

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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 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.	Date: 11/28/2017 Time: 07:39
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 07/01/2016 and ending 06/30/2017, 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 V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		603,674	1,345	-53,161		1
2	SUBPROVIDER - IPF		10,834	6			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		614,508	1,351	-53,161		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 / 2016	To: 06 / 30 / 2017		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.	7,422	4,621	931		13,082	858	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 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 OPSS 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	Y	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?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
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	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			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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**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	65

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	67

**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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**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	
		Physical	Occupational	Speech	Respiratory
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.		N	N	N
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-I, 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:	1,432,534			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		Title V	Title XIX	
		Part A	Part B			
		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)	0.25			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 / 2016	09 / 30 / 2017		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		
<b>Provider Organization and Operation</b>					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	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	
<b>Financial Data and Reports</b>					
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	
<b>Approved Educational Activities</b>				
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	
<b>Bad Debts</b>			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
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	11/03/2017	Y	11/03/2017
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	

**KPMG LLP Compu-Max 2552-10**

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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	

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	240	86,767			15,484	9,107	39,144	1
2	HMO and other (see instructions)						6,235	13,082		2
3	HMO IPF Subprovider						304	791		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)		240	86,767			15,484	9,107	39,144	7
8	Intensive Care Unit	31	21	7,175			2,352	981	4,141	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	52	18,278				1,505	14,321	11.01
11.02	PEDIATRIC INTENSIVE CARE	34.02	7	2,555				319	1,074	11.02
12	Other Special Care (specify)	35								12
13	Nursery	43						1,920	3,080	13
14	Total (see instructions)		320	114,775			17,836	13,832	61,760	14
15	CAH Visits									15
16	Subprovider - IPF	40	14	5,110			961	427	3,633	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)		334							27
28	Observation Bed Days								6,430	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)								3,080	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)					3,801	2,316	12,257	1
2	HMO and other (see instructions)					1,361	3,045		2
3	HMO IPF Subprovider						147		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)	0.50	1,580.39			3,801	2,316	12,257	14
15	CAH Visits								15
16	Subprovider - IPF		23.83			133	86	622	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)	0.50	1,604.22						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassifi- cation 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	
<b>SALARIES</b>							
1	200	108,511,336	-12,542,157	95,969,179	3,336,761.00	28.76	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		2,779,582	-137,246	2,642,336	259,747.00	10.17	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		4,993,639		4,993,639	84,001.38	59.45	11
12							12
13		3,520,951		3,520,951	64,937.45	54.22	13
14							14
14.01		21,208,130		21,208,130	421,234.00	50.35	14.01
14.02							14.02
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		34,028,885		34,028,885			17
18							18
19		2,083,174		2,083,174			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		1,342,959	-816,395	526,564	32,379.00	16.26	26
27		18,655,300	-11,280,402	7,374,898	168,497.00	43.77	27
28		785,946		785,946	4,495.56	174.83	28
29							29
30		2,391,891	30,771	2,422,662	108,156.00	22.40	30
31		105,926		105,926	8,056.00	13.15	31
32		1,886,433		1,886,433	145,505.00	12.96	32
33		44,146		44,146	2,657.65	16.61	33
34		2,394,645	-1,656,654	737,991	48,635.00	15.17	34
35							35
36			1,656,654	1,656,654	109,176.00	15.17	36
37							37
38		3,351,213		3,351,213	72,318.00	46.34	38
39		1,321,454		1,321,454	83,589.00	15.81	39
40		3,745,356		3,745,356	97,405.00	38.45	40
41		1,622,623	-411,676	1,210,947	42,806.00	28.29	41
42		314,374	-43,745	270,629	7,919.00	34.17	42
43							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)	109,341,428	-12,542,157	96,799,271	3,343,914.21	28.95	1
2	Excluded area salaries (see instructions)	2,779,582	-137,246	2,642,336	259,747.00	10.17	2
3	Subtotal salaries (line 1 minus line 2)	106,561,846	-12,404,911	94,156,935	3,084,167.21	30.53	3
4	Subtotal other wages & related costs (see instructions)	29,722,720		29,722,720	570,172.83	52.13	4
5	Subtotal wage-related costs (see instructions)	34,028,885		34,028,885		36.14%	5
6	Total (sum of lines 3 through 5)	170,313,451	-12,404,911	157,908,540	3,654,340.04	43.21	6
7	Total overhead cost (see instructions)	37,962,266	-12,521,447	25,440,819	931,594.21	27.31	7

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	5,811,589	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
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	20,178,404	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	528,373	10
11	Life Insurance (If employee is owner or beneficiary)	52,869	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,486,953	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)	417,992	16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	7,117,324	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	112,300	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
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	406,254	23
24	Total Wage Related cost (Sum of lines 1-23)	36,112,058	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		286,026	1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other		286,026	18

# KPMG LLP Compu-Max 2552-10

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)		0.223402	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		60,819,868	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		32,128,675	5
6	Medicaid charges		359,990,109	6
7	Medicaid cost (line 1 times line 6)		80,422,510	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

### State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

### Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

### Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (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)			19

### Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	408,690	1,091,046	1,499,736	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	91,302	1,091,046	1,182,348	21
22	Payments received from patients for amounts previously written off as charity care	825	15,616	16,441	22
23	Cost of charity care (line 21 minus line 22)	90,477	1,075,430	1,165,907	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, charges for patient days beyond the indigent care program's length of stay limit			25
26	Total bad debt expense for the entire hospital complex (see instructions)		11,712,217	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,061,855	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,633,623	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)		10,078,594	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,823,346	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		3,989,253	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,989,253	31

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				194,803	194,803	-957	193,846	1
2	00200	Cap Rel Costs-Mvble Equip				15,380,442	15,380,442		15,380,442	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,342,959	29,556,667	30,899,626	-4,488,558	26,411,068	-676,780	25,734,288	4
5	00500	Administrative & General	18,655,300	88,334,528	106,989,828	-9,186,469	97,803,359	-47,883,639	49,919,720	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,391,891	8,518,557	10,910,448	-13,038	10,897,410	-189,985	10,707,425	7
8	00800	Laundry & Linen Service	105,926	1,020,504	1,126,430		1,126,430		1,126,430	8
9	00900	Housekeeping	1,886,433	648,842	2,535,275		2,535,275	-48,120	2,487,155	9
10	01000	Dietary	2,394,645	1,388,118	3,782,763	-2,616,976	1,165,787		1,165,787	10
11	01100	Cafeteria				2,616,976	2,616,976	-1,636,366	980,610	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	3,351,213	556,307	3,907,520		3,907,520	-7,048	3,900,472	13
14	01400	Central Services & Supply	1,321,454	1,250,709	2,572,163	-61,495	2,510,668		2,510,668	14
15	01500	Pharmacy	3,745,356	18,002,094	21,747,450	-17,139,319	4,608,131	-206,335	4,401,796	15
16	01600	Medical Records & Library	1,622,623	960,855	2,583,478	-454,758	2,128,720	-4,199	2,124,521	16
17	01700	Social Service	314,374	83,559	397,933	-98,590	299,343	-1,500	297,843	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				591,111	591,111		591,111	22
23	02300	PARAMDICAL ED PROGRAM XRAY	166,756	22,564	189,320		189,320	-32,648	156,672	23
23.01	02301	PASTORAL EDUCATION PROGRAM				94,898	94,898	-4,225	90,673	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	549,868	450,581	1,000,449	27,692	1,028,141	-288,870	739,271	23.02
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	20,310,381	5,027,784	25,338,165	-2,332,925	23,005,240	-410,452	22,594,788	30
31	03100	Intensive Care Unit	3,314,584	1,922,774	5,237,358	-633,881	4,603,477		4,603,477	31
34.01	03401	NEONATAL INTENSIVE CARE	7,836,658	2,213,959	10,050,617	-3,607,738	6,442,879	-14,200	6,428,679	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	977,307	381,490	1,358,797	-71,431	1,287,366		1,287,366	34.02
40	04000	Subprovider - IPF	1,390,833	372,264	1,763,097		1,763,097	-168,033	1,595,064	40
43	04300	Nursery				3,519,915	3,519,915		3,519,915	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	7,204,285	21,572,329	28,776,614	-14,928,592	13,848,022	-418,395	13,429,627	50
51	05100	Recovery Room	730,789	510,617	1,241,406		1,241,406		1,241,406	51
52	05200	Delivery Room & Labor Room	2,734,707	2,783,445	5,518,152	-388,396	5,129,756	-1,068,808	4,060,948	52
53	05300	Anesthesiology	360,393	3,287,853	3,648,246	-17,787	3,630,459	-1,524,525	2,105,934	53
54	05400	Radiology-Diagnostic	2,775,779	3,556,162	6,331,941	-3,193,449	3,138,492	-1,697	3,136,795	54
55	05500	Radiology-Therapeutic	1,395,219	337,592	1,732,811	-366,535	1,366,276		1,366,276	55
56	05600	Radioisotope	259,209	907,834	1,167,043		1,167,043		1,167,043	56
57	05700	CT Scan	692,581	351,745	1,044,326	-190,801	853,525		853,525	57
58	05800	MRI	543,091	158,840	701,931		701,931		701,931	58
59	05900	Cardiac Catheterization	883,009	4,420,333	5,303,342	-2,964,405	2,338,937	-33,604	2,305,333	59
60	06000	Laboratory	5,515,580	12,156,503	17,672,083	-1,688	17,670,395	-10,630,207	7,040,188	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	132,460	1,092,502	1,224,962		1,224,962		1,224,962	63
64	06400	Intravenous Therapy				287,882	287,882		287,882	64
65	06500	Respiratory Therapy	2,236,038	1,415,445	3,651,483	-318,198	3,333,285		3,333,285	65
66	06600	Physical Therapy	1,021,791	645,932	1,667,723	-1,150	1,666,573		1,666,573	66
69	06900	Electrocardiology	1,085,785	762,788	1,848,573	-32,848	1,815,725		1,815,725	69
70	07000	Electroencephalography	454,423	220,137	674,560		674,560		674,560	70
71	07100	Medical Supplies Charged to Patients				12,238,066	12,238,066		12,238,066	71
72	07200	Impl. Dev. Charged to Patients				14,233,031	14,233,031		14,233,031	72
73	07300	Drugs Charged to Patients				17,139,319	17,139,319		17,139,319	73
74	07400	Renal Dialysis		593,163	593,163		593,163		593,163	74
76	03340	GI LAB	463,601	559,496	1,023,097	-247,524	775,573	-79,232	696,341	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09003	PAIN CENTER	642,149	344,881	987,030	-228,476	758,554		758,554	90.01
90.02	09001	ANTENATAL TEST CENTER	541,470	311,763	853,233		853,233		853,233	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	310,915	27,452	338,367		338,367		338,367	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	248,126	176,544	424,670	-26,164	398,506		398,506	90.04
90.05	09005	GENETIC SERVICES	224,901	39,259	264,160		264,160		264,160	90.05
91	09100	Emergency	5,704,349	2,617,630	8,321,979	-764,345	7,557,634		7,557,634	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	Ambulance Services	115,354	393,176	508,530		508,530	-27,097	481,433	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30

**KPMG LLP Compu-Max 2552-10**

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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	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	107,954,565	219,955,577	327,910,142	1,948,599	329,858,741	-65,356,922	264,501,819	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
192	19200	Physicians' Private Offices		2,897	2,897		2,897		2,897	192
193.01	19301	BELOIT HEART STANDBY	30,206	1,565	31,771		31,771		31,771	193.01
194	07950	GUEST CENTER	65,472	271,095	336,567		336,567	-101,689	234,878	194
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER								194.01
194.02	07951	COMMUNITY SERVICES	352,583	2,662,293	3,014,876	-1,948,599	1,066,277		1,066,277	194.02
194.04	07952	AUXILIARY	108,510	315,314	423,824		423,824		423,824	194.04
194.08	07955	DIALYSIS RENTED SPACE								194.08
200		TOTAL (sum of lines 118-199)	108,511,336	223,208,741	331,720,077		331,720,077	-65,458,611	266,261,466	200

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		17,139,319	1
500	Total reclassifications					17,139,319	500
	Code Letter - A						
1	EMT MEDICAL DIRECTOR	D	PARAMED EDUC EMT PROGRAM	23.02		27,692	1
500	Total reclassifications					27,692	500
	Code Letter - D						
1	SHARED DIETARY EXPENSES	E	Cafeteria	11	1,656,654	960,322	1
500	Total reclassifications				1,656,654	960,322	500
	Code Letter - E						
1	RECLASS MED SUPPLIES CHGD PAT	F	Medical Supplies Charged to P	71		12,238,066	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
500	Total reclassifications					12,238,066	500
	Code Letter - F						
1	NURSERY COSTS	G	Nursery	43	449,290	100,805	1
2			Nursery	43	2,326,974	642,846	2
500	Total reclassifications				2,776,264	743,651	500
	Code Letter - G						
1	DEPARTMENTAL DEPRECIATION	H	Cap Rel Costs-Mvble Equip	2		15,380,442	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
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27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
500	Total reclassifications					15,380,442	500
	Code Letter - H						
1	INSURANCE RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		194,803	1
2							2
3							3
500	Total reclassifications					194,803	500
	Code Letter - I						
1	PASTORAL EDUCATION PROGRAM	J	PASTORAL EDUCATION PROGRAM	23.01	66,042	28,856	1
500	Total reclassifications				66,042	28,856	500
	Code Letter - J						
1	IMPLANTS	K	Impl. Dev. Charged to Patient	72		14,233,031	1
2							2
3							3
500	Total reclassifications					14,233,031	500
	Code Letter - K						
1	SHARED SERVICES SALARY RECLASS	L	Employee Benefits Department	4		816,395	1
2	SHARED SERVICES SALARY RECLASS	L	Administrative & General	5		11,097,824	2
3	SHARED SERVICES SALARY RECLASS	L	Operation of Plant	7	30,771		3
4	SHARED SERVICES SALARY RECLASS	L	Medical Records & Library	16		411,676	4
5	SHARED SERVICES SALARY RECLASS	L	Social Service	17		43,745	5
6	SHARED SERVICES SALARY RECLASS	L	COMMUNITY SERVICES	194.02		203,288	6
500	Total reclassifications				30,771	12,572,928	500
	Code Letter - L						
1	SHARED SERVICES DIRECT COST ASSIGNE	M					1
2	SHARED SERVICES DIRECT COST ASSIGNE	M	Administrative & General	5		6,995,558	2
3							3
4							4
5							5
500	Total reclassifications					6,995,558	500
	Code Letter - M						
1	IV THERAPY	N	Intravenous Therapy	64	235,292	63,855	1
500	Total reclassifications				235,292	63,855	500
	Code Letter - N						
1	INTERNS AND RESIDENTS	O	I&R Services-Other Prgm Costs	22	116,536	474,575	1
2							2
500	Total reclassifications				116,536	474,575	500
	Code Letter - O						
	GRAND TOTAL (Increases)				4,881,559	81,053,098	

(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.

