

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/18/2019 11:29 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/18/2019	Time: 11:29 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ 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 CHIEF FINANCIAL 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 SWEDISHAMERICAN HOSPITAL (14-0228) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-226,681	-389,734	0	0	1.00
2.00	Subprovider - IPF	0	-49,835	2,600		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-276,516	-387,134	0	0	200.00

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 and review the 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 the 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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0228		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/18/2019 11:29 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1401 EAST STATE ST.			PO Box:				1.00		
2.00	City: ROCKFORD			State: IL		Zip Code: 61104		County: WINNEBAGO		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		SWEDISHAMERICAN HOSPITAL	140228	40420	1	06/30/1966	O	P	O
4.00	Subprovider - IPF		SWEDISHAMERICAN HOSPITAL PSYCH UNIT	14S228	40420	4	05/31/1986	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		SWEDISHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, 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 Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
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			
22.02	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			
22.03	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		
23.00	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.					1	Y			

Worksheet S-2
Part I
Date/Time Prepared:

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/18/2019 11:29 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	2		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1		60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.20	1		60.03
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
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 base line 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
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	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)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/18/2019 11:29 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
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.							
64.00	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)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. 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)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	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)		0.00	1.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. 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)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	5.33	13.77	0.279058	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/18/2019 11:29 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	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		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	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		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	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		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "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.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/18/2019 11:29 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	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 no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	
						1.00	
						2.00	
						3.00	
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	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.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	188,156		0		1,317,197	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? 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					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	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					140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/18/2019 11:29 am

1.00		2.00		3.00			
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.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	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.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "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.					146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multicampus							
165.00	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	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	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)					0	168.00
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
169.00	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)					9.99	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2018	06/30/2019	170.00	
				1.00	2.00		
171.00	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 yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N	0	171.00	

