1,225,180		2,341,874	10,665	69
70	Electroencephalography	5,359	56,530	537,105		987,406	5,359	70
71	Medical Supplies Charged to Patients					10,976,443		71
72	Impl. Dev. Charged to Patients					15,924,135		72
73	Drugs Charged to Patients					16,415,301		73
74	Renal Dialysis	1,699	4,002	726,689		726,689	1,699	74
76	GI LAB	7,907	194,864	517,946		1,213,666	7,907	76
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	5,553	68,786	529,432		1,076,581	5,553	90.01
90.02	ANTENATAL TEST CENTER	5,225	26,329	443,720		794,577	5,225	90.02
90.03	CHILD PSYCHIATRIC CLINIC	1,646	158	328,084		405,912	1,646	90.03
90.04	SPECIAL SURGICAL SERVICES	3,421	11,154	230,725		495,274	3,421	90.04
90.05	GENETIC SERVICES	5,682	32,984	559,112		953,821	5,682	90.05
91	Emergency	16,442	292,023	5,654,994		9,037,299	16,442	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	5,856	306	74,427		410,495	5,856	95
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)	741,729	8,902,364	96,394,167	-57,815,470	202,558,381	442,306	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	523		474		666,776	523	192
193.0 1	BELOIT HEART STANDBY			34,168		40,889		193.0 1
194	GUEST CENTER	2,262	3,078	68,889		287,355	2,262	194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES	7,183	16,518	140,370		869,483	7,183	194.0 2
194.0 4	AUXILIARY	10,274	1,050	113,325		440,820	10,274	194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	188,767	16,057,242	56,508		57,815,470	15,595,804	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.247735	1.799532	0.000584		0.282214	33.717158	203
204	Cost to be allocated (Per Wkst. B, Part II)			70,801		8,317,253	1,722,773	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000732		0.040599	3.724528	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	650,012						8
9	Housekeeping		449,220					9
10	Dietary		12,016	94,647				10
11	Cafeteria		22,631		130,225			11
12	Maintenance of Personnel							12
13	Nursing Administration		6,361		3,251	1,759,496		13
14	Central Services & Supply	3,685	12,442		3,963		26,900,578	14
15	Pharmacy		7,175		4,617			15
16	Medical Records & Library		5,430		1,873			16
17	Social Service		1,784		354			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMDICAL ED PROGRAM XRAY		647		1,704	35,437		23
23.01	PASTORAL EDUCATION PROGRAM		475		1,183	24,601		23.01
23.02	PARAMED EDUC EMT PROGRAM		5,549		1,025	21,330		23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	240,815	112,907	75,443	34,295	713,341		30
31	Intensive Care Unit	20,410	9,631	8,334	5,552	115,481		31
34.01	NEONATAL INTENSIVE CARE	21,942	12,661		8,524	177,309		34.01
34.02	PEDIATRIC INTENSIVE CARE		3,520	2,379	1,209	25,138		34.02
40	Subprovider - IPF	5,641	10,731	6,856	2,709			40
43	Nursery	3,421	6,592		2,994			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	111,932	39,801		9,682	201,392		50
51	Recovery Room	6,277	3,103		1,099	22,866		51
52	Delivery Room & Labor Room	42,795	13,533		3,762	78,244		52
53	Anesthesiology		893		549	11,422		53
54	Radiology-Diagnostic	24,606	12,475		4,315			54
55	Radiology-Therapeutic	3,919	12,933		1,607			55
56	Radioisotope	5	1,409		291			56
57	CT Scan		2,861		1,023			57
58	MRI	5,785	5,650		764			58
59	Cardiac Catheterization	9,610	5,387		1,263	26,279		59
60	Laboratory	6,139	19,070		11,836			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		720		243			63
65	Respiratory Therapy	27	5,814		3,700			65
66	Physical Therapy	302	5,322		766			66
69	Electrocardiology		10,665		1,857	38,635		69
70	Electroencephalography	117	5,359		882	18,355		70
71	Medical Supplies Charged to Patients						10,976,443	71
72	Impl. Dev. Charged to Patients						15,924,135	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		1,699					74
76	GI LAB	9,567	7,907		773	16,077		76
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		5,553		1,015	21,108		90.01
90.02	ANTENATAL TEST CENTER	6,931	5,225		624	12,989		90.02
90.03	CHILD PSYCHIATRIC CLINIC	209	1,646		334	6,944		90.03
90.04	SPECIAL SURGICAL SERVICES	6,356	3,421		342	7,107		90.04
90.05	GENETIC SERVICES	84	5,682		670			90.05
91	Emergency	116,798	16,442	1,635	8,833	183,721		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		5,856		83	1,720		95
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)	647,373	428,978	94,647	129,566	1,759,496	26,900,578	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		523		1			192
193.0 1	BELOIT HEART STANDBY				15			193.0 1
194	GUEST CENTER	2,639	2,262		134			194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES		7,183		185			194.0 2
194.0 4	AUXILIARY		10,274		324			194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,596,328	4,821,070	2,727,414	3,186,987	6,462,354	5,287,928	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.455844	10.732091	28.816698	24.472928	3.672844	0.196573	203
204	Cost to be allocated (Per Wkst. B, Part II)	69,491	219,349	187,651	171,079	276,273	982,446	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.106907	0.488289	1.982641	1.313719	0.157018	0.036521	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	ASSIGNED TIME	PARA MED EDUC EMT TIME SPENT	
		15	16	17	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 Department							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	16,555,514						15
16	Medical Records & Library		492,965,958					16
17	Social Service			7,821				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMEDICAL ED PROGRAM XRAY				100			23
23.01	PASTORAL EDUCATION PROGRAM					32,516		23.01
23.02	PARAMED EDUC EMT PROGRAM						640	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics		29,896,199	6,661		20,522	17	30
31	Intensive Care Unit		7,169,111			2,267		31
34.01	NEONATAL INTENSIVE CARE		18,052,471	102		5,935	34	34.01
34.02	PEDIATRIC INTENSIVE CARE		2,531,294	29		647		34.02
40	Subprovider - IPF		2,355,110	972		1,865		40
43	Nursery		7,687,551	57		1,280		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room		33,042,037				89	50
51	Recovery Room		4,023,335					51
52	Delivery Room & Labor Room		8,324,909				17	52
53	Anesthesiology	140,213	6,104,168					53
54	Radiology-Diagnostic		21,834,991		100			54
55	Radiology-Therapeutic		5,723,219					55
56	Radioisotope		4,554,916					56
57	CT Scan		24,006,875					57
58	MRI		12,358,000					58
59	Cardiac Catheterization		11,433,087					59
60	Laboratory		33,542,559					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		5,476,700					63
65	Respiratory Therapy		14,461,812				13	65
66	Physical Therapy		3,500,203					66
69	Electrocardiology		16,090,363					69
70	Electroencephalography		4,633,026					70
71	Medical Supplies Charged to Patients		73,804,786					71
72	Impl. Dev. Charged to Patients		42,634,302					72
73	Drugs Charged to Patients	16,415,301	57,440,904					73
74	Renal Dialysis		672,310					74
76	GI LAB		3,609,672					76
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		4,225,390					90.01
90.02	ANTENATAL TEST CENTER		4,082,402					90.02
90.03	CHILD PSYCHIATRIC CLINIC		159,442					90.03
90.04	SPECIAL SURGICAL SERVICES		1,149,403					90.04
90.05	GENETIC SERVICES		468,779					90.05
91	Emergency		27,664,313				470	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services		236,695					95
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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	ASSIGNED TIME	PARA MED EDUC EMT TIME SPENT	
		15	16	17	23	23.01	23.02	
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	16,555,514	492,950,334	7,821	100	32,516	640	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
193.0 1	BELOIT HEART STANDBY							193.0 1
194	GUEST CENTER							194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES		15,624					194.0 2
194.0 4	AUXILIARY							194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,234,065	2,604,944	540,339	439,944	238,805	1,635,983	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.316152	0.005284	69.088224	4,399.440000	7.344231	2,556.223438	203
204	Cost to be allocated (Per Wkst. B, Part II)	443,066	124,381	24,882	34,008	10,691	95,495	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.026762	0.000252	3.181435	340.080000	0.328792	149.210938	205