**KPMG LLP Compu-Max 2552-10**

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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		17,139,319	1	
500	Total reclassifications					17,139,319	500	
	Code letter - A							
1	EMT MEDICAL DIRECTOR	D	Administrative & General	5		27,692	1	
500	Total reclassifications					27,692	500	
	Code letter - D							
1	SHARED DIETARY EXPENSES	E	Dietary	10	1,656,654	960,322	1	
500	Total reclassifications				1,656,654	960,322	500	
	Code letter - E							
1	RECLASS MED SUPPLIES CHGD PAT	F	Administrative & General	5		666	1	
2			Central Services & Supply	14		61,495	2	
3			Adults & Pediatrics	30		1,684,918	3	
4			Intensive Care Unit	31		633,881	4	
5			NEONATAL INTENSIVE CARE	34.01		637,918	5	
6			PEDIATRIC INTENSIVE CARE	34.02		71,431	6	
7			Operating Room	50		4,480,427	7	
8			Delivery Room & Labor Room	52		388,396	8	
9			Anesthesiology	53		17,787	9	
10			Radiology-Diagnostic	54		1,702,118	10	
11			Radiology-Therapeutic	55		67,388	11	
12			CT Scan	57		190,801	12	
13			Cardiac Catheterization	59		670,870	13	
14			Intravenous Therapy	64		11,265	14	
15			Respiratory Therapy	65		318,198	15	
16			Physical Therapy	66		1,150	16	
17			Electrocardiology	69		32,848	17	
18			GI LAB	76		247,524	18	
19			PAIN CENTER	90.01		228,476	19	
20			SPECIAL SURGICAL SERVICES	90.04		26,164	20	
21			Emergency	91		764,345	21	
500	Total reclassifications					12,238,066	500	
	Code letter - F							
1	NURSERY COSTS	G	Adults & Pediatrics	30	449,290	100,805	1	
2			NEONATAL INTENSIVE CARE	34.01	2,326,974	642,846	2	
500	Total reclassifications				2,776,264	743,651	500	
	Code letter - G							
1	DEPARTMENTAL DEPRECIATION	H					9	
2			Administrative & General	5		15,373,885	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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16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
24							24	
25							25	
26							26	
27			Laboratory	60		1,037	27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							33	
34							34	

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
35							35	
36							36	
37							37	
38							38	
39							39	
40							40	
41							41	
42							42	
43			COMMUNITY SERVICES	194.02		5,520	43	
500	Total reclassifications					15,380,442	500	
	Code letter - H							
1	INSURANCE RECLASS	I	Administrative & General	5		191,687	9 1	
2			Laboratory	60		651	2	
3			COMMUNITY SERVICES	194.02		2,465	3	
500	Total reclassifications					194,803	500	
	Code letter - I							
1	PASTORAL EDUCATION PROGRAM	J	Administrative & General	5	66,042	28,856	1	
500	Total reclassifications				66,042	28,856	500	
	Code letter - J							
1	IMPLANTS	K	Operating Room	50		10,448,165	1	
2			Radiology-Diagnostic	54		1,491,331	2	
3			Cardiac Catheterization	59		2,293,535	3	
500	Total reclassifications					14,233,031	500	
	Code letter - K							
1	SHARED SERVICES SALARY RECLASS	L	Employee Benefits Department	4	816,395		1	
2	SHARED SERVICES SALARY RECLASS	L	Administrative & General	5	11,097,824		2	
3	SHARED SERVICES SALARY RECLASS	L	Operation of Plant	7		30,771	3	
4	SHARED SERVICES SALARY RECLASS	L	Medical Records & Library	16	411,676		4	
5	SHARED SERVICES SALARY RECLASS	L	Social Service	17	43,745		5	
6	SHARED SERVICES SALARY RECLASS	L	COMMUNITY SERVICES	194.02	203,288		6	
500	Total reclassifications				12,572,928	30,771	500	
	Code letter - L							
1	SHARED SERVICES DIRECT COST ASSIGNE	M	Employee Benefits Department	4		4,488,558	1	
2	SHARED SERVICES DIRECT COST ASSIGNE	M	Operation of Plant	7		13,038	2	
3			Medical Records & Library	16		454,758	3	
4			Social Service	17		98,590	4	
5			COMMUNITY SERVICES	194.02		1,940,614	5	
500	Total reclassifications					6,995,558	500	
	Code letter - M							
1	IV THERAPY	N	Radiology-Therapeutic	55	235,292	63,855	1	
500	Total reclassifications				235,292	63,855	500	
	Code letter - N							
1	INTERNS AND RESIDENTS	O	Administrative & General	5	116,536	376,663	1	
2			Adults & Pediatrics	30		97,912	2	
500	Total reclassifications				116,536	474,575	500	
	Code letter - O							
	GRAND TOTAL (Decreases)				17,423,716	68,510,941		

(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.

**KPMG LLP Compu-Max 2552-10**

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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	8,437,914					8,437,914		1
2	Land Improvements	7,737,897	148,716		148,716		7,886,613		2
3	Buildings and Fixtures	56,097,575	526,487		526,487		56,624,062		3
4	Building Improvements								4
5	Fixed Equipment	135,058,009	3,477,541		3,477,541		138,535,550		5
6	Movable Equipment	129,779,724	7,851,494		7,851,494		137,631,218		6
7	HIT-designated Assets	26,969,231				9,179	26,960,052		7
8	Subtotal (sum of lines 1-7)	364,080,350	12,004,238		12,004,238	9,179	376,075,409		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	364,080,350	12,004,238		12,004,238	9,179	376,075,409		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 line 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	241,484,139		241,484,139	0.642116					1
2	Cap Rel Costs-Mvble Equip	134,591,270		134,591,270	0.357884					2
3	Total (sum of lines 1-2)	376,075,409		376,075,409	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	193,846						193,846	1	
2	Cap Rel Costs-Mvble Equip	15,380,442						15,380,442	2	
3	Total (sum of lines 1-2)	15,574,288						15,574,288	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	-4,728	Administrative & General	5		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-39,939,003				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	6,048,733				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-1,552,247	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	-4,199	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines	B	-84,119	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	-671,655	Employee Benefits Department	4		33.01
33.02	MISC REV - ADMIN	B	-1,185,942	Administrative & General	5		33.02
33.03	MISC REV - PLANT	B	-26,069	Operation of Plant	7		33.03
33.04	MISC REV	B	-1,500	Social Service	17		33.04
33.05	MISC REV - PARAMED XRAY ED	B	-32,648	PARAMEDICAL ED PROGRAM XRAY	23		33.05
33.06	MISC REV - PASTORAL ED	B	-4,225	PASTORAL EDUCATION PROGRAM	23.01		33.06
33.07	MISC REV - PARAMED EMT ED	B	-288,870	PARAMED EDUC EMT PROGRAM	23.02		33.07
33.08	MISC REV - NICU	B	-14,200	NEONATAL INTENSIVE CARE	34.01		33.08
33.09	MISC REV - XRAYS	B	-1,697	Radiology-Diagnostic	54		33.09
33.10	MISC REV - REF LAB	B	-10,242,180	Laboratory	60		33.10
33.14	MISC REV - LEASE	B	-27,097	Ambulance Services	95		33.14
33.16	MISC REV - PHARM	B	-206,335	Pharmacy	15		33.16
33.20	RENTAL INCOME	B	-3,000	Employee Benefits Department	4		33.20
34							34
34.01	INTEREST - ADMIN	A	-2,482,213	Administrative & General	5		34.01
34.02	INTEREST - SURG	A	-32,268	Operating Room	50		34.02
35							35
35.01	PATIENT PHONE - BLD & FIXT	A	-957	Cap Rel Costs-Bldg & Fixt	1	9	35.01
35.03	PATIENT PHONE - EMP BEN	A	-2,125	Employee Benefits Department	4		35.03
35.04	PATIENT PHONE - ADMIN	A	-87,200	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	-54	Administrative & General	5		36.01
37							37
37.01	LOBBYING	A	-29,133	Administrative & General	5		37.01
38							38
39							39
39.01	TAXES - PROV ASSESS	A	-13,944,824	Administrative & General	5		39.01
39.02	TAXES - PROPERTY	A	-101,689	GUEST CENTER	194		39.02
40							40
41	PB TO CLINIC	A	-14,676	Administrative & General	5		41

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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. 5
				COST CENTER	LINE#		
		1	2	3	4		
41.01	PB TO CLINIC	A	-92,056	Subprovider - IPF	40		41.01
41.02	PB TO CLINIC	A	-139,167	Operating Room	50		41.02
41.03	PB TO CLINIC	A	-79,232	GI LAB	76		41.03
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)		-65,458,611				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	33,184,674	27,186,971	5,997,703	2
3	13	Nursing Administration	HOME OFFICE NURSING ADMIN	51,030		51,030	3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			33,235,704	27,186,971	6,048,733	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	FREEMPORT 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										1
2	5	Administrative & Gen PROFESSIONAL FE	38,135,260	36,132,571	2,002,688	211,500	4,490,350	456,590,877	22,829,544	2
3	13	Nursing Administrati PROFESSIONAL FE	196,778	58,078	138,700	211,500	8,760	890,740	44,537	3
4										4
5	30	Adults & Pediatrics PROFESSIONAL FE	469,660	382,733	86,927	179,000	688	59,208	2,960	5
6										6
7	34.01	NEONATAL INTENSIVE C PROFESSIONAL FE	15,000		15,000	197,500	326	30,954	1,548	7
8										8
9	40	Subprovider - IPF PROFESSIONAL FE	76,500	75,275	1,225	181,300	6	523	26	9
10	50	Operating Room PROFESSIONAL FE	1,230,665	118,408	1,112,257	246,400	8,304	983,705	49,185	10
11	52	Delivery Room & Labo PROFESSIONAL FE	1,068,808	1,068,808						11
12	53	Anesthesiology PROFESSIONAL FE	1,559,508	1,524,525	34,983	239,400	529	60,886	3,044	12
13	60	Laboratory PROFESSIONAL FE	388,027	388,027						13
14										14
15	91	Emergency PROFESSIONAL FE	100,004		100,004	200,300	1,135	109,298	5,465	15
16	54	Radiology-Diagnostic AGGREGATE	29,167		29,167	271,900	286	37,386	1,869	16
17	59	Cardiac Catheterizat AGGREGATE	33,604	33,604						17
18										18
19										19
20										20
200		TOTAL	43,302,981	39,782,029	3,520,951		4,510,384	458,763,577	22,938,178	200

**KPMG LLP Compu-Max 2552-10**

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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										1
2	5	Administrative & Gen PROFESSIONAL FE					456,590,877		36,132,572	2
3	13	Nursing Administrati PROFESSIONAL FE					890,740		58,078	3
4										4
5	30	Adults & Pediatrics PROFESSIONAL FE					59,208	27,719	410,452	5
6										6
7	34.01	NEONATAL INTENSIVE C PROFESSIONAL FE					30,954			7
8										8
9	40	Subprovider - IPF PROFESSIONAL FE					523	702	75,977	9
10	50	Operating Room PROFESSIONAL FE					983,705	128,552	246,960	10
11	52	Delivery Room & Labo PROFESSIONAL FE							1,068,808	11
12	53	Anesthesiology PROFESSIONAL FE					60,886		1,524,525	12
13	60	Laboratory PROFESSIONAL FE							388,027	13
14										14
15	91	Emergency PROFESSIONAL FE					109,298			15
16	54	Radiology-Diagnostic AGGREGATE					37,386			16
17	59	Cardiac Catheterizat AGGREGATE							33,604	17
18										18
19										19
20										20
200		TOTAL					458,763,577	156,973	39,939,003	200

**KPMG LLP Compu-Max 2552-10**

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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	193,846	193,846					1
2	Cap Rel Costs-Mvble Equip	15,380,442		15,380,442				2
4	Employee Benefits Department	25,734,288	8,089	29,746	25,772,123			4
5	Administrative & General	49,919,720	46,510	5,372,711	1,991,422	57,330,363	57,330,363	5
6	Maintenance & Repairs							6
7	Operation of Plant	10,707,425	20,821	1,255,404	654,184	12,637,834	3,467,796	7
8	Laundry & Linen Service	1,126,430	1,084	5,427	28,603	1,161,544	318,725	8
9	Housekeeping	2,487,155	2,346	33,665	509,388	3,032,554	832,127	9
10	Dietary	1,165,787	2,748	15,195	199,277	1,383,007	379,494	10
11	Cafeteria	980,610	6,169	34,110	447,341	1,468,230	402,879	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,900,472	1,637	30,828	904,918	4,837,855	1,327,498	13
14	Central Services & Supply	2,510,668	3,202	359,846	356,828	3,230,544	886,455	14
15	Pharmacy	4,401,796	1,847	281,769	1,011,347	5,696,759	1,563,179	15
16	Medical Records & Library	2,124,521	1,576	6,717	326,988	2,459,802	674,965	16
17	Social Service	297,843	459		73,077	371,379	101,906	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	591,111	587		31,468	623,166	170,996	22
23	PARAMDICAL ED PROGRAM XRAY	156,672	167	81	45,029	201,949	55,414	23
23.01	PASTORAL EDUCATION PROGRAM	90,673	146	103	17,833	108,755	29,842	23.01
23.02	PARAMED EDUC EMT PROGRAM	739,271	1,428	59,197	148,479	948,375	260,232	23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	22,594,788	28,554	1,282,268	5,363,073	29,268,683	8,031,351	30
31	Intensive Care Unit	4,603,477	2,479	230,411	895,027	5,731,394	1,572,683	31
34.01	NEONATAL INTENSIVE CARE	6,428,679	3,399	219,320	1,487,763	8,139,161	2,233,370	34.01
34.02	PEDIATRIC INTENSIVE CARE	1,287,366	906	14,135	263,899	1,566,306	429,791	34.02
40	Subprovider - IPF	1,595,064	3,230	48,108	375,562	2,021,964	554,823	40
43	Nursery	3,519,915	1,886	91,996	749,666	4,363,463	1,197,326	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	13,429,627	9,586	1,398,133	1,945,351	16,782,697	4,605,138	50
51	Recovery Room	1,241,406	799	6,634	197,333	1,446,172	396,827	51
52	Delivery Room & Labor Room	4,060,948	3,483	164,486	738,445	4,967,362	1,363,034	52
53	Anesthesiology	2,105,934	230	53,489	97,316	2,256,969	619,308	53
54	Radiology-Diagnostic	3,136,795	3,210	882,195	749,535	4,771,735	1,309,355	54
55	Radiology-Therapeutic	1,366,276	3,957	837,667	313,212	2,521,112	691,788	55
56	Radioisotope	1,167,043	363	2,987	69,993	1,240,386	340,359	56
57	CT Scan	853,525	736	125,655	187,016	1,166,932	320,204	57
58	MRI	701,931	1,454	115,947	146,649	965,981	265,063	58
59	Cardiac Catheterization	2,305,333	1,386	251,667	238,436	2,796,822	767,442	59
60	Laboratory	7,040,188	4,908	478,118	1,489,356	9,012,570	2,473,031	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,224,962	185	14,629	35,768	1,275,544	350,007	63
64	Intravenous Therapy	287,882	253	5,154	63,535	356,824	97,912	64
65	Respiratory Therapy	3,333,285	1,411	167,212	603,791	4,105,699	1,126,596	65
66	Physical Therapy	1,666,573	1,370	9,079	275,911	1,952,933	535,881	66
69	Electrocardiology	1,815,725	2,745	233,183	293,191	2,344,844	643,421	69
70	Electroencephalography	674,560	1,379	124,496	122,706	923,141	253,308	70
71	Medical Supplies Charged to Patients	12,238,066				12,238,066	3,358,101	71
72	Impl. Dev. Charged to Patients	14,233,031				14,233,031	3,905,515	72
73	Drugs Charged to Patients	17,139,319				17,139,319	4,702,995	73
74	Renal Dialysis	593,163	437	1,427	595,027	163,274		74
76	GI LAB	696,341	1,153	376,993	125,185	1,199,672	329,188	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	758,554	1,429	139,647	173,398	1,073,028	294,437	90.01
90.02	ANTENATAL TEST CENTER	853,233	1,345	98,699	146,212	1,099,489	301,698	90.02
90.03	CHILD PSYCHIATRIC CLINIC	338,367	424	190	83,955	422,936	116,053	90.03
90.04	SPECIAL SURGICAL SERVICES	398,506	880	17,786	67,001	484,173	132,856	90.04
90.05	GENETIC SERVICES	264,160	544	44,755	60,729	370,188	101,579	90.05
91	Emergency	7,557,634	4,231	444,929	1,540,328	9,547,122	2,619,711	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	481,433	1,507	1,139	31,149	515,228	141,378	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
<b>SPECIAL PURPOSE COST CENTERS</b>								