		Y/N	Date	
		1.00	2.00	
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				
Provider Organization and Operation				
1.00	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		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	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		2.00
3.00	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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	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.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/11/2019	17.00
18.00	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 this cost report? If yes, see instructions.	N		18.00
19.00	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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/18/2019 11:29 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	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.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTI	DEWANE		41.00
42.00	Enter the employer/company name of the cost report preparer.	SWEDISHAMERICAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-4009	PDEWANE@SWEDISHAMERICAN.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/18/2019 11:29 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CFO, COMPLIANCE OFFICER & TREASURER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 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)	30.00	263	95,995	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		263	95,995	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		293	106,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		313				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	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)	15,742	1,079	44,357			1.00
2.00	HMO and other (see instructions)	8,936	9,896				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,742	1,079	44,357			7.00
8.00	INTENSIVE CARE UNIT	1,820	205	5,601			8.00
8.01	PEDIATRIC ICU	0	0	0			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,206	4,336			13.00
14.00	Total (see instructions)	17,562	3,490	54,294	19.10	2,185.93	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	906	1,995	5,050	0.00	85.03	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	9,190	0	25,777	0.00	44.77	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				19.10	2,315.73	27.00
28.00	Observation Bed Days		2,307	9,961			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	193	669			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 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)		0	3,768	1,142	13,441	1.00
2.00 HMO and other (see instructions)			1,737	2,354		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 PEDIATRIC ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,768	1,142	13,441	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	152	98	1,016	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/18/2019 11:29 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	224,578,478	-146,711	224,431,767	6,046,615.02	37.12	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		337,957	0	337,957	2,727.75	123.90	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		2,879,338	0	2,879,338	50,107.20	57.46	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		58,270,993	-932,609	57,338,384	1,306,324.64	43.89	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		630,772	0	630,772	9,334.75	67.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,103,590	0	1,103,590	9,255.46	119.24	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		49,321,829	0	49,321,829			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		14,347,217	0	14,347,217			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		33,739	0	33,739			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		598,911	0	598,911			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,409,949	-2,405	2,407,544	58,663.92	41.04	26.00
27.00	Administrative & General	5.00	35,092,014	-325,970	34,766,044	970,157.74	35.84	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/18/2019 11:29 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	1,822,451	0	1,822,451	10,128.25	179.94	28.00
29.00	Maintenance & Repairs	528,324	506,334	1,034,658	45,570.97	22.70	29.00
30.00	Operation of Plant	1,183,398	-10,464	1,172,934	32,653.90	35.92	30.00
31.00	Laundry & Linen Service	73,114	-1,766	71,348	5,650.87	12.63	31.00
32.00	Housekeeping	2,547,726	-6,951	2,540,775	175,277.26	14.50	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,427,441	-11,245	2,416,196	157,853.00	15.31	34.00
35.00	Dietary under contract (see instructions)	614,990	0	614,990	8,320.00	73.92	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,670,508	0	1,670,508	32,646.80	51.17	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	6,054,664	0	6,054,664	133,994.10	45.19	40.00
41.00	Medical Records & Medical Records Library	1,427,301	-5,063	1,422,238	65,533.51	21.70	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/18/2019 11:29 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	224,136,581	-146,711	223,989,870	6,014,956.07	37.24	1.00
2.00	Excluded area salaries (see instructions)	58,270,993	-932,609	57,338,384	1,306,324.64	43.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	165,865,588	785,898	166,651,486	4,708,631.43	35.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,734,362	0	1,734,362	18,590.21	93.29	4.00
5.00	Subtotal wage-related costs (see inst.)	49,355,568	0	49,355,568	0.00	29.62	5.00
6.00	Total (sum of lines 3 thru 5)	216,955,518	785,898	217,741,416	4,727,221.64	46.06	6.00
7.00	Total overhead cost (see instructions)	55,851,880	142,470	55,994,350	1,696,450.32	33.01	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/18/2019 11:29 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		9,389,801	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		2,132,849	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		32,427,555	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		503,687	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,624,031	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,135,478	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		14,511,054	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		129,632	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		1,076,310	22.00
23.00	Tuition Reimbursement		1,371,298	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		64,301,695	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	630,772	64,301,695	1.00
2.00	Hospital	630,772	63,781,757	2.00
3.00	Subprovider - IPF	0	232,336	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	287,602	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0228 Component CCN: 14-7448		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/18/2019 11:29 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County	WINNEBAGO				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,079	339	1,732	3,150	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	478.00	150.00	767.00	1,395.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.97	0.00	0.97	4.00
5.00	Other Administrative Personnel			21.11	0.00	21.11	5.00
6.00	Direct Nursing Service			12.69	0.00	12.69	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.41	0.00	5.41	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.05	0.00	2.05	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.51	0.00	1.51	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
20.01		20994					20.01
20.02		40420					20.02
20.03		99914					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,102	965	120	23	4,210	21.00
22.00	Skilled Nursing Visit Charges	611,846	187,940	24,555	4,730	829,071	22.00
23.00	Physical Therapy Visits	3,056	299	41	60	3,456	23.00
24.00	Physical Therapy Visit Charges	600,850	57,040	9,140	11,850	678,880	24.00
25.00	Occupational Therapy Visits	758	112	1	25	896	25.00
26.00	Occupational Therapy Visit Charges	144,615	21,350	190	4,750	170,905	26.00
27.00	Speech Pathology Visits	11	0	0	0	11	27.00
28.00	Speech Pathology Visit Charges	2,160	0	0	0	2,160	28.00
29.00	Medical Social Service Visits	56	17	1	2	76	29.00
30.00	Medical Social Service Visit Charges	12,600	3,825	225	450	17,100	30.00
31.00	Home Health Aide Visits	403	135	1	2	541	31.00
32.00	Home Health Aide Visit Charges	45,248	15,120	112	224	60,704	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,386	1,528	164	112	9,190	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,417,319	285,275	34,222	22,004	1,758,820	35.00
36.00	Total Number of Episodes (standard/non outlier)	515		62	10	587	36.00
37.00	Total Number of Outlier Episodes		48		0	48	37.00
38.00	Total Non-Routine Medical Supply Charges	312,797	294,839	10,531	537	618,704	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-10

Date/Time Prepared:
11/18/2019 11:29 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.139956	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		43,431,378	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		28,040,596	5.00
6.00	Medicaid charges		447,300,257	6.00
7.00	Medicaid cost (line 1 times line 6)		62,602,355	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,517,829	5,532,385	17,050,214
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,611,989	5,532,385	7,144,374
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,611,989	5,532,385	7,144,374
		1.00	2.00	3.00
24.00	Does the amount on 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	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		54,428,095	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,303,499	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,005,383	27.01
28.00	Non-Medicare bad debt expense (see instructions)		52,422,712	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		8,038,757	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		15,183,131	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,183,131	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:

11/18/2019 11:29 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,337,131	9,337,131	0	9,337,131	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,166,730	14,166,730	4,084,449	18,251,179	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,409,949	2,708,133	5,118,082	-4,188	5,113,894	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,092,014	59,786,824	94,878,838	-5,321,974	89,556,864	5.00
6.00	00600	MAINTENANCE & REPAIRS	528,324	1,159,678	1,688,002	840,988	2,528,990	6.00
7.00	00700	OPERATION OF PLANT	1,183,398	3,764,519	4,947,917	-10,381	4,937,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73,114	1,423,507	1,496,621	-93,078	1,403,543	8.00
9.00	00900	HOUSEKEEPING	2,547,726	1,516,003	4,063,729	-156	4,063,573	9.00
10.00	01000	DIETARY	2,427,441	2,962,881	5,390,322	-63,977	5,326,345	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,670,508	732,030	2,402,538	-345	2,402,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,433,300	2,433,300	-1,871,522	561,778	14.00
15.00	01500	PHARMACY	6,054,664	12,583,952	18,638,616	-10,014,218	8,624,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,427,301	1,115,358	2,542,659	0	2,542,659	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,900,570	4,900,570	-54	4,900,516	22.00
23.00	02300	PARAMED ED PRGM	136,022	46,857	182,879	0	182,879	23.00
23.01	02304	PHARMACY RESIDENCY	86,414	44,146	130,560	0	130,560	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	618,936	741,715	1,360,651	-25,871	1,334,780	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,096,574	13,823,143	36,919,717	-358,120	36,561,597	30.00
31.00	03100	INTENSIVE CARE UNIT	4,982,365	3,559,134	8,541,499	-97,811	8,443,688	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,119,486	1,177,732	4,297,218	-1,550,328	2,746,890	40.00
43.00	04300	NURSERY	2,526,643	1,087,570	3,614,213	1,335,959	4,950,172	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,359,817	37,086,439	47,446,256	-21,493,696	25,952,560	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	816,716	1,233,269	2,049,985	-721,290	1,328,695	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,592,902	1,193,865	3,786,767	177,553	3,964,320	52.00
53.00	05300	ANESTHESIOLOGY	100,962	398,014	498,976	2,157,139	2,656,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,140,130	15,090,941	24,231,071	-7,927,278	16,303,793	54.00
54.10	03480	ONCOLOGY	10,404,442	27,117,145	37,521,587	-18,472,413	19,049,174	54.10
54.20	05401	CT	787,757	1,473,434	2,261,191	-166,809	2,094,382	54.20
54.30	05402	MRI	657,068	1,173,499	1,830,567	-27,959	1,802,608	54.30
60.00	06000	LABORATORY	4,942,234	10,019,893	14,962,127	-474,321	14,487,806	60.00
60.01	06001	BLOOD	242,012	945,088	1,187,100	-15,552	1,171,548	60.01
65.00	06500	RESPIRATORY THERAPY	2,742,765	1,684,330	4,427,095	-372,800	4,054,295	65.00
66.00	06600	PHYSICAL THERAPY	4,497,907	2,236,843	6,734,750	-8,505	6,726,245	66.00
69.00	06900	ELECTROCARDIOLOGY	1,058,197	959,308	2,017,505	-55,655	1,961,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158,484	131,474	289,958	-1,195	288,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,971,631	27,971,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,616,300	2,616,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,206,555	13,214,361	14,420,916	28,052,057	42,472,973	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	480,534	538,691	1,019,225	-3,669	1,015,556	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	41,302	41,302	75.10
75.20	03951	HEMODIALYSIS	0	849,641	849,641	-32,395	817,246	75.20
76.97	07697	CARDIAC REHABILITATION	562,249	465,536	1,027,785	-3,084	1,024,701	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,113,071	1,689,163	2,802,234	-609,630	2,192,604	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	419,186	204,320	623,506	21,752	645,258	90.02
90.03	09003	STATELINE CLINIC	446,304	548,721	995,025	-697	994,328	90.03
90.04	09004	ORTHOPEDICS CLINIC	3,518,810	1,302,693	4,821,503	-22,544	4,798,959	90.04
90.05	09005	PULMONOLOGY CLINIC	2,628,568	1,368,655	3,997,223	-7,192	3,990,031	90.05
90.06	09006	CVT CLINIC	415,370	1,635,679	2,051,049	-3,192	2,047,857	90.06
90.07	09007	MWH CLINIC	6,189,154	1,515,804	7,704,958	-6,845	7,698,113	90.07
90.08	09008	NEUROSURGERY CLINIC	2,025,150	549,311	2,574,461	-381	2,574,080	90.08
90.09	09009	HEADACHE CLINIC	890,277	1,261,556	2,151,833	-37	2,151,796	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	2,694,756	2,263,818	4,958,574	-48,006	4,910,568	90.10
90.11	09011	MFM CLINIC	1,171,830	314,888	1,486,718	-35	1,486,683	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	870,831	2,443,329	3,314,160	-16,253	3,297,907	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	686,748	199,681	886,429	-392	886,037	90.13