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
	DESCRIPTION	PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	48,944,831		48,944,831		48,944,831	30
31	Intensive Care Unit	10,439,524		10,439,524		10,439,524	31
34.01	NEONATAL INTENSIVE CARE	12,559,110		12,559,110	31,700	12,590,810	34.01
34.02	PEDIATRIC INTENSIVE CARE	2,226,972		2,226,972		2,226,972	34.02
40	Subprovider - IPF	3,741,982		3,741,982		3,741,982	40
43	Nursery	4,453,041		4,453,041		4,453,041	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	24,706,304		24,706,304		24,706,304	50
51	Recovery Room	2,111,790		2,111,790		2,111,790	51
52	Delivery Room & Labor Room	6,821,811		6,821,811	488,385	7,310,196	52
53	Anesthesiology	3,061,734		3,061,734	45,932	3,107,666	53
54	Radiology-Diagnostic	7,468,837		7,468,837		7,468,837	54
55	Radiology-Therapeutic	3,615,188		3,615,188		3,615,188	55
56	Radioisotope	1,672,820		1,672,820		1,672,820	56
57	CT Scan	1,808,930		1,808,930		1,808,930	57
58	MRI	1,950,966		1,950,966		1,950,966	58
59	Cardiac Catheterization	2,932,926		2,932,926		2,932,926	59
60	Laboratory	13,308,316		13,308,316		13,308,316	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,705,544		1,705,544		1,705,544	63
65	Respiratory Therapy	5,521,707		5,521,707		5,521,707	65
66	Physical Therapy	2,646,992		2,646,992		2,646,992	66
69	Electrocardiology	3,749,202		3,749,202		3,749,202	69
70	Electroencephalography	1,618,037		1,618,037		1,618,037	70
71	Medical Supplies Charged to Patients	16,621,920		16,621,920		16,621,920	71
72	Impl. Dev. Charged to Patients	23,773,685		23,773,685		23,773,685	72
73	Drugs Charged to Patients	26,541,183		26,541,183		26,541,183	73
74	Renal Dialysis	1,010,842		1,010,842		1,010,842	74
76	GI LAB	2,028,176		2,028,176		2,028,176	76
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	1,751,926		1,751,926		1,751,926	90.01
90.02	ANTENATAL TEST CENTER	1,352,635		1,352,635		1,352,635	90.02
90.03	CHILD PSYCHIATRIC CLINIC	628,662		628,662		628,662	90.03
90.04	SPECIAL SURGICAL SERVICES	843,262		843,262		843,262	90.04
90.05	GENETIC SERVICES	1,494,644		1,494,644		1,494,644	90.05
91	Emergency	14,891,089		14,891,089	50,781	14,941,870	91
92	Observation Beds (Non-Distinct Part)	5,728,592		5,728,592		5,728,592	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	796,236		796,236		796,236	95
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
200	Subtotal (sum of lines 30 thru 199)	264,529,416		264,529,416	616,798	265,146,214	200
201	Less Observation Beds	5,728,592		5,728,592		5,728,592	201
202	Total (line 200 minus line 201)	258,800,824		258,800,824		259,417,622	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	40,131,707		40,131,707				30
31	Intensive Care Unit	15,340,051		15,340,051				31
34.01	NEONATAL INTENSIVE CARE	44,530,798		44,530,798				34.01
34.02	PEDIATRIC INTENSIVE CARE	3,823,269		3,823,269				34.02
40	Subprovider - IPF	5,047,962		5,047,962				40
43	Nursery	18,286,948		18,286,948				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,466,257	35,459,797	70,926,054	0.348339	0.348339	0.348339	50
51	Recovery Room	4,472,093	4,217,679	8,689,772	0.243020	0.243020	0.243020	51
52	Delivery Room & Labor Room	15,319,480	3,126,773	18,446,253	0.369821	0.369821	0.396297	52
53	Anesthesiology	6,639,366	6,607,435	13,246,801	0.231130	0.231130	0.234597	53
54	Radiology-Diagnostic	20,130,846	23,090,402	43,221,248	0.172805	0.172805	0.172805	54
55	Radiology-Therapeutic	219,173	15,285,509	15,504,682	0.233168	0.233168	0.233168	55
56	Radioisotope	1,645,928	7,945,182	9,591,110	0.174414	0.174414	0.174414	56
57	CT Scan	19,340,571	34,087,214	53,427,785	0.033857	0.033857	0.033857	57
58	MRI	6,542,345	18,804,305	25,346,650	0.076971	0.076971	0.076971	58
59	Cardiac Catheterization	10,881,990	15,646,407	26,528,397	0.110558	0.110558	0.110558	59
60	Laboratory	42,215,011	26,764,671	68,979,682	0.192931	0.192931	0.192931	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	10,142,368	2,190,368	12,332,736	0.138294	0.138294	0.138294	63
65	Respiratory Therapy	30,515,502	2,209,697	32,725,199	0.168730	0.168730	0.168730	65
66	Physical Therapy	5,211,406	2,096,936	7,308,342	0.362188	0.362188	0.362188	66
69	Electrocardiology	11,535,801	22,277,520	33,813,321	0.110879	0.110879	0.110879	69
70	Electroencephalography	1,748,781	8,389,480	10,138,261	0.159597	0.159597	0.159597	70
71	Medical Supplies Charged to Patients	109,011,891	51,635,031	160,646,922	0.103469	0.103469	0.103469	71
72	Impl. Dev. Charged to Patients	61,465,634	33,868,675	95,334,309	0.249372	0.249372	0.249372	72
73	Drugs Charged to Patients	64,910,390	71,935,769	136,846,159	0.193949	0.193949	0.193949	73
74	Renal Dialysis	1,434,447	137,059	1,571,506	0.643231	0.643231	0.643231	74
76	GI LAB	2,194,317	5,550,086	7,744,403	0.261889	0.261889	0.261889	76
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	111,216	8,734,178	8,845,394	0.198061	0.198061	0.198061	90.01
90.02	ANTENATAL TEST CENTER	451,226	9,048,015	9,499,241	0.142394	0.142394	0.142394	90.02
90.03	CHILD PSYCHIATRIC CLINIC		335,924	335,924	1.871441	1.871441	1.871441	90.03
90.04	SPECIAL SURGICAL SERVICES	20,019	2,878,102	2,898,121	0.290969	0.290969	0.290969	90.04
90.05	GENETIC SERVICES	121,738	813,674	935,412	1.597846	1.597846	1.597846	90.05
91	Emergency	17,323,365	41,848,629	59,171,994	0.251658	0.251658	0.252516	91
92	Observation Beds (Non-Distinct Part)		24,989,979	24,989,979	0.229236	0.229236	0.229236	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	514,673	24,807	539,480	1.475932	1.475932	1.475932	95
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
200	Subtotal (sum of lines 30 thru 199)	606,746,569	479,999,303	1,086,745,872				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	606,746,569	479,999,303	1,086,745,872				202

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check [] Title V [XX] PPS
Applicable [XX] Title XVIII, Part A [] TEFRA
Boxes: [] Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,530,101		3,530,101	45,505	77.58	16,098	1,248,883	30
31	Intensive Care Unit	630,429		630,429	4,680	134.71	1,704	229,546	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.01	NEONATAL INTENSIVE CARE	705,148		705,148	14,284	49.37			34.01
34.02	PEDIATRIC INTENSIVE CARE	104,834		104,834	980	106.97			34.02
35	Other Special Care (specify)								35
40	Subprovider - IPF	221,955		221,955	3,899	56.93	1,137	64,729	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	164,766		164,766	2,619	62.91			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,357,233		5,357,233	71,967		18,939	1,543,158	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0239