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	264,501,819	188,675	15,367,333	25,676,673	264,388,089	56,816,311	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	2,897	135			3,032	832	192
193.01	BELOIT HEART STANDBY	31,771			8,156	39,927	10,956	193.01
194	GUEST CENTER	234,878	1,372	6,046	17,679	259,975	71,337	194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	1,066,277	1,020	4,944	40,314	1,112,555	305,283	194.02
194.04	AUXILIARY	423,824	2,644	2,119	29,301	457,888	125,644	194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	266,261,466	193,846	15,380,442	25,772,123	266,261,466	57,330,363	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	16,105,630						7
8	Laundry & Linen Service	147,419	1,627,688					8
9	Housekeeping	319,058		4,183,739				9
10	Dietary	373,727		99,978	2,236,206			10
11	Cafeteria	838,944		224,432		2,934,485		11
12	Maintenance of Personnel							12
13	Nursing Administration	222,633		59,558		78,130	6,525,674	13
14	Central Services & Supply	435,467	9,684	116,495		90,309		14
15	Pharmacy	251,123		67,180		105,229		15
16	Medical Records & Library	214,269		57,320		46,244		16
17	Social Service	62,440		16,704		8,561		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	79,799		21,348		2,247	7,469	22
23	PARAMDICAL ED PROGRAM XRAY	22,645		6,058		133,946	443,726	23
23.01	PASTORAL EDUCATION PROGRAM	19,915		5,328		53,165	176,144	23.01
23.02	PARAMED EDUC EMT PROGRAM	194,214		51,955		23,279	77,088	23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	3,883,326	603,497	1,038,854	1,796,630	714,493	2,366,862	30
31	Intensive Care Unit	337,083	51,352	90,175	190,063	101,611	336,614	31
34.01	NEONATAL INTENSIVE CARE	462,277	40,327	123,667		155,428	514,859	34.01
34.02	PEDIATRIC INTENSIVE CARE	123,199		32,958	49,291	28,942	95,861	34.02
40	Subprovider - IPF	439,317	15,392	117,525	166,752	52,806		40
43	Nursery	256,548	28,584	68,631		87,455	289,695	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,303,671	264,289	348,754		207,492	687,325	50
51	Recovery Room	108,604	18,242	29,053		19,414	64,315	51
52	Delivery Room & Labor Room	473,652	136,103	126,710		82,309	272,635	52
53	Anesthesiology	31,255		8,361		14,314	47,428	53
54	Radiology-Diagnostic	436,622	69,036	116,804		99,994		54
55	Radiology-Therapeutic	538,156	7,064	143,966		35,009		55
56	Radioisotope	49,315	38	13,193		7,438		56
57	CT Scan	100,134		26,788		23,549		57
58	MRI	197,749	14,118	52,901		17,594		58
59	Cardiac Catheterization	188,544	18,512	50,439		28,223	93,524	59
60	Laboratory	667,445	13,718	178,553		252,748		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	25,200		6,741		4,854		63
64	Intravenous Therapy	34,475		9,223		7,640		64
65	Respiratory Therapy	191,834	18	51,319		80,984		65
66	Physical Therapy	186,269	833	49,830		30,717		66
69	Electrocardiology	373,272		99,857		36,537	121,012	69
70	Electroencephalography	187,564	305	50,176		16,561	54,886	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	59,465		15,908				74
76	GI LAB	156,799	25,494	41,946		16,493	54,664	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER	194,354	19,153	51,993		26,920	89,187	90.01
90.02	ANTENATAL TEST CENTER	182,874	4,789	48,922		16,448	54,496	90.02
90.03	CHILD PSYCHIATRIC CLINIC	57,610	243	15,412		7,078	23,454	90.03
90.04	SPECIAL SURGICAL SERVICES	119,734		32,031		7,955	26,321	90.04
90.05	GENETIC SERVICES	74,024	388	19,803		8,853		90.05
91	Emergency	575,466	279,798	153,947	33,470	186,123	616,557	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	204,959		54,830		3,483	11,552	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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	15,402,449	1,620,977	3,995,626	2,236,206	2,920,575	6,525,674	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

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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	18,305		4,897				192
193.01	BELOIT HEART STANDBY					292		193.01
194	GUEST CENTER	186,619	6,711	49,924		2,607		194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	138,669		37,096		4,135		194.02
194.04	AUXILIARY	359,588		96,196		6,876		194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	16,105,630	1,627,688	4,183,739	2,236,206	2,934,485	6,525,674	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	I&R PROGRAM COSTS	PARAMEDICAL EDUCATION XRAY	
		14	15	16	17	22	23	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	4,768,954						14
15	Pharmacy	4,401	7,687,871					15
16	Medical Records & Library			3,452,600				16
17	Social Service				560,990			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					905,025		22
23	PARAMEDICAL ED PROGRAM XRAY	155					863,893	23
23.01	PASTORAL EDUCATION PROGRAM							23.01
23.02	PARAMED EDUC EMT PROGRAM	653						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	27		156,885	477,785	905,025		30
31	Intensive Care Unit			41,156				31
34.01	NEONATAL INTENSIVE CARE	257		131,939	7,316			34.01
34.02	PEDIATRIC INTENSIVE CARE			13,015	2,080			34.02
40	Subprovider - IPF	996		14,531	69,720			40
43	Nursery			57,761	4,089			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	88		200,974				50
51	Recovery Room	4,355		24,084				51
52	Delivery Room & Labor Room			61,984				52
53	Anesthesiology	2	62,382	38,894				53
54	Radiology-Diagnostic	3,820		153,026			863,893	54
55	Radiology-Therapeutic	278		28,685				55
56	Radioisotope	61,635		30,289				56
57	CT Scan	1,760		191,089				57
58	MRI	1,617		74,064				58
59	Cardiac Catheterization			68,152				59
60	Laboratory	647,248		228,287				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,469		31,164				63
64	Intravenous Therapy			125,497				64
65	Respiratory Therapy	133		95,945				65
66	Physical Therapy			22,329				66
69	Electrocardiology	8,134		97,551				69
70	Electroencephalography	7,697		26,505				70
71	Medical Supplies Charged to Patients	1,814,305		512,697				71
72	Impl. Dev. Charged to Patients	2,182,095		261,667				72
73	Drugs Charged to Patients		7,625,489	503,678				73
74	Renal Dialysis	1,398		3,723				74
76	GI LAB			24,540				76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER			32,002				90.01
90.02	ANTENATAL TEST CENTER	2,559		39,081				90.02
90.03	CHILD PSYCHIATRIC CLINIC	65		919				90.03
90.04	SPECIAL SURGICAL SERVICES			9,096				90.04
90.05	GENETIC SERVICES	83		1,084				90.05
91	Emergency	2		148,124				91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	446		2,183				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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	4,768,678	7,687,871	3,452,600	560,990	905,025	863,893	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

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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	I&R PROGRAM COSTS	PARAMEDICA EDUCATION XRAY	
		14	15	16	17	22	23	
192	Physicians' Private Offices	185						192
193.01	BELOIT HEART STANDBY							193.01
194	GUEST CENTER							194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	91						194.02
194.04	AUXILIARY							194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,768,954	7,687,871	3,452,600	560,990	905,025	863,893	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
		23.01	23.02	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
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	393,149					23.01
23.02	PARAMED EDUC EMT PROGRAM		1,555,796				23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	248,130	41,326	49,532,874	-905,025	48,627,849	30
31	Intensive Care Unit	27,410		8,479,541		8,479,541	31
34.01	NEONATAL INTENSIVE CARE	71,760	82,652	11,963,013		11,963,013	34.01
34.02	PEDIATRIC INTENSIVE CARE	7,823		2,349,266		2,349,266	34.02
40	Subprovider - IPF	22,550		3,476,376		3,476,376	40
43	Nursery	15,476		6,369,028		6,369,028	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		216,353	24,616,781		24,616,781	50
51	Recovery Room			2,111,066		2,111,066	51
52	Delivery Room & Labor Room		41,326	7,525,115		7,525,115	52
53	Anesthesiology			3,078,913		3,078,913	53
54	Radiology-Diagnostic			7,824,285		7,824,285	54
55	Radiology-Therapeutic			3,966,058		3,966,058	55
56	Radioisotope			1,742,653		1,742,653	56
57	CT Scan			1,830,456		1,830,456	57
58	MRI			1,589,087		1,589,087	58
59	Cardiac Catheterization			4,011,658		4,011,658	59
60	Laboratory			13,473,600		13,473,600	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			1,717,979		1,717,979	63
64	Intravenous Therapy			631,571		631,571	64
65	Respiratory Therapy		31,602	5,684,130		5,684,130	65
66	Physical Therapy			2,778,792		2,778,792	66
69	Electrocardiology			3,724,628		3,724,628	69
70	Electroencephalography			1,520,143		1,520,143	70
71	Medical Supplies Charged to Patients			17,923,169		17,923,169	71
72	Impl. Dev. Charged to Patients			20,582,308		20,582,308	72
73	Drugs Charged to Patients			29,971,481		29,971,481	73
74	Renal Dialysis			838,795		838,795	74
76	GI LAB			1,848,796		1,848,796	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	PAIN CENTER			1,781,074		1,781,074	90.01
90.02	ANTENATAL TEST CENTER			1,750,356		1,750,356	90.02
90.03	CHILD PSYCHIATRIC CLINIC			643,770		643,770	90.03
90.04	SPECIAL SURGICAL SERVICES			812,166		812,166	90.04
90.05	GENETIC SERVICES			576,002		576,002	90.05
91	Emergency		1,142,537	15,302,857		15,302,857	91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services			934,059		934,059	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
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	393,149	1,555,796	262,961,846	-905,025	262,056,821	118
	<b>NONREIMBURSABLE COST CENTERS</b>						