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,577,785	70,926,054	0.036345	11,345,809	412,363	50
51	Recovery Room	89,535	8,689,772	0.010303	1,600,138	16,486	51
52	Delivery Room & Labor Room	520,805	18,446,253	0.028234	103,754	2,929	52
53	Anesthesiology	293,498	13,246,801	0.022156	2,022,124	44,802	53
54	Radiology-Diagnostic	967,713	43,221,248	0.022390	7,714,007	172,717	54
55	Radiology-Therapeutic	676,879	15,504,682	0.043656	107,623	4,698	55
56	Radioisotope	61,385	9,591,110	0.006400	882,661	5,649	56
57	CT Scan	253,433	53,427,785	0.004743	6,875,403	32,610	57
58	MRI	469,545	25,346,650	0.018525	2,390,408	44,282	58
59	Cardiac Catheterization	380,344	26,528,397	0.014337	5,132,261	73,581	59
60	Laboratory	1,114,982	68,979,682	0.016164	14,639,325	236,630	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	77,333	12,332,736	0.006271	3,174,515	19,907	63
65	Respiratory Therapy	354,021	32,725,199	0.010818	6,429,025	69,549	65
66	Physical Therapy	113,426	7,308,342	0.015520	2,336,902	36,269	66
69	Electrocardiology	382,478	33,813,321	0.011311	4,944,149	55,923	69
70	Electroencephalography	175,937	10,138,261	0.017354	425,052	7,376	70
71	Medical Supplies Charged to Pat	865,256	160,646,922	0.005386	36,298,385	195,503	71
72	Impl. Dev. Charged to Patients	1,238,823	95,334,309	0.012995	19,027,573	247,263	72
73	Drugs Charged to Patients	1,120,234	136,846,159	0.008186	21,242,343	173,890	73
74	Renal Dialysis	44,453	1,571,506	0.028287	813,226	23,004	74
76	GI LAB	442,683	7,744,403	0.057162	951,910	54,413	76
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	213,163	8,845,394	0.024099	62,103	1,497	90.01
90.02	ANTENATAL TEST CENTER	116,175	9,499,241	0.012230	13,020	159	90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,121	335,924	0.080736			90.03
90.04	SPECIAL SURGICAL SERVICES	58,704	2,898,121	0.020256	12,270	249	90.04
90.05	GENETIC SERVICES	128,081	935,412	0.136925	12,754	1,746	90.05
91	Emergency	1,051,463	59,171,994	0.017770	6,432,089	114,298	91
92	Observation Beds (Non-Distinct	413,169	24,989,979	0.016533			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	14,228,424	959,045,657		154,988,829	2,047,793	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		194,174			194,174	30
31	Intensive Care Unit		16,649			16,649	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
34.01	NEONATAL INTENSIVE CARE		130,500			130,500	34.01
34.02	PEDIATRIC INTENSIVE CARE		4,752			4,752	34.02
35	Other Special Care (specify)						35
40	Subprovider - IPF		13,697			13,697	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery		9,401			9,401	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		369,173			369,173	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [XX] PPS
Applicable [XX] Title XVIII, Part A [] TEFRA
Boxes: [] Title XIX [] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	45,505	4.27	16,098	68,738	30
31	Intensive Care Unit	4,680	3.56	1,704	6,066	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.01	NEONATAL INTENSIVE CARE	14,284	9.14			34.01
34.02	PEDIATRIC INTENSIVE CARE	980	4.85			34.02
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,899	3.51	1,137	3,991	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,619	3.59			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	71,967		18,939	78,795	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0239

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			227,504		227,504	227,504	50
51	Recovery Room							51
52	Delivery Room & Labor Room			43,456		43,456	43,456	52
53	Anesthesiology							53
54	Radiology-Diagnostic			439,944		439,944	439,944	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			33,231		33,231	33,231	65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	GI LAB							76
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
90.04	SPECIAL SURGICAL SERVICES							90.04
90.05	GENETIC SERVICES							90.05
91	Emergency			1,201,424		1,201,424	1,201,424	91
92	Observation Beds (Non-Distinct			22,725		22,725	22,725	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			1,968,284		1,968,284	1,968,284	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0239

**WORKSHEET D
PART IV**

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,926,054	0.003208	0.003208	11,345,809	36,397	7,928,937	25,436	50
51	Recovery Room	8,689,772			1,600,138		667,059		51
52	Delivery Room & Labor Room	18,446,253	0.002356	0.002356	103,754	244	15,984	38	52
53	Anesthesiology	13,246,801			2,022,124		1,505,820		53
54	Radiology-Diagnostic	43,221,248	0.010179	0.010179	7,714,007	78,521	5,781,261	58,847	54
55	Radiology-Therapeutic	15,504,682			107,623		4,477,941		55
56	Radioisotope	9,591,110			882,661		2,988,944		56
57	CT Scan	53,427,785			6,875,403		8,787,386		57
58	MRI	25,346,650			2,390,408		4,414,922		58
59	Cardiac Catheterization	26,528,397			5,132,261		6,372,172		59
60	Laboratory	68,979,682			14,639,325		5,035,445		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,332,736			3,174,515		424,003		63
65	Respiratory Therapy	32,725,199	0.001015	0.001015	6,429,025	6,525	647,318	657	65
66	Physical Therapy	7,308,342			2,336,902		120,002		66
69	Electrocardiology	33,813,321			4,944,149		7,085,863		69
70	Electroencephalography	10,138,261			425,052		1,663,465		70
71	Medical Supplies Charged to Pat	160,646,922			36,298,385		15,430,316		71
72	Impl. Dev. Charged to Patients	95,334,309			19,027,573		11,524,790		72
73	Drugs Charged to Patients	136,846,159			21,242,343		20,205,813		73
74	Renal Dialysis	1,571,506			813,226		30,866		74
76	GI LAB	7,744,403			951,910		1,452,122		76
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	8,845,394			62,103		2,181,665		90.01
90.02	ANTENATAL TEST CENTER	9,499,241			13,020		118,372		90.02
90.03	CHILD PSYCHIATRIC CLINIC	335,924					1,693		90.03
90.04	SPECIAL SURGICAL SERVICES	2,898,121			12,270		1,430,037		90.04
90.05	GENETIC SERVICES	935,412			12,754		52,581		90.05
91	Emergency	59,171,994	0.020304	0.020304	6,432,089	130,597	6,369,863	129,334	91
92	Observation Beds (Non-Distinct	24,989,979	0.000909	0.000909			5,236,039	4,760	92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	959,045,657			154,988,829	252,284	121,950,679	219,072	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0239

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.348339	7,928,937			2,761,958		50	
51	Recovery Room	0.243020	667,059			162,109		51	
52	Delivery Room & Labor Room	0.369821	15,984			5,911		52	
53	Anesthesiology	0.231130	1,505,820			348,040		53	
54	Radiology-Diagnostic	0.172805	5,781,261			999,031		54	
55	Radiology-Therapeutic	0.233168	4,477,941			1,044,113		55	
56	Radioisotope	0.174414	2,988,944			521,314		56	
57	CT Scan	0.033857	8,787,386			297,515		57	
58	MRI	0.076971	4,414,922			339,821		58	
59	Cardiac Catheterization	0.110558	6,372,172			704,495		59	
60	Laboratory	0.192931	5,035,445		1,871	971,493		361 60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.138294	424,003			58,637		63	
65	Respiratory Therapy	0.168730	647,318			109,222		65	
66	Physical Therapy	0.362188	120,002			43,463		66	
69	Electrocardiology	0.110879	7,085,863			785,673		69	
70	Electroencephalography	0.159597	1,663,465			265,484		70	
71	Medical Supplies Charged to Pat	0.103469	15,430,316			1,596,559		71	
72	Impl. Dev. Charged to Patients	0.249372	11,524,790			2,873,960		72	
73	Drugs Charged to Patients	0.193949	20,205,813		168,160	3,918,897		32,614 73	
74	Renal Dialysis	0.643231	30,866			19,854		74	
76	GI LAB	0.261889	1,452,122			380,295		76	
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	0.198061	2,181,665			432,103		90.01	
90.02	ANTENATAL TEST CENTER	0.142394	118,372			16,855		90.02	
90.03	CHILD PSYCHIATRIC CLINIC	1.871441	1,693			3,168		90.03	
90.04	SPECIAL SURGICAL SERVICES	0.290969	1,430,037			416,096		90.04	
90.05	GENETIC SERVICES	1.597846	52,581			84,016		90.05	
91	Emergency	0.251658	6,369,863			1,603,027		91	
92	Observation Beds (Non-Distinct)	0.229236	5,236,039			1,200,289		92	
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services	1.475932						95	
200	Subtotal (see instructions)		121,950,679		170,031	21,963,398		32,975 200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		121,950,679		170,031	21,963,398		32,975 202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S239

WORKSHEET D
PART II

Check [] Title V [] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] TEFRA
 Boxes: [] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,577,785	70,926,054	0.036345			50
51	Recovery Room	89,535	8,689,772	0.010303			51
52	Delivery Room & Labor Room	520,805	18,446,253	0.028234			52
53	Anesthesiology	293,498	13,246,801	0.022156			53
54	Radiology-Diagnostic	967,713	43,221,248	0.022390	10,104	226	54
55	Radiology-Therapeutic	676,879	15,504,682	0.043656			55
56	Radioisotope	61,385	9,591,110	0.006400	5,881	38	56
57	CT Scan	253,433	53,427,785	0.004743	29,632	141	57
58	MRI	469,545	25,346,650	0.018525	7,620	141	58
59	Cardiac Catheterization	380,344	26,528,397	0.014337	258	4	59
60	Laboratory	1,114,982	68,979,682	0.016164	142,946	2,311	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	77,333	12,332,736	0.006271	1,156	7	63
65	Respiratory Therapy	354,021	32,725,199	0.010818	14,462	156	65
66	Physical Therapy	113,426	7,308,342	0.015520	6,603	102	66
69	Electrocardiology	382,478	33,813,321	0.011311	11,259	127	69
70	Electroencephalography	175,937	10,138,261	0.017354			70
71	Medical Supplies Charged to Pat	865,256	160,646,922	0.005386	9,437	51	71
72	Impl. Dev. Charged to Patients	1,238,823	95,334,309	0.012995			72
73	Drugs Charged to Patients	1,120,234	136,846,159	0.008186	296,576	2,428	73
74	Renal Dialysis	44,453	1,571,506	0.028287	5,132	145	74
76	GI LAB	442,683	7,744,403	0.057162			76
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	213,163	8,845,394	0.024099			90.01
90.02	ANTENATAL TEST CENTER	116,175	9,499,241	0.012230			90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,121	335,924	0.080736			90.03
90.04	SPECIAL SURGICAL SERVICES	58,704	2,898,121	0.020256			90.04
90.05	GENETIC SERVICES	128,081	935,412	0.136925			90.05
91	Emergency	1,051,463	59,171,994	0.017770	157,948	2,807	91
92	Observation Beds (Non-Distinct)		24,989,979				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	13,815,255	959,045,657		699,014	8,684	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S239

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			227,504		227,504	227,504	50
51	Recovery Room							51
52	Delivery Room & Labor Room			43,456		43,456	43,456	52
53	Anesthesiology							53
54	Radiology-Diagnostic			439,944		439,944	439,944	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			33,231		33,231	33,231	65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	GI LAB							76
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
90.04	SPECIAL SURGICAL SERVICES							90.04
90.05	GENETIC SERVICES							90.05
91	Emergency			1,201,424		1,201,424	1,201,424	91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			1,945,559		1,945,559	1,945,559	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S239

**WORKSHEET D
PART IV**

Check [] Title V [] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,926,054	0.003208	0.003208					50
51	Recovery Room	8,689,772							51
52	Delivery Room & Labor Room	18,446,253	0.002356	0.002356					52
53	Anesthesiology	13,246,801							53
54	Radiology-Diagnostic	43,221,248	0.010179	0.010179	10,104	103	412	4	54
55	Radiology-Therapeutic	15,504,682							55
56	Radioisotope	9,591,110			5,881				56
57	CT Scan	53,427,785			29,632		3,826		57
58	MRI	25,346,650			7,620				58
59	Cardiac Catheterization	26,528,397			258				59
60	Laboratory	68,979,682			142,946				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,332,736			1,156				63
65	Respiratory Therapy	32,725,199	0.001015	0.001015	14,462	15			65
66	Physical Therapy	7,308,342			6,603				66
69	Electrocardiology	33,813,321			11,259				69
70	Electroencephalography	10,138,261							70
71	Medical Supplies Charged to Pat	160,646,922			9,437				71
72	Impl. Dev. Charged to Patients	95,334,309							72
73	Drugs Charged to Patients	136,846,159			296,576		80		73
74	Renal Dialysis	1,571,506			5,132				74
76	GI LAB	7,744,403							76
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	8,845,394							90.01
90.02	ANTENATAL TEST CENTER	9,499,241							90.02
90.03	CHILD PSYCHIATRIC CLINIC	335,924							90.03
90.04	SPECIAL SURGICAL SERVICES	2,898,121							90.04
90.05	GENETIC SERVICES	935,412							90.05
91	Emergency	59,171,994	0.020304	0.020304	157,948	3,207			91
92	Observation Beds (Non-Distinct)	24,989,979							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	959,045,657			699,014	3,325	4,318	4	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S239

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.348339							50
51	Recovery Room	0.243020							51
52	Delivery Room & Labor Room	0.369821							52
53	Anesthesiology	0.231130							53
54	Radiology-Diagnostic	0.172805	412			71			54
55	Radiology-Therapeutic	0.233168							55
56	Radioisotope	0.174414							56
57	CT Scan	0.033857	3,826			130			57
58	MRI	0.076971							58
59	Cardiac Catheterization	0.110558							59
60	Laboratory	0.192931							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.138294							63
65	Respiratory Therapy	0.168730							65
66	Physical Therapy	0.362188							66
69	Electrocardiology	0.110879							69
70	Electroencephalography	0.159597							70
71	Medical Supplies Charged to Pat	0.103469							71
72	Impl. Dev. Charged to Patients	0.249372							72
73	Drugs Charged to Patients	0.193949	80		421	16		82	73
74	Renal Dialysis	0.643231							74
76	GI LAB	0.261889							76
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	0.198061							90.01
90.02	ANTENATAL TEST CENTER	0.142394							90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441							90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969							90.04
90.05	GENETIC SERVICES	1.597846							90.05
91	Emergency	0.251658							91
92	Observation Beds (Non-Distinct)	0.229236							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	1.475932							95
200	Subtotal (see instructions)		4,318		421	217		82	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		4,318		421	217		82	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,530,101		3,530,101	45,505	77.58	5,607	434,991	30
31	Intensive Care Unit	630,429		630,429	4,680	134.71	1,279	172,294	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.01	NEONATAL INTENSIVE CARE	705,148		705,148	14,284	49.37	4,609	227,546	34.01
34.02	PEDIATRIC INTENSIVE CARE	104,834		104,834	980	106.97	589	63,005	34.02
35	Other Special Care (specify)								35
40	Subprovider - IPF	221,955		221,955	3,899	56.93	1,002	57,044	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	164,766		164,766	2,619	62.91	1,700	106,947	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,357,233		5,357,233	71,967		14,786	1,061,827	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0239