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		
		23.01	23.02	24	25	26		
192	Physicians' Private Offices			27,251		27,251		192
193.01	BELOIT HEART STANDBY			51,175		51,175		193.01
194	GUEST CENTER			577,173		577,173		194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES			1,597,829		1,597,829		194.02
194.04	AUXILIARY			1,046,192		1,046,192		194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	393,149	1,555,796	266,261,466	-905,025	265,356,441		202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	10,778	8,089	29,746	48,613	48,613		4
5	Administrative & General	2,816,743	46,510	5,372,711	8,235,964	3,754	8,239,718	5
6	Maintenance & Repairs							6
7	Operation of Plant	16,739	20,821	1,255,404	1,292,964	1,233	498,398	7
8	Laundry & Linen Service		1,084	5,427	6,511	54	45,808	8
9	Housekeeping	9,364	2,346	33,665	45,375	960	119,595	9
10	Dietary	2,053	2,748	15,195	19,996	376	54,542	10
11	Cafeteria	4,610	6,169	34,110	44,889	843	57,903	11
12	Maintenance of Personnel							12
13	Nursing Administration	20,377	1,637	30,828	52,842	1,706	190,790	13
14	Central Services & Supply	472,614	3,202	359,846	835,662	673	127,403	14
15	Pharmacy	9,937	1,847	281,769	293,553	1,906	224,663	15
16	Medical Records & Library	990	1,576	6,717	9,283	616	97,007	16
17	Social Service	2,209	459		2,668	138	14,646	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	8,219	587		8,806	59	24,576	22
23	PARAMDICAL ED PROGRAM XRAY	8,252	167	81	8,500	85	7,964	23
23.01	PASTORAL EDUCATION PROGRAM	131	146	103	380	34	4,289	23.01
23.02	PARAMED EDUC EMT PROGRAM	60,170	1,428	59,197	120,795	280	37,401	23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	87,956	28,554	1,282,268	1,398,778	10,145	1,154,371	30
31	Intensive Care Unit	12,695	2,479	230,411	245,585	1,687	226,029	31
34.01	NEONATAL INTENSIVE CARE	54,297	3,399	219,320	277,016	2,804	320,984	34.01
34.02	PEDIATRIC INTENSIVE CARE	6,179	906	14,135	21,220	497	61,770	34.02
40	Subprovider - IPF	6,714	3,230	48,108	58,052	708	79,740	40
43	Nursery	15,970	1,886	91,996	109,852	1,413	172,082	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	171,508	9,586	1,398,133	1,579,227	3,667	661,859	50
51	Recovery Room	1,084	799	6,634	8,517	372	57,033	51
52	Delivery Room & Labor Room	15,167	3,483	164,486	183,136	1,392	195,898	52
53	Anesthesiology	11,635	230	53,489	65,354	183	89,008	53
54	Radiology-Diagnostic	25,650	3,210	882,195	911,055	1,413	188,183	54
55	Radiology-Therapeutic	21,473	3,957	837,667	863,097	590	99,425	55
56	Radioisotope	3,370	363	2,987	6,720	132	48,917	56
57	CT Scan	1,300	736	125,655	127,691	353	46,020	57
58	MRI	686	1,454	115,947	118,087	276	38,095	58
59	Cardiac Catheterization	12,746	1,386	251,667	265,799	449	110,298	59
60	Laboratory	45,277	4,908	478,118	528,303	2,807	355,429	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,777	185	14,629	16,591	67	50,304	63
64	Intravenous Therapy	1,596	253	5,154	7,003	120	14,072	64
65	Respiratory Therapy	42,823	1,411	167,212	211,446	1,138	161,916	65
66	Physical Therapy	7,322	1,370	9,079	17,771	520	77,018	66
69	Electrocardiology	6,398	2,745	233,183	242,326	553	92,474	69
70	Electroencephalography	3,913	1,379	124,496	129,788	231	36,406	70
71	Medical Supplies Charged to Patients						482,633	71
72	Impl. Dev. Charged to Patients						561,308	72
73	Drugs Charged to Patients						675,923	73
74	Renal Dialysis		437	1,427	1,864		23,466	74
76	GI LAB	4,671	1,153	376,993	382,817	236	47,311	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER	27,827	1,429	139,647	168,903	327	42,317	90.01
90.02	ANTENATAL TEST CENTER	14,252	1,345	98,699	114,296	276	43,361	90.02
90.03	CHILD PSYCHIATRIC CLINIC	1,040	424	190	1,654	158	16,679	90.03
90.04	SPECIAL SURGICAL SERVICES	547	880	17,786	19,213	126	19,094	90.04
90.05	GENETIC SERVICES	2,453	544	44,755	47,752	114	14,599	90.05
91	Emergency	33,262	4,231	444,929	482,422	2,904	376,510	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	7,487	1,507	1,139	10,133	59	20,319	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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	4,092,261	188,675	15,367,333	19,648,269	48,434	8,165,836	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	252	135		387		120	192
193.01	BELOIT HEART STANDBY					15	1,575	193.01
194	GUEST CENTER		1,372	6,046	7,418	33	10,253	194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	97	1,020	4,944	6,061	76	43,876	194.02
194.04	AUXILIARY	1,203	2,644	2,119	5,966	55	18,058	194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,093,813	193,846	15,380,442	19,668,101	48,613	8,239,718	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,792,595						7
8	Laundry & Linen Service	16,408	68,781					8
9	Housekeeping	35,512		201,442				9
10	Dietary	41,597		4,814	121,325			10
11	Cafeteria	93,377		10,806		207,818		11
12	Maintenance of Personnel							12
13	Nursing Administration	24,780		2,868		5,533	278,519	13
14	Central Services & Supply	48,469	409	5,609		6,396		14
15	Pharmacy	27,951		3,235		7,452		15
16	Medical Records & Library	23,849		2,760		3,275		16
17	Social Service	6,950		804		606		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	8,882		1,028		159	319	22
23	PARAMDICAL ED PROGRAM XRAY	2,520		292		9,486	18,938	23
23.01	PASTORAL EDUCATION PROGRAM	2,217		257		3,765	7,518	23.01
23.02	PARAMED EDUC EMT PROGRAM	21,616		2,502		1,649	3,290	23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	432,222	25,503	50,016	97,476	50,600	101,020	30
31	Intensive Care Unit	37,518	2,170	4,342	10,312	7,196	14,367	31
34.01	NEONATAL INTENSIVE CARE	51,453	1,704	5,954		11,007	21,974	34.01
34.02	PEDIATRIC INTENSIVE CARE	13,712		1,587	2,674	2,050	4,091	34.02
40	Subprovider - IPF	48,897	650	5,659	9,047	3,740		40
43	Nursery	28,554	1,208	3,305		6,193	12,364	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	145,102	11,168	16,792		14,694	29,335	50
51	Recovery Room	12,088	771	1,399		1,375	2,745	51
52	Delivery Room & Labor Room	52,719	5,751	6,101		5,829	11,636	52
53	Anesthesiology	3,479		403		1,014	2,024	53
54	Radiology-Diagnostic	48,597	2,917	5,624		7,081		54
55	Radiology-Therapeutic	59,898	299	6,932		2,479		55
56	Radioisotope	5,489	2	635		527		56
57	CT Scan	11,145		1,290		1,668		57
58	MRI	22,010	597	2,547		1,246		58
59	Cardiac Catheterization	20,985	782	2,429		1,999	3,992	59
60	Laboratory	74,288	580	8,597		17,899		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,805		325		344		63
64	Intravenous Therapy	3,837		444		541		64
65	Respiratory Therapy	21,352	1	2,471		5,735		65
66	Physical Therapy	20,732	35	2,399		2,175		66
69	Electrocardiology	41,546		4,808		2,588	5,165	69
70	Electroencephalography	20,876	13	2,416		1,173	2,343	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	6,619		766				74
76	GI LAB	17,452	1,077	2,020		1,168	2,333	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER	21,632	809	2,503		1,906	3,807	90.01
90.02	ANTENATAL TEST CENTER	20,354	202	2,356		1,165	2,326	90.02
90.03	CHILD PSYCHIATRIC CLINIC	6,412	10	742		501	1,001	90.03
90.04	SPECIAL SURGICAL SERVICES	13,327		1,542		563	1,123	90.04
90.05	GENETIC SERVICES	8,239	16	953		627		90.05
91	Emergency	64,051	11,823	7,412	1,816	13,181	26,315	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	22,812		2,640		247	493	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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,714,330	68,497	192,384	121,325	206,832	278,519	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	2,037		236				192
193.01	BELOIT HEART STANDBY					21		193.01
194	GUEST CENTER	20,771	284	2,404		185		194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	15,434		1,786		293		194.02
194.04	AUXILIARY	40,023		4,632		487		194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,792,595	68,781	201,442	121,325	207,818	278,519	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	I&R PROGRAM COSTS	PARAMEDICA EDUCATION XRAY	
		14	15	16	17	22	23	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,024,621						14
15	Pharmacy	946	559,706					15
16	Medical Records & Library			136,790				16
17	Social Service				25,812			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					43,829		22
23	PARAMDICAL ED PROGRAM XRAY	33					47,818	23
23.01	PASTORAL EDUCATION PROGRAM							23.01
23.02	PARAMED EDUC EMT PROGRAM	140						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	6		6,237	21,983			30
31	Intensive Care Unit			1,636				31
34.01	NEONATAL INTENSIVE CARE	55		5,245	337			34.01
34.02	PEDIATRIC INTENSIVE CARE			517	96			34.02
40	Subprovider - IPF	214		578	3,208			40
43	Nursery			2,296	188			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	19		7,990				50
51	Recovery Room	936		957				51
52	Delivery Room & Labor Room			2,464				52
53	Anesthesiology		4,542	1,546				53
54	Radiology-Diagnostic	821		6,084				54
55	Radiology-Therapeutic	60		1,140				55
56	Radioisotope	13,242		1,204				56
57	CT Scan	378		7,597				57
58	MRI	347		2,944				58
59	Cardiac Catheterization			2,709				59
60	Laboratory	139,062		9,076				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,257		1,239				63
64	Intravenous Therapy			4,989				64
65	Respiratory Therapy	29		3,814				65
66	Physical Therapy			888				66
69	Electrocardiology	1,748		3,878				69
70	Electroencephalography	1,654		1,054				70
71	Medical Supplies Charged to Patients	389,807		19,913				71
72	Impl. Dev. Charged to Patients	468,829		10,403				72
73	Drugs Charged to Patients		555,164	20,024				73
74	Renal Dialysis	300		148				74
76	GI LAB			976				76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER			1,272				90.01
90.02	ANTENATAL TEST CENTER	550		1,554				90.02
90.03	CHILD PSYCHIATRIC CLINIC	14		37				90.03
90.04	SPECIAL SURGICAL SERVICES			362				90.04
90.05	GENETIC SERVICES	18		43				90.05
91	Emergency			5,889				91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	96		87				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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,024,561	559,706	136,790	25,812			118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	I&R PROGRAM COSTS	PARAMEDICA EDUCATION XRAY	
		14	15	16	17	22	23	
192	Physicians' Private Offices	40						192
193.01	BELOIT HEART STANDBY							193.01
194	GUEST CENTER							194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	20						194.02
194.04	AUXILIARY							194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments					43,829	47,818	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,024,621	559,706	136,790	25,812	43,829	47,818	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
		23.01	23.02	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
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	18,460					23.01
23.02	PARAMED EDUC EMT PROGRAM		187,673				23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics			3,348,357		3,348,357	30
31	Intensive Care Unit			550,842		550,842	31
34.01	NEONATAL INTENSIVE CARE			698,533		698,533	34.01
34.02	PEDIATRIC INTENSIVE CARE			108,214		108,214	34.02
40	Subprovider - IPF			210,493		210,493	40
43	Nursery			337,455		337,455	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room			2,469,853		2,469,853	50
51	Recovery Room			86,193		86,193	51
52	Delivery Room & Labor Room			464,926		464,926	52
53	Anesthesiology			167,553		167,553	53
54	Radiology-Diagnostic			1,171,775		1,171,775	54
55	Radiology-Therapeutic			1,033,920		1,033,920	55
56	Radioisotope			76,868		76,868	56
57	CT Scan			196,142		196,142	57
58	MRI			186,149		186,149	58
59	Cardiac Catheterization			409,442		409,442	59
60	Laboratory			1,136,041		1,136,041	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			76,932		76,932	63
64	Intravenous Therapy			31,006		31,006	64
65	Respiratory Therapy			407,902		407,902	65
66	Physical Therapy			121,538		121,538	66
69	Electrocardiology			395,086		395,086	69
70	Electroencephalography			195,954		195,954	70
71	Medical Supplies Charged to Patients			892,353		892,353	71
72	Impl. Dev. Charged to Patients			1,040,540		1,040,540	72
73	Drugs Charged to Patients			1,251,111		1,251,111	73
74	Renal Dialysis			33,163		33,163	74
76	GI LAB			455,390		455,390	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	PAIN CENTER			243,476		243,476	90.01
90.02	ANTENATAL TEST CENTER			186,440		186,440	90.02
90.03	CHILD PSYCHIATRIC CLINIC			27,208		27,208	90.03
90.04	SPECIAL SURGICAL SERVICES			55,350		55,350	90.04
90.05	GENETIC SERVICES			72,361		72,361	90.05
91	Emergency			992,323		992,323	91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services			56,886		56,886	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
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)			19,187,775		19,187,775	118
	<b>NONREIMBURSABLE COST CENTERS</b>						

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		
		23.01	23.02	24	25	26		
192	Physicians' Private Offices			2,820		2,820		192
193.01	BELOIT HEART STANDBY			1,611		1,611		193.01
194	GUEST CENTER			41,348		41,348		194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES			67,546		67,546		194.02
194.04	AUXILIARY			69,221		69,221		194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments	18,460	187,673	297,780		297,780		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	18,460	187,673	19,668,101		19,668,101		202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	753,226						1
2	Cap Rel Costs-Mvble Equip		17,170,833					2
4	Employee Benefits Department	31,433	33,209	95,442,615				4
5	Administrative & General	180,724	5,998,133	7,374,898	-57,330,363	208,931,103		5
6	Maintenance & Repairs							6
7	Operation of Plant	80,905	1,401,541	2,422,662		12,637,834	460,164	7
8	Laundry & Linen Service	4,212	6,059	105,926		1,161,544	4,212	8
9	Housekeeping	9,116	37,584	1,886,433		3,032,554	9,116	9
10	Dietary	10,678	16,964	737,991		1,383,007	10,678	10
11	Cafeteria	23,970	38,081	1,656,654		1,468,230	23,970	11
12	Maintenance of Personnel							12
13	Nursing Administration	6,361	34,417	3,351,213		4,837,855	6,361	13
14	Central Services & Supply	12,442	401,735	1,321,454		3,230,544	12,442	14
15	Pharmacy	7,175	314,569	3,745,356		5,696,759	7,175	15
16	Medical Records & Library	6,122	7,499	1,210,947		2,459,802	6,122	16
17	Social Service	1,784		270,629		371,379	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	2,280		116,536		623,166	2,280	22
23	PARAMDICAL ED PROGRAM XRAY	647	90	166,756		201,949	647	23
23.01	PASTORAL EDUCATION PROGRAM	569	115	66,042		108,755	569	23.01
23.02	PARAMED EDUC EMT PROGRAM	5,549	66,088	549,868		948,375	5,549	23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	110,953	1,431,533	19,861,091		29,268,683	110,953	30
31	Intensive Care Unit	9,631	257,232	3,314,584		5,731,394	9,631	31
34.01	NEONATAL INTENSIVE CARE	13,208	244,850	5,509,684		8,139,161	13,208	34.01
34.02	PEDIATRIC INTENSIVE CARE	3,520	15,780	977,307		1,566,306	3,520	34.02
40	Subprovider - IPF	12,552	53,708	1,390,833		2,021,964	12,552	40
43	Nursery	7,330	102,705	2,776,264		4,363,463	7,330	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	37,248	1,560,885	7,204,285		16,782,697	37,248	50
51	Recovery Room	3,103	7,406	730,789		1,446,172	3,103	51
52	Delivery Room & Labor Room	13,533	183,633	2,734,707		4,967,362	13,533	52
53	Anesthesiology	893	59,715	360,393		2,256,969	893	53
54	Radiology-Diagnostic	12,475	984,888	2,775,779		4,771,735	12,475	54
55	Radiology-Therapeutic	15,376	935,177	1,159,927		2,521,112	15,376	55
56	Radioisotope	1,409	3,335	259,209		1,240,386	1,409	56
57	CT Scan	2,861	140,282	692,581		1,166,932	2,861	57
58	MRI	5,650	129,444	543,091		965,981	5,650	58
59	Cardiac Catheterization	5,387	280,963	883,009		2,796,822	5,387	59
60	Laboratory	19,070	533,774	5,515,580		9,012,570	19,070	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	720	16,332	132,460		1,275,544	720	63
64	Intravenous Therapy	985	5,754	235,292		356,824	985	64
65	Respiratory Therapy	5,481	186,677	2,236,038		4,105,699	5,481	65
66	Physical Therapy	5,322	10,136	1,021,791		1,952,933	5,322	66
69	Electrocardiology	10,665	260,327	1,085,785		2,344,844	10,665	69
70	Electroencephalography	5,359	138,988	454,423		923,141	5,359	70
71	Medical Supplies Charged to Patients					12,238,066		71
72	Impl. Dev. Charged to Patients					14,233,031		72
73	Drugs Charged to Patients					17,139,319		73
74	Renal Dialysis	1,699	1,593			595,027	1,699	74
76	GI LAB	4,480	420,878	463,601		1,199,672	4,480	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	5,553	155,903	642,149		1,073,028	5,553	90.01
90.02	ANTENATAL TEST CENTER	5,225	110,188	541,470		1,099,489	5,225	90.02
90.03	CHILD PSYCHIATRIC CLINIC	1,646	212	310,915		422,936	1,646	90.03
90.04	SPECIAL SURGICAL SERVICES	3,421	19,856	248,126		484,173	3,421	90.04
90.05	GENETIC SERVICES	2,115	49,965	224,901		370,188	2,115	90.05
91	Emergency	16,442	496,722	5,704,349		9,547,122	16,442	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	5,856	1,272	115,354		515,228	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
<b>SPECIAL PURPOSE COST CENTERS</b>								
118	SUBTOTALS (sum of lines 1-117)	733,135	17,156,197	95,089,132	-57,330,363	207,057,726	440,073	118

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	523				3,032	523	192
193.01	BELOIT HEART STANDBY			30,206		39,927		193.01
194	GUEST CENTER	5,332	6,750	65,472		259,975	5,332	194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES	3,962	5,520	149,295		1,112,555	3,962	194.02
194.04	AUXILIARY	10,274	2,366	108,510		457,888	10,274	194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	193,846	15,380,442	25,772,123		57,330,363	16,105,630	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.257354	0.895731	0.270027		0.274398	34.999761	203
204	Cost to be allocated (Per Wkst. B, Part II)			48,613		8,239,718	1,792,595	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000509		0.039437	3.895557	205