WORKSHEET D
PART II

Check [] Title V [XX] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [] IPF
 Boxes: [XX] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,577,785	70,926,054	0.036345			50
51	Recovery Room	89,535	8,689,772	0.010303			51
52	Delivery Room & Labor Room	520,805	18,446,253	0.028234			52
53	Anesthesiology	293,498	13,246,801	0.022156			53
54	Radiology-Diagnostic	967,713	43,221,248	0.022390			54
55	Radiology-Therapeutic	676,879	15,504,682	0.043656			55
56	Radioisotope	61,385	9,591,110	0.006400			56
57	CT Scan	253,433	53,427,785	0.004743			57
58	MRI	469,545	25,346,650	0.018525			58
59	Cardiac Catheterization	380,344	26,528,397	0.014337			59
60	Laboratory	1,114,982	68,979,682	0.016164			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	77,333	12,332,736	0.006271			63
65	Respiratory Therapy	354,021	32,725,199	0.010818			65
66	Physical Therapy	113,426	7,308,342	0.015520			66
69	Electrocardiology	382,478	33,813,321	0.011311			69
70	Electroencephalography	175,937	10,138,261	0.017354			70
71	Medical Supplies Charged to Pat	865,256	160,646,922	0.005386			71
72	Impl. Dev. Charged to Patients	1,238,823	95,334,309	0.012995			72
73	Drugs Charged to Patients	1,120,234	136,846,159	0.008186			73
74	Renal Dialysis	44,453	1,571,506	0.028287			74
76	GI LAB	442,683	7,744,403	0.057162			76
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	213,163	8,845,394	0.024099			90.01
90.02	ANTENATAL TEST CENTER	116,175	9,499,241	0.012230			90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,121	335,924	0.080736			90.03
90.04	SPECIAL SURGICAL SERVICES	58,704	2,898,121	0.020256			90.04
90.05	GENETIC SERVICES	128,081	935,412	0.136925			90.05
91	Emergency	1,051,463	59,171,994	0.017770			91
92	Observation Beds (Non-Distinct	413,169	24,989,979	0.016533			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	14,228,424	959,045,657				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		194,174			194,174	30
31	Intensive Care Unit		16,649			16,649	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
34.01	NEONATAL INTENSIVE CARE		130,500			130,500	34.01
34.02	PEDIATRIC INTENSIVE CARE		4,752			4,752	34.02
35	Other Special Care (specify)						35
40	Subprovider - IPF		13,697			13,697	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery		9,401			9,401	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		369,173			369,173	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	45,505	4.27	5,607	23,942	30
31	Intensive Care Unit	4,680	3.56	1,279	4,553	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.01	NEONATAL INTENSIVE CARE	14,284	9.14	4,609	42,126	34.01
34.02	PEDIATRIC INTENSIVE CARE	980	4.85	589	2,857	34.02
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,899	3.51	1,002	3,517	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,619	3.59	1,700	6,103	43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	71,967		14,786	83,098	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0239

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			227,504		227,504	227,504	50
51	Recovery Room							51
52	Delivery Room & Labor Room			43,456		43,456	43,456	52
53	Anesthesiology							53
54	Radiology-Diagnostic			439,944		439,944	439,944	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			33,231		33,231	33,231	65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	GI LAB							76
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
90.04	SPECIAL SURGICAL SERVICES							90.04
90.05	GENETIC SERVICES							90.05
91	Emergency			1,201,424		1,201,424	1,201,424	91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			1,945,559		1,945,559	1,945,559	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0239

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,926,054	0.003208	0.003208					50
51	Recovery Room	8,689,772							51
52	Delivery Room & Labor Room	18,446,253	0.002356	0.002356					52
53	Anesthesiology	13,246,801							53
54	Radiology-Diagnostic	43,221,248	0.010179	0.010179					54
55	Radiology-Therapeutic	15,504,682							55
56	Radioisotope	9,591,110							56
57	CT Scan	53,427,785							57
58	MRI	25,346,650							58
59	Cardiac Catheterization	26,528,397							59
60	Laboratory	68,979,682							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,332,736							63
65	Respiratory Therapy	32,725,199	0.001015	0.001015					65
66	Physical Therapy	7,308,342							66
69	Electrocardiology	33,813,321							69
70	Electroencephalography	10,138,261							70
71	Medical Supplies Charged to Pat	160,646,922							71
72	Impl. Dev. Charged to Patients	95,334,309							72
73	Drugs Charged to Patients	136,846,159							73
74	Renal Dialysis	1,571,506							74
76	GI LAB	7,744,403							76
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	8,845,394							90.01
90.02	ANTENATAL TEST CENTER	9,499,241							90.02
90.03	CHILD PSYCHIATRIC CLINIC	335,924							90.03
90.04	SPECIAL SURGICAL SERVICES	2,898,121							90.04
90.05	GENETIC SERVICES	935,412							90.05
91	Emergency	59,171,994	0.020304	0.020304					91
92	Observation Beds (Non-Distinct	24,989,979							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	959,045,657							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0239

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.348339						50
51	Recovery Room	0.243020						51
52	Delivery Room & Labor Room	0.369821						52
53	Anesthesiology	0.231130						53
54	Radiology-Diagnostic	0.172805						54
55	Radiology-Therapeutic	0.233168						55
56	Radioisotope	0.174414						56
57	CT Scan	0.033857						57
58	MRI	0.076971						58
59	Cardiac Catheterization	0.110558						59
60	Laboratory	0.192931						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.138294						63
65	Respiratory Therapy	0.168730						65
66	Physical Therapy	0.362188						66
69	Electrocardiology	0.110879						69
70	Electroencephalography	0.159597						70
71	Medical Supplies Charged to Pat	0.103469						71
72	Impl. Dev. Charged to Patients	0.249372						72
73	Drugs Charged to Patients	0.193949						73
74	Renal Dialysis	0.643231						74
76	GI LAB	0.261889						76
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	0.198061						90.01
90.02	ANTENATAL TEST CENTER	0.142394						90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441						90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969						90.04
90.05	GENETIC SERVICES	1.597846						90.05
91	Emergency	0.251658						91
92	Observation Beds (Non-Distinct	0.229236						92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1.475932						95
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S239

**WORKSHEET D
PART II**

Check [] Title V [] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [XX] IPF
 Boxes: [XX] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,577,785	70,926,054	0.036345			50
51	Recovery Room	89,535	8,689,772	0.010303			51
52	Delivery Room & Labor Room	520,805	18,446,253	0.028234			52
53	Anesthesiology	293,498	13,246,801	0.022156			53
54	Radiology-Diagnostic	967,713	43,221,248	0.022390			54
55	Radiology-Therapeutic	676,879	15,504,682	0.043656			55
56	Radioisotope	61,385	9,591,110	0.006400			56
57	CT Scan	253,433	53,427,785	0.004743			57
58	MRI	469,545	25,346,650	0.018525			58
59	Cardiac Catheterization	380,344	26,528,397	0.014337			59
60	Laboratory	1,114,982	68,979,682	0.016164			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	77,333	12,332,736	0.006271			63
65	Respiratory Therapy	354,021	32,725,199	0.010818			65
66	Physical Therapy	113,426	7,308,342	0.015520			66
69	Electrocardiology	382,478	33,813,321	0.011311			69
70	Electroencephalography	175,937	10,138,261	0.017354			70
71	Medical Supplies Charged to Pat	865,256	160,646,922	0.005386			71
72	Impl. Dev. Charged to Patients	1,238,823	95,334,309	0.012995			72
73	Drugs Charged to Patients	1,120,234	136,846,159	0.008186			73
74	Renal Dialysis	44,453	1,571,506	0.028287			74
76	GI LAB	442,683	7,744,403	0.057162			76
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	213,163	8,845,394	0.024099			90.01
90.02	ANTENATAL TEST CENTER	116,175	9,499,241	0.012230			90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,121	335,924	0.080736			90.03
90.04	SPECIAL SURGICAL SERVICES	58,704	2,898,121	0.020256			90.04
90.05	GENETIC SERVICES	128,081	935,412	0.136925			90.05
91	Emergency	1,051,463	59,171,994	0.017770			91
92	Observation Beds (Non-Distinct)		24,989,979				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	13,815,255	959,045,657				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S239

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			227,504		227,504	227,504	50
51	Recovery Room							51
52	Delivery Room & Labor Room			43,456		43,456	43,456	52
53	Anesthesiology							53
54	Radiology-Diagnostic			439,944		439,944	439,944	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			33,231		33,231	33,231	65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	GI LAB							76
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
90.04	SPECIAL SURGICAL SERVICES							90.04
90.05	GENETIC SERVICES							90.05
91	Emergency			1,201,424		1,201,424	1,201,424	91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			1,945,559		1,945,559	1,945,559	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S239

**WORKSHEET D
PART IV**

Check [] Title V [] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX [] IRF [] NF [XX] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,926,054	0.003208	0.003208					50
51	Recovery Room	8,689,772							51
52	Delivery Room & Labor Room	18,446,253	0.002356	0.002356					52
53	Anesthesiology	13,246,801							53
54	Radiology-Diagnostic	43,221,248	0.010179	0.010179					54
55	Radiology-Therapeutic	15,504,682							55
56	Radioisotope	9,591,110							56
57	CT Scan	53,427,785							57
58	MRI	25,346,650							58
59	Cardiac Catheterization	26,528,397							59
60	Laboratory	68,979,682							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,332,736							63
65	Respiratory Therapy	32,725,199	0.001015	0.001015					65
66	Physical Therapy	7,308,342							66
69	Electrocardiology	33,813,321							69
70	Electroencephalography	10,138,261							70
71	Medical Supplies Charged to Pat	160,646,922							71
72	Impl. Dev. Charged to Patients	95,334,309							72
73	Drugs Charged to Patients	136,846,159							73
74	Renal Dialysis	1,571,506							74
76	GI LAB	7,744,403							76
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	8,845,394							90.01
90.02	ANTENATAL TEST CENTER	9,499,241							90.02
90.03	CHILD PSYCHIATRIC CLINIC	335,924							90.03
90.04	SPECIAL SURGICAL SERVICES	2,898,121							90.04
90.05	GENETIC SERVICES	935,412							90.05
91	Emergency	59,171,994	0.020304	0.020304					91
92	Observation Beds (Non-Distinct	24,989,979							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	959,045,657							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S239

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.348339							50
51	Recovery Room	0.243020							51
52	Delivery Room & Labor Room	0.369821							52
53	Anesthesiology	0.231130							53
54	Radiology-Diagnostic	0.172805							54
55	Radiology-Therapeutic	0.233168							55
56	Radioisotope	0.174414							56
57	CT Scan	0.033857							57
58	MRI	0.076971							58
59	Cardiac Catheterization	0.110558							59
60	Laboratory	0.192931							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.138294							63
65	Respiratory Therapy	0.168730							65
66	Physical Therapy	0.362188							66
69	Electrocardiology	0.110879							69
70	Electroencephalography	0.159597							70
71	Medical Supplies Charged to Pat	0.103469							71
72	Impl. Dev. Charged to Patients	0.249372							72
73	Drugs Charged to Patients	0.193949							73
74	Renal Dialysis	0.643231							74
76	GI LAB	0.261889							76
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	0.198061							90.01
90.02	ANTENATAL TEST CENTER	0.142394							90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441							90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969							90.04
90.05	GENETIC SERVICES	1.597846							90.05
91	Emergency	0.251658							91
92	Observation Beds (Non-Distinct	0.229236							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	1.475932							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,505	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,505	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	40,179	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	16,098	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 XIX only)		15
16	Nursery days (title V or 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)	48,944,831	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 (line 21 minus line 26)	48,944,831	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		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)		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 minus line 36)	48,944,831	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1					
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,075.59	38				
39	Program general inpatient routine service cost (line 9 x line 38)						17,314,848	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)						17,314,848	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)							42				
	Intensive Care Type Inpatient Hospital Units											
43	Intensive Care Unit						10,439,524	4,680	2,230.67	1,704	3,801,062	43
44	Coronary Care Unit											44
45	Burn Intensive Care Unit											45
46	Surgical Intensive Care Unit											46
46.01	NEONATAL INTENSIVE CARE						12,590,810	14,284	881.46			46.01
46.02	PEDIATRIC INTENSIVE CARE						2,226,972	980	2,272.42			46.02
47	Other Special Care (specify)											47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						28,218,732	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						49,334,642	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,553,233	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,300,077	51
52	Total Program excludable cost (sum of lines 50 and 51)						3,853,310	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthesiologist and medical education costs (line 49 minus line 52)						45,481,332	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 (line 56 minus line 53)							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 (line 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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,326	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,075.59	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,728,592	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,530,101	48,944,831	0.072124	5,728,592	413,169	90
91	Nursing School						91
92	Allied Health	194,174	48,944,831	0.003967	5,728,592	22,725	92
93	Other Medical Education						93

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S239

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,899	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,899	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,899	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,137	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 XIX only)		15
16	Nursery days (title V or 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)	3,741,982	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 (line 21 minus line 26)	3,741,982	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		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)		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 minus line 36)	3,741,982	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S239

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	959,73	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,091,213	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,091,213	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	139,892	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,231,105	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	68,720	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,009	51
52	Total Program excludable cost (sum of lines 50 and 51)	80,729	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,150,376	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,505	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,505	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	40,179	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,607	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (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 XIX only)	2,619	15
16	Nursery days (title V or XIX only)	1,700	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)	48,944,831	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 (line 21 minus line 26)	48,944,831	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		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)		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 minus line 36)	48,944,831	37

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] PPS
 Applicable [] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [XX] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,075.59	38
39	Program general inpatient routine service cost (line 9 x line 38)						6,030,833	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)						6,030,833	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)	4,453,041	2,619	1,700.28	1,700	2,890,476		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	10,439,524	4,680	2,230.67	1,279	2,853,027		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
46.01	NEONATAL INTENSIVE CARE	12,559,110	14,284	879.24	4,609	4,052,417		46.01
46.02	PEDIATRIC INTENSIVE CARE	2,226,972	980	2,272.42	589	1,338,455		46.02
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						17,165,208	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,084,364	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 (sum of lines 50 and 51)						1,084,364	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 (line 56 minus line 53)							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 (line 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

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0239

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
Applicable Title XVIII, Part A IPF SNF TEFRA
Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,326	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S239

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,899	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,899	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,899	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,002	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 XIX only)		15
16	Nursery days (title V or 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)	3,741,982	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 (line 21 minus line 26)	3,741,982	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		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)		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 minus line 36)	3,741,982	37

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S239

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [] PPS
 Applicable [] Title XVIII, Part A [XX] IPF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [XX] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)	959.73	38
39	Program general inpatient routine service cost (line 9 x line 38)	961,649	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)	961,649	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	961,649	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	60,561	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 (sum of lines 50 and 51)	60,561	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0239