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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 NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	650,475						8
9	Housekeeping		446,836					9
10	Dietary		10,678	212,863				10
11	Cafeteria		23,970		130,593			11
12	Maintenance of Personnel							12
13	Nursing Administration		6,361		3,477	1,823,506		13
14	Central Services & Supply	3,870	12,442		4,019		32,168,151	14
15	Pharmacy		7,175		4,683		29,687	15
16	Medical Records & Library		6,122		2,058			16
17	Social Service		1,784		381			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		2,280		100	2,087		22
23	PARAMDICAL ED PROGRAM XRAY		647		5,961	123,993	1,045	23
23.01	PASTORAL EDUCATION PROGRAM		569		2,366	49,221		23.01
23.02	PARAMED EDUC EMT PROGRAM		5,549		1,036	21,541	4,405	23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	241,177	110,953	171,020	31,797	661,386	179	30
31	Intensive Care Unit	20,522	9,631	18,092	4,522	94,062		31
34.01	NEONATAL INTENSIVE CARE	16,116	13,208		6,917	143,870	1,735	34.01
34.02	PEDIATRIC INTENSIVE CARE		3,520	4,692	1,288	26,787		34.02
40	Subprovider - IPF	6,151	12,552	15,873	2,350		6,718	40
43	Nursery	11,423	7,330		3,892	80,951		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	105,618	37,248		9,234	192,063	594	50
51	Recovery Room	7,290	3,103		864	17,972	29,374	51
52	Delivery Room & Labor Room	54,391	13,533		3,663	76,184		52
53	Anesthesiology		893		637	13,253	13	53
54	Radiology-Diagnostic	27,589	12,475		4,450		25,768	54
55	Radiology-Therapeutic	2,823	15,376		1,558		1,877	55
56	Radioisotope	15	1,409		331		415,748	56
57	CT Scan		2,861		1,048		11,875	57
58	MRI	5,642	5,650		783		10,906	58
59	Cardiac Catheterization	7,398	5,387		1,256	26,134		59
60	Laboratory	5,482	19,070		11,248		4,365,895	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		720		216		165,053	63
64	Intravenous Therapy		985		340			64
65	Respiratory Therapy	7	5,481		3,604		899	65
66	Physical Therapy	333	5,322		1,367			66
69	Electrocardiology		10,665		1,626	33,815	54,864	69
70	Electroencephalography	122	5,359		737	15,337	51,918	70
71	Medical Supplies Charged to Patients						12,238,064	71
72	Impl. Dev. Charged to Patients						14,718,973	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		1,699				9,430	74
76	GI LAB	10,188	4,480		734	15,275		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER	7,654	5,553		1,198	24,922		90.01
90.02	ANTENATAL TEST CENTER	1,914	5,225		732	15,228	17,258	90.02
90.03	CHILD PSYCHIATRIC CLINIC	97	1,646		315	6,554	436	90.03
90.04	SPECIAL SURGICAL SERVICES		3,421		354	7,355		90.04
90.05	GENETIC SERVICES	155	2,115		394		559	90.05
91	Emergency	111,816	16,442	3,186	8,283	172,288	12	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		5,856		155	3,228	3,006	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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	647,793	426,745	212,863	129,974	1,823,506	32,166,291	118

**KPMG LLP Compu-Max 2552-10**

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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	
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		523				1,247	192
193.01	BELOIT HEART STANDBY				13			193.01
194	GUEST CENTER	2,682	5,332		116			194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES		3,962		184		613	194.02
194.04	AUXILIARY		10,274		306			194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,627,688	4,183,739	2,236,206	2,934,485	6,525,674	4,768,954	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2,502,307	9,363,030	10,505,377	22,470,462	3,578,641	0,148,251	203
204	Cost to be allocated (Per Wkst. B, Part II)	68,781	201,442	121,325	207,818	278,519	1,024,621	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.105740	0.450819	0.569968	1.591341	0.152738	0.031852	205

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	ASSIGNED TIME	
		15	16	17	22	23	23.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	17,279,532						15
16	Medical Records & Library		1,173,029,826					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					100		22
23	PARAMEDICAL ED PROGRAM XRAY					100		23
23.01	PASTORAL EDUCATION PROGRAM						32,516	23.01
23.02	PARAMED EDUC EMT PROGRAM							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		53,307,802	6,661	100		20,522	30
31	Intensive Care Unit		13,984,366				2,267	31
34.01	NEONATAL INTENSIVE CARE		44,831,354	102			5,935	34.01
34.02	PEDIATRIC INTENSIVE CARE		4,422,519	29			647	34.02
40	Subprovider - IPF		4,937,506	972			1,865	40
43	Nursery		19,626,636	57			1,280	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		68,288,775					50
51	Recovery Room		8,183,482					51
52	Delivery Room & Labor Room		21,061,452					52
53	Anesthesiology	140,213	13,215,694					53
54	Radiology-Diagnostic		51,996,685			100		54
55	Radiology-Therapeutic		9,746,946					55
56	Radioisotope		10,291,947					56
57	CT Scan		64,929,981					57
58	MRI		25,166,292					58
59	Cardiac Catheterization		23,157,276					59
60	Laboratory		77,569,574					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		10,589,149					63
64	Intravenous Therapy		42,642,571					64
65	Respiratory Therapy		32,601,104					65
66	Physical Therapy		7,587,060					66
69	Electrocardiology		33,146,807					69
70	Electroencephalography		9,006,043					70
71	Medical Supplies Charged to Patients		174,082,214					71
72	Impl. Dev. Charged to Patients		88,911,599					72
73	Drugs Charged to Patients	17,139,319	171,144,321					73
74	Renal Dialysis		1,265,134					74
76	GI LAB		8,338,277					76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	PAIN CENTER		10,873,915					90.01
90.02	ANTENATAL TEST CENTER		13,279,275					90.02
90.03	CHILD PSYCHIATRIC CLINIC		312,224					90.03
90.04	SPECIAL SURGICAL SERVICES		3,090,732					90.04
90.05	GENETIC SERVICES		368,291					90.05
91	Emergency		50,330,893					91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		741,930					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
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	17,279,532	1,173,029,826	7,821	100	100	32,516	118

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	ASSIGNED TIME	
		15	16	17	22	23	23.01	
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices							192
193.01	BELOIT HEART STANDBY							193.01
194	GUEST CENTER							194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES							194.02
194.04	AUXILIARY							194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,687,871	3,452,600	560,990	905,025	863,893	393,149	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.444912	0.002943	71.728679	9,050.250000	8,638.930000	12.090940	203
204	Cost to be allocated (Per Wkst. B, Part II)	559,706	136,790	25,812	43,829	47,818	18,460	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.032391	0.000117	3.300345	438.290000	478.180000	0.567721	205

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT TIME SPENT 23.02						
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<b>GENERAL SERVICE COST CENTERS</b>								
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	640						23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	17						30
31	Intensive Care Unit							31
34.01	NEONATAL INTENSIVE CARE	34						34.01
34.02	PEDIATRIC INTENSIVE CARE							34.02
40	Subprovider - IPF							40
43	Nursery							43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	89						50
51	Recovery Room							51
52	Delivery Room & Labor Room	17						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
64	Intravenous Therapy							64
65	Respiratory Therapy	13						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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	470						91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PARA MED EDUC EMT TIME SPENT					
		23.02					
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	640					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices						192
193.01	BELOIT HEART STANDBY						193.01
194	GUEST CENTER						194
194.01	OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02	COMMUNITY SERVICES						194.02
194.04	AUXILIARY						194.04
194.08	DIALYSIS RENTED SPACE						194.08
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	1,555,796					202
203	Unit Cost Multiplier (Wkst. B, Part I)	2,430,931,250					203
204	Cost to be allocated (Per Wkst. B, Part II)	187,673					204
205	Unit Cost Multiplier (Wkst. B, Part II)	293,239,063					205

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	48,627,849		48,627,849	27,719	48,655,568	30
31	Intensive Care Unit	8,479,541		8,479,541		8,479,541	31
34.01	NEONATAL INTENSIVE CARE	11,963,013		11,963,013		11,963,013	34.01
34.02	PEDIATRIC INTENSIVE CARE	2,349,266		2,349,266		2,349,266	34.02
40	Subprovider - IPF	3,476,376		3,476,376	702	3,477,078	40
43	Nursery	6,369,028		6,369,028		6,369,028	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	24,616,781		24,616,781	128,552	24,745,333	50
51	Recovery Room	2,111,066		2,111,066		2,111,066	51
52	Delivery Room & Labor Room	7,525,115		7,525,115		7,525,115	52
53	Anesthesiology	3,078,913		3,078,913		3,078,913	53
54	Radiology-Diagnostic	7,824,285		7,824,285		7,824,285	54
55	Radiology-Therapeutic	3,966,058		3,966,058		3,966,058	55
56	Radioisotope	1,742,653		1,742,653		1,742,653	56
57	CT Scan	1,830,456		1,830,456		1,830,456	57
58	MRI	1,589,087		1,589,087		1,589,087	58
59	Cardiac Catheterization	4,011,658		4,011,658		4,011,658	59
60	Laboratory	13,473,600		13,473,600		13,473,600	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,717,979		1,717,979		1,717,979	63
64	Intravenous Therapy	631,571		631,571		631,571	64
65	Respiratory Therapy	5,684,130		5,684,130		5,684,130	65
66	Physical Therapy	2,778,792		2,778,792		2,778,792	66
69	Electrocardiology	3,724,628		3,724,628		3,724,628	69
70	Electroencephalography	1,520,143		1,520,143		1,520,143	70
71	Medical Supplies Charged to Patients	17,923,169		17,923,169		17,923,169	71
72	Impl. Dev. Charged to Patients	20,582,308		20,582,308		20,582,308	72
73	Drugs Charged to Patients	29,971,481		29,971,481		29,971,481	73
74	Renal Dialysis	838,795		838,795		838,795	74
76	GI LAB	1,848,796		1,848,796		1,848,796	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	PAIN CENTER	1,781,074		1,781,074		1,781,074	90.01
90.02	ANTENATAL TEST CENTER	1,750,356		1,750,356		1,750,356	90.02
90.03	CHILD PSYCHIATRIC CLINIC	643,770		643,770		643,770	90.03
90.04	SPECIAL SURGICAL SERVICES	812,166		812,166		812,166	90.04
90.05	GENETIC SERVICES	576,002		576,002		576,002	90.05
91	Emergency	15,302,857		15,302,857		15,302,857	91
92	Observation Beds (Non-Distinct Part)	6,864,797		6,864,797		6,864,797	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services	934,059		934,059		934,059	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)	268,921,618		268,921,618	156,973	269,078,591	200
201	Less Observation Beds	6,864,797		6,864,797		6,864,797	201
202	Total (line 200 minus line 201)	262,056,821		262,056,821		262,213,794	202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	9	10	11	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	43,402,577		43,402,577				30
31	Intensive Care Unit	13,984,366		13,984,366				31
34.01	NEONATAL INTENSIVE CARE	44,831,354		44,831,354				34.01
34.02	PEDIATRIC INTENSIVE CARE	4,422,519		4,422,519				34.02
40	Subprovider - IPF	4,937,506		4,937,506				40
43	Nursery	19,626,636		19,626,636				43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	34,490,383	33,798,392	68,288,775	0.360481	0.360481	0.362363	50
51	Recovery Room	4,170,937	4,012,545	8,183,482	0.257967	0.257967	0.257967	51
52	Delivery Room & Labor Room	18,443,530	2,617,922	21,061,452	0.357293	0.357293	0.357293	52
53	Anesthesiology	6,572,426	6,643,268	13,215,694	0.232974	0.232974	0.232974	53
54	Radiology-Diagnostic	23,702,166	28,294,519	51,996,685	0.150477	0.150477	0.150477	54
55	Radiology-Therapeutic	302,299	9,444,647	9,746,946	0.406903	0.406903	0.406903	55
56	Radioisotope	1,845,264	8,446,683	10,291,947	0.169322	0.169322	0.169322	56
57	CT Scan	22,262,719	42,667,262	64,929,981	0.028191	0.028191	0.028191	57
58	MRI	6,096,974	19,069,318	25,166,292	0.063143	0.063143	0.063143	58
59	Cardiac Catheterization	9,990,197	13,167,079	23,157,276	0.173235	0.173235	0.173235	59
60	Laboratory	46,139,480	31,430,094	77,569,574	0.173697	0.173697	0.173697	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	8,635,211	1,953,938	10,589,149	0.162240	0.162240	0.162240	63
64	Intravenous Therapy	5,271,452	37,371,119	42,642,571	0.014811	0.014811	0.014811	64
65	Respiratory Therapy	30,209,139	2,391,965	32,601,104	0.174354	0.174354	0.174354	65
66	Physical Therapy	5,444,875	2,142,185	7,587,060	0.366254	0.366254	0.366254	66
69	Electrocardiology	12,161,788	20,985,019	33,146,807	0.112368	0.112368	0.112368	69
70	Electroencephalography	1,249,910	7,756,133	9,006,043	0.168791	0.168791	0.168791	70
71	Medical Supplies Charged to Patients	118,897,544	55,184,670	174,082,214	0.102958	0.102958	0.102958	71
72	Impl. Dev. Charged to Patients	57,733,283	31,178,316	88,911,599	0.231492	0.231492	0.231492	72
73	Drugs Charged to Patients	77,389,440	93,754,881	171,144,321	0.175124	0.175124	0.175124	73
74	Renal Dialysis	1,190,355	74,779	1,265,134	0.663009	0.663009	0.663009	74
76	GI LAB	2,057,227	6,281,050	8,338,277	0.221724	0.221724	0.221724	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	42,139	10,831,776	10,873,915	0.163793	0.163793	0.163793	90.01
90.02	ANTENATAL TEST CENTER	470,549	12,808,726	13,279,275	0.131811	0.131811	0.131811	90.02
90.03	CHILD PSYCHIATRIC CLINIC	504	311,720	312,224	2.061885	2.061885	2.061885	90.03
90.04	SPECIAL SURGICAL SERVICES	14,367	3,076,365	3,090,732	0.262775	0.262775	0.262775	90.04
90.05	GENETIC SERVICES	5,080	363,211	368,291	1.563986	1.563986	1.563986	90.05
91	Emergency	13,341,921	36,988,972	50,330,893	0.304045	0.304045	0.304045	91
92	Observation Beds (Non-Distinct Part)	1,126,658	8,778,567	9,905,225	0.693048	0.693048	0.693048	92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	428,593	313,337	741,930	1.258958	1.258958	1.258958	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)	640,891,368	532,138,458	1,173,029,826				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	640,891,368	532,138,458	1,173,029,826				202