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/IID [] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		16,809,860		30
31	Intensive Care Unit		5,662,378		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	0.348339	11,345,809	3,952,188	50
51	Recovery Room	0.243020	1,600,138	388,866	51
52	Delivery Room & Labor Room	0.396297	103,754	41,117	52
53	Anesthesiology	0.234597	2,022,124	474,384	53
54	Radiology-Diagnostic	0.172805	7,714,007	1,333,019	54
55	Radiology-Therapeutic	0.233168	107,623	25,094	55
56	Radioisotope	0.174414	882,661	153,948	56
57	CT Scan	0.033857	6,875,403	232,781	57
58	MRI	0.076971	2,390,408	183,992	58
59	Cardiac Catheterization	0.110558	5,132,261	567,413	59
60	Laboratory	0.192931	14,639,325	2,824,380	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.138294	3,174,515	439,016	63
65	Respiratory Therapy	0.168730	6,429,025	1,084,769	65
66	Physical Therapy	0.362188	2,336,902	846,398	66
69	Electrocardiology	0.110879	4,944,149	548,202	69
70	Electroencephalography	0.159597	425,052	67,837	70
71	Medical Supplies Charged to Patients	0.103469	36,298,385	3,755,758	71
72	Impl. Dev. Charged to Patients	0.249372	19,027,573	4,744,944	72
73	Drugs Charged to Patients	0.193949	21,242,343	4,119,931	73
74	Renal Dialysis	0.643231	813,226	523,092	74
76	GI LAB	0.261889	951,910	249,295	76
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	0.198061	62,103	12,300	90.01
90.02	ANTENATAL TEST CENTER	0.142394	13,020	1,854	90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441			90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969	12,270	3,570	90.04
90.05	GENETIC SERVICES	1.597846	12,754	20,379	90.05
91	Emergency	0.252516	6,432,089	1,624,205	91
92	Observation Beds (Non-Distinct Part)	0.229236			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		154,988,829	28,218,732	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		154,988,829		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S239

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	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		1,476,845		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.348339			50
51	Recovery Room	0.243020			51
52	Delivery Room & Labor Room	0.396297			52
53	Anesthesiology	0.234597			53
54	Radiology-Diagnostic	0.172805	10,104	1,746	54
55	Radiology-Therapeutic	0.233168			55
56	Radioisotope	0.174414	5,881	1,026	56
57	CT Scan	0.033857	29,632	1,003	57
58	MRI	0.076971	7,620	587	58
59	Cardiac Catheterization	0.110558	258	29	59
60	Laboratory	0.192931	142,946	27,579	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.138294	1,156	160	63
65	Respiratory Therapy	0.168730	14,462	2,440	65
66	Physical Therapy	0.362188	6,603	2,392	66
69	Electrocardiology	0.110879	11,259	1,248	69
70	Electroencephalography	0.159597			70
71	Medical Supplies Charged to Patients	0.103469	9,437	976	71
72	Impl. Dev. Charged to Patients	0.249372			72
73	Drugs Charged to Patients	0.193949	296,576	57,521	73
74	Renal Dialysis	0.643231	5,132	3,301	74
76	GI LAB	0.261889			76
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	0.198061			90.01
90.02	ANTENATAL TEST CENTER	0.142394			90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441			90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969			90.04
90.05	GENETIC SERVICES	1.597846			90.05
91	Emergency	0.252516	157,948	39,884	91
92	Observation Beds (Non-Distinct Part)	0.229236			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		699,014	139,892	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		699,014		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0239

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	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	0.348339			50
51	Recovery Room	0.243020			51
52	Delivery Room & Labor Room	0.369821			52
53	Anesthesiology	0.231130			53
54	Radiology-Diagnostic	0.172805			54
55	Radiology-Therapeutic	0.233168			55
56	Radioisotope	0.174414			56
57	CT Scan	0.033857			57
58	MRI	0.076971			58
59	Cardiac Catheterization	0.110558			59
60	Laboratory	0.192931			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.138294			63
65	Respiratory Therapy	0.168730			65
66	Physical Therapy	0.362188			66
69	Electrocardiology	0.110879			69
70	Electroencephalography	0.159597			70
71	Medical Supplies Charged to Patients	0.103469			71
72	Impl. Dev. Charged to Patients	0.249372			72
73	Drugs Charged to Patients	0.193949			73
74	Renal Dialysis	0.643231			74
76	GI LAB	0.261889			76
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	0.198061			90.01
90.02	ANTENATAL TEST CENTER	0.142394			90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441			90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969			90.04
90.05	GENETIC SERVICES	1.597846			90.05
91	Emergency	0.251658			91
92	Observation Beds (Non-Distinct Part)	0.229236			92
OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S239

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	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	0.348339			50
51	Recovery Room	0.243020			51
52	Delivery Room & Labor Room	0.369821			52
53	Anesthesiology	0.231130			53
54	Radiology-Diagnostic	0.172805			54
55	Radiology-Therapeutic	0.233168			55
56	Radioisotope	0.174414			56
57	CT Scan	0.033857			57
58	MRI	0.076971			58
59	Cardiac Catheterization	0.110558			59
60	Laboratory	0.192931			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.138294			63
65	Respiratory Therapy	0.168730			65
66	Physical Therapy	0.362188			66
69	Electrocardiology	0.110879			69
70	Electroencephalography	0.159597			70
71	Medical Supplies Charged to Patients	0.103469			71
72	Impl. Dev. Charged to Patients	0.249372			72
73	Drugs Charged to Patients	0.193949			73
74	Renal Dialysis	0.643231			74
76	GI LAB	0.261889			76
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	0.198061			90.01
90.02	ANTENATAL TEST CENTER	0.142394			90.02
90.03	CHILD PSYCHIATRIC CLINIC	1.871441			90.03
90.04	SPECIAL SURGICAL SERVICES	0.290969			90.04
90.05	GENETIC SERVICES	1.597846			90.05
91	Emergency	0.251658			91
92	Observation Beds (Non-Distinct Part)	0.229236			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	8,841,612			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	27,100,005			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	2,838,558			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	12,923,789			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	297.95			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)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (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 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0537			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4172			31
32	Sum of lines 30 and 31	0.4709			32
33	Allowable disproportionate share percentage (see instructions)	0.2806			33
34	Disproportionate share adjustment (see instructions)	2,521,304			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,617,142		3,891,358	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,163,774		2,913,203	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,076,977			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, 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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 41.01 divided by 7 days)				44

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	45,378,456			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 (see instructions)	45,378,456			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,290,609			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. 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	205,291			53
54	Special add-on payments for new technologies	1,036			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	74,804			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	252,284			58
59	Total (sum of amounts on lines 49 through 58)	49,202,480			59
60	Primary payer payments	70,455			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,132,025			61
62	Deductibles billed to program beneficiaries	3,533,180			62
63	Coinsurance billed to program beneficiaries	72,716			63
64	Allowable bad debts (see instructions)	1,108,432			64
65	Adjusted reimbursable bad debts (see instructions)	720,481			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	908,224			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,246,610			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (MEDI/MEDI BAD DEBT RETROACTIVE ADJ)				70
70.93	HVBP payment adjustment amount (see instructions)	-174,953			70.93
70.94	HRR adjustment amount (see instructions)	-251,175			70.94
71	Amount due provider (see instructions)	45,820,482			71
71.01	Sequestration adjustment (see instructions)	916,410			71.01
72	Interim payments	44,025,858			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	878,214			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	447,666			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0239

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	32,975			1
2	Medical and other services reimbursed under OPPS (see instructions)	21,744,326			2
3	PPS payments	19,614,503			3
4	Outlier payment (see instructions)	314,304			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	219,072			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	32,975			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	170,031			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	170,031			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)	170,031			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	137,056			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)	32,975			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	20,147,879			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,787,623			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	16,393,231			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)	16,393,231			30
31	Primary payer payments	-3,327			31
32	Subtotal (line 30 minus line 31)	16,396,558			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)	951,208			34
35	Adjusted reimbursable bad debts (see instructions)	618,285			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	775,686			36
37	Subtotal (see instructions)	17,014,843			37
38	MSP-LCC reconciliation amount from PS&R	2,783			38
39	Other adjustments (FORMULA DRIVEN OVERPAYMENT EST)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	17,012,060			40
40.01	Sequestration adjustment (see instructions)	340,241			40.01
41	Interim payments	16,717,724			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-45,905			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S239

WORKSHEET E
PART B

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	82			1
2	Medical and other services reimbursed under OPPS (see instructions)	213			2
3	PPS payments	322			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	4			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	82			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	421			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	421			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)	421			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	339			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)	82			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	326			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	102			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	306			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)	306			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	306			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 (see instructions)	306			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	306			40
40.01	Sequestration adjustment (see instructions)	6			40.01
41	Interim payments	300			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0239

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
Applicable IPF SNF
Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		43,888,458		16,655,424	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					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. (1)	01/18/2016	137,400	01/18/2016	62,300	3.01
						3.02
	Program					3.03
	to					3.04
	Provider					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	Provider					3.52
	to					3.53
	Program					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	137,400		62,300	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,025,858		16,717,724	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. (1)					5.01
						5.02
	Program					5.03
	to					5.04
	Provider					5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider					5.52
	to					5.53
	Program					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	878,214			6.01
		.02			-45,905	6.02
7	Total Medicare program liability (see instructions)		44,904,072		16,671,819	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S239

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		801,110		300
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				
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. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			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			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		801,110		300
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. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	7,169		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		808,279		300
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

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 (Wkst. S-3, Pt. I, col. 15, line 14)	12,447	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	17,802	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,049	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	60,123	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,086,745,872	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	3,180,710	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	847,448	8
9	Sequestration adjustment amount (see instructions)	16,949	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	830,499	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	955,892	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-125,393	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S239

**WORKSHEET E-3
PART II**

Check [] Hospital
Applicable [XX] Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	922,599	1
2	Net IPF PPS Outlier payment	23,273	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 42 CFR §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 excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period 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)	10.653005	9
10	Teaching adjustment factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	945,872	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	945,872	16
17	Primary payer payments	7,068	17
18	Subtotal (line 16 less line 17)	938,804	18
19	Deductibles	95,564	19
20	Subtotal (line 18 minus line 19)	843,240	20
21	Coinsurance	25,781	21
22	Subtotal (line 20 minus line 21)	817,459	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	817,459	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)	7,316	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	824,775	31
31.01	Sequestration adjustment (see instructions)	16,496	31.01
32	Interim payments	801,110	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	7,169	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0239

WORKSHEET E-3
PART VII

Check [] Title V [XX] Hospital [] NF [] PPS
Applicable [XX] Title XIX [] SUB (Other) [] ICF/IID [] TEFRA
Boxes: [] SNF [XX] Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	17,165,208	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	17,165,208	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	17,165,208	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges		8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a charge basis		13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	17,165,208	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)		21
PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments		22
23	Outlier payments		23
24	Program capital payments		24
25	Capital exception payments (see instructions)		25
26	Routine and ancillary service other pass through costs		26
27	Subtotal (sum of lines 22 through 26)		27
28	Customary charges (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	17,165,208	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)		38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)		40
41	Interim payments		41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

KPMG LLP Compu-Max 2552-10

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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	46,082,316				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	55,783,623				4
5	Other receivables	7,556,462				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	9,552,972				7
8	Prepaid expenses	4,310,114				8
9	Other current assets	28,000,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	151,285,487				11
FIXED ASSETS						
12	Land	2,600,972				12
13	Land improvements	13,574,839				13
14	Accumulated depreciation	-6,556,982				14
15	Buildings	56,097,575				15
16	Accumulated depreciation	-42,526,730				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	135,058,010				19
20	Accumulated depreciation	-95,726,459				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	168,155,274				23
24	Accumulated depreciation	-113,737,548				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)	116,938,951				30
OTHER ASSETS						
31	Investments	544,240,854				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	20,359,391				34
35	Total other assets (sum of lines 31-34)	564,600,245				35
36	Total assets (sum of lines 11, 30 and 35)	832,824,683				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	16,337,974				37
38	Salaries, wages and fees payable	30,845,400				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	645,632				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	16,295,286				44
45	Total current liabilities (sum of lines 37 thru 44)	64,124,292				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	461,785,261				47
48	Unsecured loans					48
49	Other long term liabilities	140,239,360				49
50	Total long term liabilities (sum of lines 46 thru 49)	602,024,621				50
51	Total liabilities (sum of lines 45 and 50)	666,148,913				51
CAPITAL ACCOUNTS						
52	General fund balance	166,675,770				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					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 thru 58)	166,675,770				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	832,824,683				60

KPMG LLP Compu-Max 2552-10

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		187,662,791			1
2	Net income (loss) (from Worksheet G-3, line 29)		59,887,934			2
3	Total (sum of line 1 and line 2)		247,550,725			3
4	Additions (credit adjustments) (specify)					4
5	FAS 133 VALUATION CHANGE					5
6	RESTRICTED ASSETS CHANGE					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		247,550,725			11
12	Deductions (debit adjustments) (specify)					12
13	TRANFERS	80,874,955				13
14						14
15						15
16	OTHER					16
17						17
18	Total deductions (sum of lines 12-17)		80,874,955			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		166,675,770			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	FAS 133 VALUATION CHANGE					5
6	RESTRICTED ASSETS CHANGE					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	TRANFERS					13
14						14
15						15
16	OTHER					16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	56,146,974		56,146,974	1
2	Subprovider IPF	5,049,535		5,049,535	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	61,196,509		61,196,509	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	19,658,404		19,658,404	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.01	NEONATAL INTENSIVE CARE	76,203,655		76,203,655	14.01
14.02	PEDIATRIC INTENSIVE CARE	4,486,360		4,486,360	14.02
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	100,348,419		100,348,419	16
17	Total inpatient routine care services (sum of lines 10 and 16)	161,544,928		161,544,928	17
18	Ancillary services	445,201,642		445,201,642	18
19	Outpatient services		480,026,154	480,026,154	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FOHC)				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 column 3 to Worksheet G-3, line 1)	606,746,570	480,026,154	1,086,772,724	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		329,204,932	29
30	Add (specify)			30
31	BAD DEBTS	15,154,957		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		15,154,957	36
37	Deduct (specify)			37
38	PHYSICIAN PRACTICE REVENUE	-268,543		38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-268,543	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		344,091,346	43

KPMG LLP Compu-Max 2552-10

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,086,772.724	1
2	Less contractual allowances and discounts on patients' accounts	705,869.446	2
3	Net patient revenues (line 1 minus line 2)	380,903.278	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	344,091.346	4
5	Net income from service to patients (line 3 minus line 4)	36,811.932	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		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 medical and surgical supplies to otehr 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, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	22,585.952	24
24.01	Other (OTHER NON-OPERATING INCOME)	490.050	24.01
24.02	Other (PROVIDER TAX)		24.02
25	Total other income (sum of lines 6-24)	23,076.002	25
26	Total (line 5 plus line 25)	59,887.934	26
29	Net income (or loss) for the period (line 26 minus line 28)	59,887.934	29

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY 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 Department						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 Services-Salary & Fringes Apprvd						21
22	I&R Services-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 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						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
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	GI LAB						76
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
90.04	SPECIAL SURGICAL SERVICES						90.04
90.05	GENETIC SERVICES						90.05
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						95
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)						118
NONREIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/17/2016 Run Time: 15:32 Version: 2016.05 (11/01/2016)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
192	Physicians' Private Offices							192
193.0 1	BELOIT HEART STANDBY							193.0 1
194	GUEST CENTER							194
194.0 1	OTHER NONREIMBURSEABLE COST CENTER							194.0 1
194.0 2	COMMUNITY SERVICES							194.0 2
194.0 4	AUXILIARY							194.0 4
194.0 8	DIALYSIS RENTED SPACE							194.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202