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check  Title V  PPS  
 Applicable  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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,348,357		3,348,357	45,574	73.47	15,484	1,137,609	30
31	Intensive Care Unit	550,842		550,842	4,141	133.02	2,352	312,863	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.01	NEONATAL INTENSIVE CARE	698,533		698,533	14,321	48.78			34.01
34.02	PEDIATRIC INTENSIVE CARE	108,214		108,214	1,074	100.76			34.02
35	Other Special Care (specify)								35
40	Subprovider - IPF	210,493		210,493	3,633	57.94	961	55,680	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	337,455		337,455	3,080	109.56			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,253,894		5,253,894	71,823		18,797	1,506,152	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,469,853	68,288,775	0.036168	10,711,660	387,419	50
51	Recovery Room	86,193	8,183,482	0.010533	1,417,883	14,935	51
52	Delivery Room & Labor Room	464,926	21,061,452	0.022075	115,183	2,543	52
53	Anesthesiology	167,553	13,215,694	0.012678	1,867,091	23,671	53
54	Radiology-Diagnostic	1,171,775	51,996,685	0.022536	9,159,231	206,412	54
55	Radiology-Therapeutic	1,033,920	9,746,946	0.106076	106,489	11,296	55
56	Radioisotope	76,868	10,291,947	0.007469	933,081	6,969	56
57	CT Scan	196,142	64,929,981	0.003021	9,087,448	27,453	57
58	MRI	186,149	25,166,292	0.007397	2,418,527	17,890	58
59	Cardiac Catheterization	409,442	23,157,276	0.017681	4,154,259	73,451	59
60	Laboratory	1,136,041	77,569,574	0.014645	16,264,750	238,197	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Tra	76,932	10,589,149	0.007265	2,875,552	20,891	63
64	Intravenous Therapy	31,006	42,642,571	0.000727	2,132,647	1,550	64
65	Respiratory Therapy	407,902	32,601,104	0.012512	7,382,616	92,371	65
66	Physical Therapy	121,538	7,587,060	0.016019	2,441,035	39,103	66
69	Electrocardiology	395,086	33,146,807	0.011919	5,353,565	63,809	69
70	Electroencephalography	195,954	9,006,043	0.021758	364,624	7,933	70
71	Medical Supplies Charged to Pat	892,353	174,082,214	0.005126	38,110,469	195,354	71
72	Impl. Dev. Charged to Patients	1,040,540	88,911,599	0.011703	20,008,898	234,164	72
73	Drugs Charged to Patients	1,251,111	171,144,321	0.007310	27,183,743	198,713	73
74	Renal Dialysis	33,163	1,265,134	0.026213	709,883	18,608	74
76	GI LAB	455,390	8,338,277	0.054614	969,520	52,949	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	PAIN CENTER	243,476	10,873,915	0.022391	27,797	622	90.01
90.02	ANTENATAL TEST CENTER	186,440	13,279,275	0.014040	9,033	127	90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,208	312,224	0.087143			90.03
90.04	SPECIAL SURGICAL SERVICES	55,350	3,090,732	0.017908	12,044	216	90.04
90.05	GENETIC SERVICES	72,361	368,291	0.196478			90.05
91	Emergency	992,323	50,330,893	0.019716	5,289,929	104,296	91
92	Observation Beds (Non-Distinct	472,422	9,905,225	0.047694			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	14,349,417	1,041,082,938		169,106,957	2,040,942	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		289,456			289,456	30
31	Intensive Care Unit		27,410			27,410	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
34.01	NEONATAL INTENSIVE CARE		154,412			154,412	34.01
34.02	PEDIATRIC INTENSIVE CARE		7,823			7,823	34.02
35	Other Special Care (specify)						35
40	Subprovider - IPF		22,550			22,550	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery		15,476			15,476	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		517,127			517,127	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	45,574	6.35	15,484	98,323	30
31	Intensive Care Unit	4,141	6.62	2,352	15,570	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.01	NEONATAL INTENSIVE CARE	14,321	10.78			34.01
34.02	PEDIATRIC INTENSIVE CARE	1,074	7.28			34.02
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,633	6.21	961	5,968	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,080	5.02			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	71,823		18,797	119,861	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			216,353		216,353	216,353	50
51	Recovery Room							51
52	Delivery Room & Labor Room			41,326		41,326	41,326	52
53	Anesthesiology							53
54	Radiology-Diagnostic			863,893		863,893	863,893	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy			31,602		31,602	31,602	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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			1,142,537		1,142,537	1,142,537	91
92	Observation Beds (Non-Distinct			40,839		40,839	40,839	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			2,336,550		2,336,550	2,336,550	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	68,288,775	0.003168	0.003168	10,711,660	33,935	7,389,340	23,409	50
51	Recovery Room	8,183,482			1,417,883		653,983		51
52	Delivery Room & Labor Room	21,061,452	0.001962	0.001962	115,183	226	15,571	31	52
53	Anesthesiology	13,215,694			1,867,091		1,434,871		53
54	Radiology-Diagnostic	51,996,685	0.016614	0.016614	9,159,231	152,171	6,514,319	108,229	54
55	Radiology-Therapeutic	9,746,946			106,489		4,031,410		55
56	Radioisotope	10,291,947			933,081		3,202,721		56
57	CT Scan	64,929,981			9,087,448		10,762,204		57
58	MRI	25,166,292			2,418,527		4,676,602		58
59	Cardiac Catheterization	23,157,276			4,154,259		4,587,088		59
60	Laboratory	77,569,574			16,264,750		555,307		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	10,589,149			2,875,552		480,036		63
64	Intravenous Therapy	42,642,571			2,132,647		7,651,228		64
65	Respiratory Therapy	32,601,104	0.000969	0.000969	7,382,616	7,154	684,909	664	65
66	Physical Therapy	7,587,060			2,441,035		191,996		66
69	Electrocardiology	33,146,807			5,353,565		6,791,112		69
70	Electroencephalography	9,006,043			364,624		1,444,586		70
71	Medical Supplies Charged to Pat	174,082,214			38,110,469		15,803,891		71
72	Impl. Dev. Charged to Patients	88,911,599			20,008,898		10,358,147		72
73	Drugs Charged to Patients	171,144,321			27,183,743		26,733,011		73
74	Renal Dialysis	1,265,134			709,883		28,322		74
76	GI LAB	8,338,277			969,520		1,486,861		76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	PAIN CENTER	10,873,915			27,797		2,862,165		90.01
90.02	ANTENATAL TEST CENTER	13,279,275			9,033		181,541		90.02
90.03	CHILD PSYCHIATRIC CLINIC	312,224					504		90.03
90.04	SPECIAL SURGICAL SERVICES	3,090,732			12,044		1,489,852		90.04
90.05	GENETIC SERVICES	368,291					15,529		90.05
91	Emergency	50,330,893	0.022701	0.022701	5,289,929	120,087	5,811,479	131,926	91
92	Observation Beds (Non-Distinct	9,905,225	0.004123	0.004123			1,880,890	7,755	92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,041,082,938			169,106,957	313,573	127,719,475	272,014	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.360481	7,389,340			2,663,717			50
51	Recovery Room	0.257967	653,983			168,706			51
52	Delivery Room & Labor Room	0.357293	15,571			5,563			52
53	Anesthesiology	0.232974	1,434,871			334,288			53
54	Radiology-Diagnostic	0.150477	6,514,319			980,255			54
55	Radiology-Therapeutic	0.406903	4,031,410			1,640,393			55
56	Radioisotope	0.169322	3,202,721			542,291			56
57	CT Scan	0.028191	10,762,204			303,397			57
58	MRI	0.063143	4,676,602			295,295			58
59	Cardiac Catheterization	0.173235	4,587,088			794,644			59
60	Laboratory	0.173697	555,307		8,938	96,455		1,553	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	0.162240	480,036			77,881			63
64	Intravenous Therapy	0.014811	7,651,228			113,322			64
65	Respiratory Therapy	0.174354	684,909			119,417			65
66	Physical Therapy	0.366254	191,996			70,319			66
69	Electrocardiology	0.112368	6,791,112			763,104			69
70	Electroencephalography	0.168791	1,444,586			243,833			70
71	Medical Supplies Charged to Pat	0.102958	15,803,891			1,627,137			71
72	Impl. Dev. Charged to Patients	0.231492	10,358,147			2,397,828			72
73	Drugs Charged to Patients	0.175124	26,733,011		143,380	4,681,592		25,109	73
74	Renal Dialysis	0.663009	28,322			18,778			74
76	GI LAB	0.221724	1,486,861			329,673			76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	0.163793	2,862,165			468,803			90.01
90.02	ANTENATAL TEST CENTER	0.131811	181,541			23,929			90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885	504			1,039			90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775	1,489,852			391,496			90.04
90.05	GENETIC SERVICES	1.563986	15,529			24,287			90.05
91	Emergency	0.304045	5,811,479			1,766,951			91
92	Observation Beds (Non-Distinct	0.693048	1,880,890			1,303,547			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	1.258958							95
200	Subtotal (see instructions)		127,719,475		152,318	22,247,940		26,662	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		127,719,475		152,318	22,247,940		26,662	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,469,853	68,288,775	0.036168			50
51	Recovery Room	86,193	8,183,482	0.010533			51
52	Delivery Room & Labor Room	464,926	21,061,452	0.022075			52
53	Anesthesiology	167,553	13,215,694	0.012678			53
54	Radiology-Diagnostic	1,171,775	51,996,685	0.022536	13,844	312	54
55	Radiology-Therapeutic	1,033,920	9,746,946	0.106076			55
56	Radioisotope	76,868	10,291,947	0.007469			56
57	CT Scan	196,142	64,929,981	0.003021	48,609	147	57
58	MRI	186,149	25,166,292	0.007397	8,144	60	58
59	Cardiac Catheterization	409,442	23,157,276	0.017681			59
60	Laboratory	1,136,041	77,569,574	0.014645	165,173	2,419	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Tra	76,932	10,589,149	0.007265	1,206	9	63
64	Intravenous Therapy	31,006	42,642,571	0.000727			64
65	Respiratory Therapy	407,902	32,601,104	0.012512	8,893	111	65
66	Physical Therapy	121,538	7,587,060	0.016019	4,497	72	66
69	Electrocardiology	395,086	33,146,807	0.011919	13,805	165	69
70	Electroencephalography	195,954	9,006,043	0.021758	1,622	35	70
71	Medical Supplies Charged to Pat	892,353	174,082,214	0.005126	2,171	11	71
72	Impl. Dev. Charged to Patients	1,040,540	88,911,599	0.011703			72
73	Drugs Charged to Patients	1,251,111	171,144,321	0.007310	236,677	1,730	73
74	Renal Dialysis	33,163	1,265,134	0.026213			74
76	GI LAB	455,390	8,338,277	0.054614			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	PAIN CENTER	243,476	10,873,915	0.022391			90.01
90.02	ANTENATAL TEST CENTER	186,440	13,279,275	0.014040			90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,208	312,224	0.087143			90.03
90.04	SPECIAL SURGICAL SERVICES	55,350	3,090,732	0.017908			90.04
90.05	GENETIC SERVICES	72,361	368,291	0.196478			90.05
91	Emergency	992,323	50,330,893	0.019716	213,247	4,204	91
92	Observation Beds (Non-Distinct		9,905,225				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	13,876,995	1,041,082,938		717,888	9,275	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			216,353		216,353	216,353	50
51	Recovery Room							51
52	Delivery Room & Labor Room			41,326		41,326	41,326	52
53	Anesthesiology							53
54	Radiology-Diagnostic			863,893		863,893	863,893	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy			31,602		31,602	31,602	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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			1,142,537		1,142,537	1,142,537	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			2,295,711		2,295,711	2,295,711	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	68,288,775	0.003168	0.003168					50
51	Recovery Room	8,183,482							51
52	Delivery Room & Labor Room	21,061,452	0.001962	0.001962					52
53	Anesthesiology	13,215,694							53
54	Radiology-Diagnostic	51,996,685	0.016614	0.016614	13,844	230	385	6	54
55	Radiology-Therapeutic	9,746,946							55
56	Radioisotope	10,291,947							56
57	CT Scan	64,929,981			48,609				57
58	MRI	25,166,292			8,144				58
59	Cardiac Catheterization	23,157,276							59
60	Laboratory	77,569,574			165,173				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	10,589,149			1,206				63
64	Intravenous Therapy	42,642,571							64
65	Respiratory Therapy	32,601,104	0.000969	0.000969	8,893	9			65
66	Physical Therapy	7,587,060			4,497				66
69	Electrocardiology	33,146,807			13,805				69
70	Electroencephalography	9,006,043			1,622				70
71	Medical Supplies Charged to Pat	174,082,214			2,171				71
72	Impl. Dev. Charged to Patients	88,911,599							72
73	Drugs Charged to Patients	171,144,321			236,677				73
74	Renal Dialysis	1,265,134							74
76	GI LAB	8,338,277							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	PAIN CENTER	10,873,915							90.01
90.02	ANTENATAL TEST CENTER	13,279,275							90.02
90.03	CHILD PSYCHIATRIC CLINIC	312,224							90.03
90.04	SPECIAL SURGICAL SERVICES	3,090,732							90.04
90.05	GENETIC SERVICES	368,291							90.05
91	Emergency	50,330,893	0.022701	0.022701	213,247	4,841			91
92	Observation Beds (Non-Distinct	9,905,225							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,041,082,938			717,888	5,080	385	6	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.360481							50
51	Recovery Room	0.257967							51
52	Delivery Room & Labor Room	0.357293							52
53	Anesthesiology	0.232974							53
54	Radiology-Diagnostic	0.150477	385			58			54
55	Radiology-Therapeutic	0.406903							55
56	Radioisotope	0.169322							56
57	CT Scan	0.028191							57
58	MRI	0.063143							58
59	Cardiac Catheterization	0.173235							59
60	Laboratory	0.173697							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	0.162240							63
64	Intravenous Therapy	0.014811							64
65	Respiratory Therapy	0.174354							65
66	Physical Therapy	0.366254							66
69	Electrocardiology	0.112368							69
70	Electroencephalography	0.168791							70
71	Medical Supplies Charged to Pat	0.102958							71
72	Impl. Dev. Charged to Patients	0.231492							72
73	Drugs Charged to Patients	0.175124							73
74	Renal Dialysis	0.663009							74
76	GI LAB	0.221724							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	0.163793							90.01
90.02	ANTENATAL TEST CENTER	0.131811							90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885							90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775							90.04
90.05	GENETIC SERVICES	1.563986							90.05
91	Emergency	0.304045							91
92	Observation Beds (Non-Distinct	0.693048							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	1.258958							95
200	Subtotal (see instructions)		385			58			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		385			58			202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,348,357		3,348,357	45,574	73.47	9,107	669,091	30
31	Intensive Care Unit	550,842		550,842	4,141	133.02	981	130,493	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.01	NEONATAL INTENSIVE CARE	698,533		698,533	14,321	48.78	1,505	73,414	34.01
34.02	PEDIATRIC INTENSIVE CARE	108,214		108,214	1,074	100.76	319	32,142	34.02
35	Other Special Care (specify)								35
40	Subprovider - IPF	210,493		210,493	3,633	57.94	427	24,740	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	337,455		337,455	3,080	109.56	1,920	210,355	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,253,894		5,253,894	71,823		14,259	1,140,235	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	2,469,853	68,288,775	0.036168		50
51	Recovery Room	86,193	8,183,482	0.010533		51
52	Delivery Room & Labor Room	464,926	21,061,452	0.022075		52
53	Anesthesiology	167,553	13,215,694	0.012678		53
54	Radiology-Diagnostic	1,171,775	51,996,685	0.022536		54
55	Radiology-Therapeutic	1,033,920	9,746,946	0.106076		55
56	Radioisotope	76,868	10,291,947	0.007469		56
57	CT Scan	196,142	64,929,981	0.003021		57
58	MRI	186,149	25,166,292	0.007397		58
59	Cardiac Catheterization	409,442	23,157,276	0.017681		59
60	Laboratory	1,136,041	77,569,574	0.014645		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>					62.30
63	Blood Storing, Processing & Tra	76,932	10,589,149	0.007265		63
64	Intravenous Therapy	31,006	42,642,571	0.000727		64
65	Respiratory Therapy	407,902	32,601,104	0.012512		65
66	Physical Therapy	121,538	7,587,060	0.016019		66
69	Electrocardiology	395,086	33,146,807	0.011919		69
70	Electroencephalography	195,954	9,006,043	0.021758		70
71	Medical Supplies Charged to Pat	892,353	174,082,214	0.005126		71
72	Impl. Dev. Charged to Patients	1,040,540	88,911,599	0.011703		72
73	Drugs Charged to Patients	1,251,111	171,144,321	0.007310		73
74	Renal Dialysis	33,163	1,265,134	0.026213		74
76	GI LAB	455,390	8,338,277	0.054614		76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	PAIN CENTER	243,476	10,873,915	0.022391		90.01
90.02	ANTENATAL TEST CENTER	186,440	13,279,275	0.014040		90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,208	312,224	0.087143		90.03
90.04	SPECIAL SURGICAL SERVICES	55,350	3,090,732	0.017908		90.04
90.05	GENETIC SERVICES	72,361	368,291	0.196478		90.05
91	Emergency	992,323	50,330,893	0.019716		91
92	Observation Beds (Non-Distinct	472,422	9,905,225	0.047694		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services					95
200	Total (sum of lines 50-199)	14,349,417	1,041,082,938			200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		289,456			289,456	30
31	Intensive Care Unit		27,410			27,410	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
34.01	NEONATAL INTENSIVE CARE		154,412			154,412	34.01
34.02	PEDIATRIC INTENSIVE CARE		7,823			7,823	34.02
35	Other Special Care (specify)						35
40	Subprovider - IPF		22,550			22,550	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery		15,476			15,476	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		517,127			517,127	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	45,574	6.35	9,107	57,829	30
31	Intensive Care Unit	4,141	6.62	981	6,494	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.01	NEONATAL INTENSIVE CARE	14,321	10.78	1,505	16,224	34.01
34.02	PEDIATRIC INTENSIVE CARE	1,074	7.28	319	2,322	34.02
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,633	6.21	427	2,652	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,080	5.02	1,920	9,638	43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	71,823		14,259	95,159	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			216,353		216,353	216,353	50
51	Recovery Room							51
52	Delivery Room & Labor Room			41,326		41,326	41,326	52
53	Anesthesiology							53
54	Radiology-Diagnostic			863,893		863,893	863,893	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy			31,602		31,602	31,602	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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			1,142,537		1,142,537	1,142,537	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			2,295,711		2,295,711	2,295,711	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	68,288,775	0.003168	0.003168					50
51	Recovery Room	8,183,482							51
52	Delivery Room & Labor Room	21,061,452	0.001962	0.001962					52
53	Anesthesiology	13,215,694							53
54	Radiology-Diagnostic	51,996,685	0.016614	0.016614					54
55	Radiology-Therapeutic	9,746,946							55
56	Radioisotope	10,291,947							56
57	CT Scan	64,929,981							57
58	MRI	25,166,292							58
59	Cardiac Catheterization	23,157,276							59
60	Laboratory	77,569,574							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	10,589,149							63
64	Intravenous Therapy	42,642,571							64
65	Respiratory Therapy	32,601,104	0.000969	0.000969					65
66	Physical Therapy	7,587,060							66
69	Electrocardiology	33,146,807							69
70	Electroencephalography	9,006,043							70
71	Medical Supplies Charged to Pat	174,082,214							71
72	Impl. Dev. Charged to Patients	88,911,599							72
73	Drugs Charged to Patients	171,144,321							73
74	Renal Dialysis	1,265,134							74
76	GI LAB	8,338,277							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	PAIN CENTER	10,873,915							90.01
90.02	ANTENATAL TEST CENTER	13,279,275							90.02
90.03	CHILD PSYCHIATRIC CLINIC	312,224							90.03
90.04	SPECIAL SURGICAL SERVICES	3,090,732							90.04
90.05	GENETIC SERVICES	368,291							90.05
91	Emergency	50,330,893	0.022701	0.022701					91
92	Observation Beds (Non-Distinct	9,905,225							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,041,082,938							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.360481							50
51	Recovery Room	0.257967							51
52	Delivery Room & Labor Room	0.357293							52
53	Anesthesiology	0.232974							53
54	Radiology-Diagnostic	0.150477							54
55	Radiology-Therapeutic	0.406903							55
56	Radioisotope	0.169322							56
57	CT Scan	0.028191							57
58	MRI	0.063143							58
59	Cardiac Catheterization	0.173235							59
60	Laboratory	0.173697							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	0.162240							63
64	Intravenous Therapy	0.014811							64
65	Respiratory Therapy	0.174354							65
66	Physical Therapy	0.366254							66
69	Electrocardiology	0.112368							69
70	Electroencephalography	0.168791							70
71	Medical Supplies Charged to Pat	0.102958							71
72	Impl. Dev. Charged to Patients	0.231492							72
73	Drugs Charged to Patients	0.175124							73
74	Renal Dialysis	0.663009							74
76	GI LAB	0.221724							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	0.163793							90.01
90.02	ANTENATAL TEST CENTER	0.131811							90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885							90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775							90.04
90.05	GENETIC SERVICES	1.563986							90.05
91	Emergency	0.304045							91
92	Observation Beds (Non-Distinct	0.693048							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	1.258958							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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	2,469,853	68,288,775	0.036168		50
51	Recovery Room	86,193	8,183,482	0.010533		51
52	Delivery Room & Labor Room	464,926	21,061,452	0.022075		52
53	Anesthesiology	167,553	13,215,694	0.012678		53
54	Radiology-Diagnostic	1,171,775	51,996,685	0.022536		54
55	Radiology-Therapeutic	1,033,920	9,746,946	0.106076		55
56	Radioisotope	76,868	10,291,947	0.007469		56
57	CT Scan	196,142	64,929,981	0.003021		57
58	MRI	186,149	25,166,292	0.007397		58
59	Cardiac Catheterization	409,442	23,157,276	0.017681		59
60	Laboratory	1,136,041	77,569,574	0.014645		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>					62.30
63	Blood Storing, Processing & Tra	76,932	10,589,149	0.007265		63
64	Intravenous Therapy	31,006	42,642,571	0.000727		64
65	Respiratory Therapy	407,902	32,601,104	0.012512		65
66	Physical Therapy	121,538	7,587,060	0.016019		66
69	Electrocardiology	395,086	33,146,807	0.011919		69
70	Electroencephalography	195,954	9,006,043	0.021758		70
71	Medical Supplies Charged to Pat	892,353	174,082,214	0.005126		71
72	Impl. Dev. Charged to Patients	1,040,540	88,911,599	0.011703		72
73	Drugs Charged to Patients	1,251,111	171,144,321	0.007310		73
74	Renal Dialysis	33,163	1,265,134	0.026213		74
76	GI LAB	455,390	8,338,277	0.054614		76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	PAIN CENTER	243,476	10,873,915	0.022391		90.01
90.02	ANTENATAL TEST CENTER	186,440	13,279,275	0.014040		90.02
90.03	CHILD PSYCHIATRIC CLINIC	27,208	312,224	0.087143		90.03
90.04	SPECIAL SURGICAL SERVICES	55,350	3,090,732	0.017908		90.04
90.05	GENETIC SERVICES	72,361	368,291	0.196478		90.05
91	Emergency	992,323	50,330,893	0.019716		91
92	Observation Beds (Non-Distinct		9,905,225			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services					95
200	Total (sum of lines 50-199)	13,876,995	1,041,082,938			200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			216,353		216,353	216,353	50
51	Recovery Room							51
52	Delivery Room & Labor Room			41,326		41,326	41,326	52
53	Anesthesiology							53
54	Radiology-Diagnostic			863,893		863,893	863,893	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy			31,602		31,602	31,602	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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			1,142,537		1,142,537	1,142,537	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			2,295,711		2,295,711	2,295,711	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	68,288,775	0.003168	0.003168					50
51	Recovery Room	8,183,482							51
52	Delivery Room & Labor Room	21,061,452	0.001962	0.001962					52
53	Anesthesiology	13,215,694							53
54	Radiology-Diagnostic	51,996,685	0.016614	0.016614					54
55	Radiology-Therapeutic	9,746,946							55
56	Radioisotope	10,291,947							56
57	CT Scan	64,929,981							57
58	MRI	25,166,292							58
59	Cardiac Catheterization	23,157,276							59
60	Laboratory	77,569,574							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	10,589,149							63
64	Intravenous Therapy	42,642,571							64
65	Respiratory Therapy	32,601,104	0.000969	0.000969					65
66	Physical Therapy	7,587,060							66
69	Electrocardiology	33,146,807							69
70	Electroencephalography	9,006,043							70
71	Medical Supplies Charged to Pat	174,082,214							71
72	Impl. Dev. Charged to Patients	88,911,599							72
73	Drugs Charged to Patients	171,144,321							73
74	Renal Dialysis	1,265,134							74
76	GI LAB	8,338,277							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	PAIN CENTER	10,873,915							90.01
90.02	ANTENATAL TEST CENTER	13,279,275							90.02
90.03	CHILD PSYCHIATRIC CLINIC	312,224							90.03
90.04	SPECIAL SURGICAL SERVICES	3,090,732							90.04
90.05	GENETIC SERVICES	368,291							90.05
91	Emergency	50,330,893	0.022701	0.022701					91
92	Observation Beds (Non-Distinct	9,905,225							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,041,082,938							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.360481							50
51	Recovery Room	0.257967							51
52	Delivery Room & Labor Room	0.357293							52
53	Anesthesiology	0.232974							53
54	Radiology-Diagnostic	0.150477							54
55	Radiology-Therapeutic	0.406903							55
56	Radioisotope	0.169322							56
57	CT Scan	0.028191							57
58	MRI	0.063143							58
59	Cardiac Catheterization	0.173235							59
60	Laboratory	0.173697							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
63	Blood Storing, Processing & Tra	0.162240							63
64	Intravenous Therapy	0.014811							64
65	Respiratory Therapy	0.174354							65
66	Physical Therapy	0.366254							66
69	Electrocardiology	0.112368							69
70	Electroencephalography	0.168791							70
71	Medical Supplies Charged to Pat	0.102958							71
72	Impl. Dev. Charged to Patients	0.231492							72
73	Drugs Charged to Patients	0.175124							73
74	Renal Dialysis	0.663009							74
76	GI LAB	0.221724							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	PAIN CENTER	0.163793							90.01
90.02	ANTENATAL TEST CENTER	0.131811							90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885							90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775							90.04
90.05	GENETIC SERVICES	1.563986							90.05
91	Emergency	0.304045							91
92	Observation Beds (Non-Distinct	0.693048							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	1.258958							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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	45,574	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,574	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)	39,144	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)	15,484	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)	48,655,568	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)	48,655,568	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)	48,655,568	37

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)						1,067.62	38
39	Program general inpatient routine service cost (line 9 x line 38)						16,531,028	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)						16,531,028	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
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	8,479,541	4,141	2,047.70	2,352	4,816,190		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
46.01	NEONATAL INTENSIVE CARE	11,963,013	14,321	835.35				46.01
46.02	PEDIATRIC INTENSIVE CARE	2,349,266	1,074	2,187.40				46.02
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						29,218,261	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						50,565,479	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,564,365	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,354,515	51
52	Total Program excludable cost (sum of lines 50 and 51)						3,918,880	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						46,646,599	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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)					6,430	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,067.62	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,864,797	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	3,348,357	48,655,568	0.068818	6,864,797	472,422	90
91	Nursing School						91
92	Allied Health	289,456	48,655,568	0.005949	6,864,797	40,839	92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	3,633	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,633	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)	3,633	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)	961	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)	3,477,078	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)	3,477,078	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)	3,477,078	37

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	957.08	38
39	Program general inpatient routine service cost (line 9 x line 38)	919,754	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)	919,754	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	144,385	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,064,139	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	61,648	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,355	51
52	Total Program excludable cost (sum of lines 50 and 51)	76,003	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	988,136	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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0239**

**WORKSHEET D-1  
PART I**

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 I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,574	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,574	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)	39,144	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)	9,107	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)	3,080	15
16	Nursery days (title V or XIX only)	1,920	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)	48,627,849	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)	48,627,849	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)	48,627,849	37

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,067.01	38	
39	Program general inpatient routine service cost (line 9 x line 38)					9,717,260	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)					9,717,260	41	
42	Nursery (Titles V and XIX only)	6,369,028	3,080	2,067.87	1,920	3,970,310	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	8,479,541	4,141	2,047.70	981	2,008,794	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.01	NEONATAL INTENSIVE CARE	11,963,013	14,321	835.35	1,505	1,257,202	46.01	
46.02	PEDIATRIC INTENSIVE CARE	2,349,266	1,074	2,187.40	319	697,781	46.02	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					17,651,347	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,208,002	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)					1,208,002	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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)					6,430	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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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  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)	3,633	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,633	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)	3,633	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)	427	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)	3,476,376	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)	3,476,376	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)	3,476,376	37

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	956.89	38
39	Program general inpatient routine service cost (line 9 x line 38)	408,592	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)	408,592	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)	408,592	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	27,392	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)	27,392	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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		18,217,250		30
31	Intensive Care Unit		6,148,081		31
34.01	NEONATAL INTENSIVE CARE				34.01
34.02	PEDIATRIC INTENSIVE CARE				34.02
40	Subprovider - IPF				40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.362363	10,711,660	3,881,509	50
51	Recovery Room	0.257967	1,417,883	365,767	51
52	Delivery Room & Labor Room	0.357293	115,183	41,154	52
53	Anesthesiology	0.232974	1,867,091	434,984	53
54	Radiology-Diagnostic	0.150477	9,159,231	1,378,254	54
55	Radiology-Therapeutic	0.406903	106,489	43,331	55
56	Radioisotope	0.169322	933,081	157,991	56
57	CT Scan	0.028191	9,087,448	256,184	57
58	MRI	0.063143	2,418,527	152,713	58
59	Cardiac Catheterization	0.173235	4,154,259	719,663	59
60	Laboratory	0.173697	16,264,750	2,825,138	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.162240	2,875,552	466,530	63
64	Intravenous Therapy	0.014811	2,132,647	31,587	64
65	Respiratory Therapy	0.174354	7,382,616	1,287,189	65
66	Physical Therapy	0.366254	2,441,035	894,039	66
69	Electrocardiology	0.112368	5,353,565	601,569	69
70	Electroencephalography	0.168791	364,624	61,545	70
71	Medical Supplies Charged to Patients	0.102958	38,110,469	3,923,778	71
72	Impl. Dev. Charged to Patients	0.231492	20,008,898	4,631,900	72
73	Drugs Charged to Patients	0.175124	27,183,743	4,760,526	73
74	Renal Dialysis	0.663009	709,883	470,659	74
76	GI LAB	0.221724	969,520	214,966	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	PAIN CENTER	0.163793	27,797	4,553	90.01
90.02	ANTENATAL TEST CENTER	0.131811	9,033	1,191	90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885			90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775	12,044	3,165	90.04
90.05	GENETIC SERVICES	1.563986			90.05
91	Emergency	0.304045	5,289,929	1,608,376	91
92	Observation Beds (Non-Distinct Part)	0.693048			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		169,106,957	29,218,261	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		169,106,957		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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 [XX] PPS  
 Applicable [XX] Title XVIII, Part A [XX] 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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		1,308,951		40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.362363			50
51	Recovery Room	0.257967			51
52	Delivery Room & Labor Room	0.357293			52
53	Anesthesiology	0.232974			53
54	Radiology-Diagnostic	0.150477	13,844	2,083	54
55	Radiology-Therapeutic	0.406903			55
56	Radioisotope	0.169322			56
57	CT Scan	0.028191	48,609	1,370	57
58	MRI	0.063143	8,144	514	58
59	Cardiac Catheterization	0.173235			59
60	Laboratory	0.173697	165,173	28,690	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.162240	1,206	196	63
64	Intravenous Therapy	0.014811			64
65	Respiratory Therapy	0.174354	8,893	1,551	65
66	Physical Therapy	0.366254	4,497	1,647	66
69	Electrocardiology	0.112368	13,805	1,551	69
70	Electroencephalography	0.168791	1,622	274	70
71	Medical Supplies Charged to Patients	0.102958	2,171	224	71
72	Impl. Dev. Charged to Patients	0.231492			72
73	Drugs Charged to Patients	0.175124	236,677	41,448	73
74	Renal Dialysis	0.663009			74
76	GI LAB	0.221724			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	PAIN CENTER	0.163793			90.01
90.02	ANTENATAL TEST CENTER	0.131811			90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885			90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775			90.04
90.05	GENETIC SERVICES	1.563986			90.05
91	Emergency	0.304045	213,247	64,837	91
92	Observation Beds (Non-Distinct Part)	0.693048			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		717,888	144,385	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		717,888		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.360481			50
51	Recovery Room	0.257967			51
52	Delivery Room & Labor Room	0.357293			52
53	Anesthesiology	0.232974			53
54	Radiology-Diagnostic	0.150477			54
55	Radiology-Therapeutic	0.406903			55
56	Radioisotope	0.169322			56
57	CT Scan	0.028191			57
58	MRI	0.063143			58
59	Cardiac Catheterization	0.173235			59
60	Laboratory	0.173697			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>				62.30
63	Blood Storing, Processing & Trans.	0.162240			63
64	Intravenous Therapy	0.014811			64
65	Respiratory Therapy	0.174354			65
66	Physical Therapy	0.366254			66
69	Electrocardiology	0.112368			69
70	Electroencephalography	0.168791			70
71	Medical Supplies Charged to Patients	0.102958			71
72	Impl. Dev. Charged to Patients	0.231492			72
73	Drugs Charged to Patients	0.175124			73
74	Renal Dialysis	0.663009			74
76	GI LAB	0.221724			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	PAIN CENTER	0.163793			90.01
90.02	ANTENATAL TEST CENTER	0.131811			90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885			90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775			90.04
90.05	GENETIC SERVICES	1.563986			90.05
91	Emergency	0.304045			91
92	Observation Beds (Non-Distinct Part)	0.693048			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.360481			50
51	Recovery Room	0.257967			51
52	Delivery Room & Labor Room	0.357293			52
53	Anesthesiology	0.232974			53
54	Radiology-Diagnostic	0.150477			54
55	Radiology-Therapeutic	0.406903			55
56	Radioisotope	0.169322			56
57	CT Scan	0.028191			57
58	MRI	0.063143			58
59	Cardiac Catheterization	0.173235			59
60	Laboratory	0.173697			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.162240			63
64	Intravenous Therapy	0.014811			64
65	Respiratory Therapy	0.174354			65
66	Physical Therapy	0.366254			66
69	Electrocardiology	0.112368			69
70	Electroencephalography	0.168791			70
71	Medical Supplies Charged to Patients	0.102958			71
72	Impl. Dev. Charged to Patients	0.231492			72
73	Drugs Charged to Patients	0.175124			73
74	Renal Dialysis	0.663009			74
76	GI LAB	0.221724			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	PAIN CENTER	0.163793			90.01
90.02	ANTENATAL TEST CENTER	0.131811			90.02
90.03	CHILD PSYCHIATRIC CLINIC	2.061885			90.03
90.04	SPECIAL SURGICAL SERVICES	0.262775			90.04
90.05	GENETIC SERVICES	1.563986			90.05
91	Emergency	0.304045			91
92	Observation Beds (Non-Distinct Part)	0.693048			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	9,278,586			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	26,783,906			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)	2,870,910			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	13,645,853			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	296.84			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	0.35			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)	0.35			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	0.50			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	0.35			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	0.12			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	0.12			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.000404			19
20	Prior year resident to bed ratio (see instructions)	0.348000			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.000404			21
22	IME payment adjustment (see instructions)	7,970			22
22.01	IME payment adjustment - Managed Care (see instructions)	3,016			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	0.15			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)	7,970			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	3,016			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0516			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4151			31
32	Sum of lines 30 and 31	0.4667			32
33	Allowable disproportionate share percentage (see instructions)	0.2772			33
34	Disproportionate share adjustment (see instructions)	2,499,131			34
		<b>Prior to</b>		<b>On or after</b>	
	<b>Uncompensated Care Adjustment</b>	<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
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)	3,891,358		3,782,557	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	978,155		2,829,145	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,807,300			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
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
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	45,247,803			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)	45,250,819			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,385,803			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)	3,820			52
53	Nursing and allied health managed care payment	146,759			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).	113,893			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	313,573			58
59	Total (sum of amounts on lines 49 through 58)	49,215,703			59
60	Primary payer payments	45,194			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,170,509			61
62	Deductibles billed to program beneficiaries	3,522,932			62
63	Coinsurance billed to program beneficiaries	130,361			63
64	Allowable bad debts (see instructions)	915,980			64
65	Adjusted reimbursable bad debts (see instructions)	595,387			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	747,342			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,112,603			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)	-261,814			70.93
70.94	HRR adjustment amount (see instructions)	-399,148			70.94
70.99	HAC adjustment amount (see instructions)	353,431			70.99
71	Amount due provider (see instructions)	45,098,210			71
71.01	Sequestration adjustment (see instructions)	901,964			71.01
72	Interim payments	43,592,572			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	603,674			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	3,816,245			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**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**

**EXHIBIT 5**

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	9,278,586	9,278,586			9,278,586	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	26,783,906		26,783,906		26,783,906	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	2,870,910	983,343	1,887,567		2,870,910	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	13,645,853	3,002,849	10,643,004		13,645,853	4
	<b>Indirect Medical Education Adjustment</b>						
5	Amount from Worksheet E Part A, line 21	0.000404	0.000404	0.000404			5
6	IME payment adjustment	7,970	2,051	5,919		7,970	6
6.01	IME payment adjustment for managed care	3,016	664	2,352		3,016	6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	7,970	2,051	5,919		7,970	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	3,016	664	2,352		3,016	9.01
	<b>Disproportionate Share Adjustment</b>						
10	Allowable disproportionate share percentage	0.2772	0.2772	0.2772	0.2772		10
11	Disproportionate share adjustment	2,499,131	643,006	1,856,125		2,499,131	11
11.01	Uncompensated care payments	3,807,300	978,155	2,829,145		3,807,300	11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12	Total ESRD additional payment						12
13	Subtotal	45,247,803	11,885,141	33,362,662		45,247,803	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	45,250,819	11,885,805	33,365,014		45,250,819	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,385,803	873,974	2,511,829		3,385,803	16
17	Special add-on payments for new technologies	1,036		1,036		1,036	17
	<b>DO NOT USE THIS LINE</b>						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	<b>SUBTOTAL</b>		12,759,779	35,877,879		48,637,658	19
20	Capital DRG other than outlier	2,912,174	743,656	2,168,518		2,912,174	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	184,451	56,473	127,978		184,451	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	0.0200	0.0200	0.0200			22
23	Indirect medical education adjustment	582	149	433		582	23
24	Allowable disproportionate share percentage	0.0991	0.0991	0.0991			24
25	Disproportionate share adjustment	288,596	73,696	214,900		288,596	25
26	Total prospective capital payments	3,385,803	873,974	2,511,829		3,385,803	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-261,814	-53,824	-207,990		-261,814	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-399,148	-72,372	-326,776		-399,148	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			353,431		353,431	32

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	26,662			1
2	Medical and other services reimbursed under OPPTS (see instructions)	21,975,926			2
3	PPS payments	20,210,459			3
4	Outlier payment (see instructions)	353,261			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	272,014			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	26,662			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	152,318			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)	152,318			14
	<b>CUSTOMARY CHARGES</b>				
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)	152,318			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	125,656			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)	26,662			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)	20,835,734			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,786,008			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)	17,076,388			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,649			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	17,078,037			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	17,078,037			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	717,643			34
35	Adjusted reimbursable bad debts (see instructions)	466,468			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	549,862			36
37	Subtotal (see instructions)	17,544,505			37
38	MSP-LCC reconciliation amount from PS&R	3,632			38
39	Other adjustments (FORMULA DRIVEN OVERPAYMENT EST)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	17,540,873			40
40.01	Sequestration adjustment (see instructions)	350,817			40.01
41	Interim payments	17,188,711			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	1,345			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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	52			2
3	PPS payments	60			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	6			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				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)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	66			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	12			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)	54			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)	54			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	54			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	54			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)	54			40
40.01	Sequestration adjustment (see instructions)	1			40.01
41	Interim payments	47			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	6			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 <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		43,661,472		17,253,311	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)						
						3.01	
						3.02	
		Program				3.03	
		to				3.04	
		Provider				3.05	
						3.06	
						3.07	
						3.08	
						3.09	
						3.10	
			12/21/2016	68,900	12/21/2016	64,600	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)		-68,900		-64,600	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)		43,592,572		17,188,711	4	
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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)					5.99	
6	Determined net settlement amount (balance due) based on the cost report (1)		603,674		1,345	6.01	
						6.02	
7	Total Medicare program liability (see instructions)		44,196,246		17,190,056	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**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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		717,430		47
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)	Program	.01		
		to	.02		
		Provider	.03		
			.04		
			.05		
			.06		
			.07		
			.08		
			.09		
			.10		
			.50		
			.51		
		Provider	.52		
		to	.53		
		Program	.54		
			.55		
			.56		
			.57		
			.58		
			.59		
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.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)		717,430		47
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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)	Program	.01		
		to	.02		
		Provider	.03		
			.04		
			.05		
			.06		
			.07		
			.08		
			.09		
			.10		
			.50		
			.51		
		Provider	.52		
		to	.53		
		Program	.54		
			.55		
			.56		
			.57		
			.58		
			.59		
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99		
6	Determined net settlement amount (balance due) based on the cost report (1)		.01	10,834	6
			.02		
7	Total Medicare program liability (see instructions)			728,264	53
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(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**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	12,257	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	17,836	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,235	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	58,680	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,173,029,826	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	1,499,736	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)	433,453	8
9	Sequestration adjustment amount (see instructions)	8,669	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	424,784	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH**

30	Initial/interim HIT payment(s)	477,945	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-53,161	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**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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)	802,952	1
2	Net IPF PPS Outlier payment	47,777	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)	9.953425	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)	850,729	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)	850,729	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	850,729	18
19	Deductibles	102,872	19
20	Subtotal (line 18 minus line 19)	747,857	20
21	Coinsurance	15,778	21
22	Subtotal (line 20 minus line 21)	732,079	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)	732,079	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)	11,048	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)	743,127	31
31.01	Sequestration adjustment (see instructions)	14,863	31.01
32	Interim payments	717,430	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	10,834	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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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check [ ] Title V  
 Applicable [XX] Title XVIII  
 Box: [ ] Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			0.35	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			0.35	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.50	6
7	Enter the lesser of line 5 or line 6			0.35	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.50	0.00	0.50	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.35	0.00	0.35	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	0.35	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.12	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	0.12	0.00		17
18	Per resident amount	122,064.40	116,012.81		18
19	Approved amount for resident costs	14,648		14,648	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			0.15	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			14,648	25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	18,797	6,539		26
27	Total inpatient days (see instructions)	65,393	65,393		27
28	Ratio of inpatient days to total inpatient days	0.287447	0.099995		28
29	Program direct GME amount	4,211	1,465		29
30	Reduction for direct GME payments for Medicare Advantage		207		30
31	Net Program direct GME amount			5,469	31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,265,134	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)			51,629,618	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			45,194	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			51,584,424	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			22,274,660	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			22,274,660	44
45	Total reasonable cost (sum of lines 41 and 44)			73,859,084	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.698417	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.301583	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			5,469	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,820	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,649	50

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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	12,339	13,873		26
27	Total inpatient days (see instructions)	65,393	65,393		27
28	Ratio of inpatient days to total inpatient days	0.188690	0.212148		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>				
	<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
	<b>Part B Reasonable Cost</b>				
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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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	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	47,662,070				1
2	Temporary investments					2
3	Notes receivable	37,540				3
4	Accounts receivable	64,309,800				4
5	Other receivables	9,688,912				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	9,534,916				7
8	Prepaid expenses	4,107,104				8
9	Other current assets	8,000,000				9
10	Due from other funds	936,338				10
11	Total current assets (sum of lines 1-10)	144,276,680				11
<b>FIXED ASSETS</b>						
12	Land	8,437,914				12
13	Land improvements	7,886,613				13
14	Accumulated depreciation	-6,784,807				14
15	Buildings	56,624,062				15
16	Accumulated depreciation	-42,794,747				16
17	Leasehold improvements	109,599,599				17
18	Accumulated depreciation					18
19	Fixed equipment	138,535,550				19
20	Accumulated depreciation	-100,391,341				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	164,591,269				23
24	Accumulated depreciation	-123,946,901				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)	211,757,211				30
<b>OTHER ASSETS</b>						
31	Investments	485,508,468				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	20,302,491				34
35	Total other assets (sum of lines 31-34)	505,810,959				35
36	Total assets (sum of lines 11, 30 and 35)	861,844,850				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	24,473,936				37
38	Salaries, wages and fees payable	30,840,783				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	11,575,551				44
45	Total current liabilities (sum of lines 37 thru 44)	66,890,270				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	461,125,732				47
48	Unsecured loans					48
49	Other long term liabilities	116,713,308				49
50	Total long term liabilities (sum of lines 46 thru 49)	577,839,040				50
51	Total liabilities (sum of lines 45 and 50)	644,729,310				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	217,115,540				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)	217,115,540				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	861,844,850				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		166,675,770		1
2	Net income (loss) (from Worksheet G-3, line 29)		86,293,257		2
3	Total (sum of line 1 and line 2)		252,969,027		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)		252,969,027		11
12	Deductions (debit adjustments) (specify)				12
13	TRANFERS	35,853,487			13
14					14
15					15
16	OTHER				16
17					17
18	Total deductions (sum of lines 12-17)		35,853,487		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		217,115,540		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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	61,539,226		61,539,226	1
2	Subprovider IPF	4,937,509		4,937,509	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)	66,476,735		66,476,735	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	18,552,854		18,552,854	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.01	NEONATAL INTENSIVE CARE	79,266,045		79,266,045	14.01
14.02	PEDIATRIC INTENSIVE CARE	5,216,299		5,216,299	14.02
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	103,035,198		103,035,198	16
17	Total inpatient routine care services (sum of lines 10 and 16)	169,511,933		169,511,933	17
18	Ancillary services	470,193,515		470,193,515	18
19	Outpatient services		533,355,786	533,355,786	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PROF REVENUE		27,811	27,811	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	639,705,448	533,383,597	1,173,089,045	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		331,720,077	29
30	Add (specify)			30
31	BAD DEBTS	17,211,073		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		17,211,073	36
37	Deduct (specify)			37
38	PHYSICIAN PRACTICE REVENUE			38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		348,931,150	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)	1,173,089,045	1
2	Less contractual allowances and discounts on patients' accounts	771,780,306	2
3	Net patient revenues (line 1 minus line 2)	401,308,739	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	348,931,150	4
5	Net income from service to patients (line 3 minus line 4)	52,377,589	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)	33,915,668	24
24.01	Other (OTHER NON-OPERATING INCOME)		24.01
24.02	Other (PROVIDER TAX)		24.02
25	Total other income (sum of lines 6-24)	33,915,668	25
26	Total (line 5 plus line 25)	86,293,257	26
29	Net income (or loss) for the period (line 26 minus line 28)	86,293,257	29

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0239**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,912,174	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	184,451	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	169.21	3
4	Number of interns & residents (see instructions)	0.12	4
5	Indirect medical education percentage (see instructions)	0.02	5
6	Indirect medical education adjustment (see instructions)	582	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0516	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4151	8
9	Sum of lines 7 and 8	0.4667	9
10	Allowable disproportionate share percentage (see instructions)	0.0991	10
11	Disproportionate share adjustment (see instructions)	288,596	11
12	Total prospective capital payments (see instructions)	3,385,803	12

**PART II - PAYMENT UNDER REASONABLE COST**

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

**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	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
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
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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
	<b>ANCILLARY SERVICE COST CENTERS</b>						
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
64	Intravenous Therapy						64
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						

**KPMG LLP Compu-Max 2552-10**

ROCKFORD MEMORIAL HOSPITAL Provider CCN: 14-0239	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 07:39 Version: 2017.10 (11/19/2017)
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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
193.01	BELOIT HEART STANDBY							193.01
194	GUEST CENTER							194
194.01	OTHER NONREIMBURSEABLE COST CENTER							194.01
194.02	COMMUNITY SERVICES							194.02
194.04	AUXILIARY							194.04
194.08	DIALYSIS RENTED SPACE							194.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202