91.00	09100	EMERGENCY	8,466,678	7,764,086	16,230,764	-111,470	16,119,294	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	484,630	484,630	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	3,748,165	1,933,282	5,681,447	-106,140	5,575,307	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,016,508	279,877,670	453,894,178	-2,337,698	451,556,480	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,716	8,974	29,690	0	29,690	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	48,206,919	29,276,277	77,483,196	-52,687	77,430,509	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-11,593	-11,593	0	-11,593	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	384,440	558,632	943,072	-438	942,634	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	2,454,526	2,454,526	193.80
193.90	19308	COMPLIMENTARY MEDICINE	984,660	728,799	1,713,459	-156	1,713,303	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	965,235	887,852	1,853,087	-63,547	1,789,540	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	224,578,478	311,326,611	535,905,089	0	535,905,089	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-967,716	8,369,415	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,520,716	19,771,895	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,085,202	4,028,692	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-28,454,111	61,102,753	5.00
6.00	00600	MAINTENANCE & REPAIRS	-10,187	2,518,803	6.00
7.00	00700	OPERATION OF PLANT	-3,672	4,933,864	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,866	1,397,677	8.00
9.00	00900	HOUSEKEEPING	0	4,063,573	9.00
10.00	01000	DIETARY	-1,602,436	3,723,909	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-16	2,402,177	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	561,778	14.00
15.00	01500	PHARMACY	-312	8,624,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,566	2,533,093	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-245,363	4,655,153	22.00
23.00	02300	PARAMED ED PRGM	-2,400	180,479	23.00
23.01	02304	PHARMACY RESIDENCY	0	130,560	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-152,677	1,182,103	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,430,343	32,131,254	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,162,061	7,281,627	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	-68	2,746,822	40.00
43.00	04300	NURSERY	-83,391	4,866,781	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,986,362	18,966,198	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	-9,808	1,318,887	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,964,320	52.00
53.00	05300	ANESTHESIOLOGY	-144,144	2,511,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-318,166	15,985,627	54.00
54.10	03480	ONCOLOGY	-2,305,578	16,743,596	54.10
54.20	05401	CT	-9,650	2,084,732	54.20
54.30	05402	MRI	-1,350	1,801,258	54.30
60.00	06000	LABORATORY	-60,705	14,427,101	60.00
60.01	06001	BLOOD	0	1,171,548	60.01
65.00	06500	RESPIRATORY THERAPY	0	4,054,295	65.00
66.00	06600	PHYSICAL THERAPY	-49,929	6,676,316	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,961,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-47,865	240,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,971,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,616,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-22,240,933	20,232,040	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	-23,362	992,194	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	41,302	75.10
75.20	03951	HEMODIALYSIS	0	817,246	75.20
76.97	07697	CARDIAC REHABILITATION	-40,341	984,360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-322,971	1,869,633	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	-1,278	643,980	90.02
90.03	09003	STATELINE CLINIC	0	994,328	90.03
90.04	09004	ORTHOPEDICS CLINIC	-2,374,934	2,424,025	90.04
90.05	09005	PULMONOLOGY CLINIC	-1,851,778	2,138,253	90.05
90.06	09006	CVT CLINIC	-1,842,465	205,392	90.06
90.07	09007	MWH CLINIC	-4,213,631	3,484,482	90.07
90.08	09008	NEUROSURGERY CLINIC	-787,750	1,786,330	90.08
90.09	09009	HEADACHE CLINIC	-619,282	1,532,514	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	-4,004,536	906,032	90.10
90.11	09011	MFM CLINIC	-1,292,015	194,668	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	-1,864,017	1,433,890	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	-749,839	136,198	90.13
91.00	09100	EMERGENCY	-478,350	15,640,944	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	484,630	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			92.00
101.00	10100	HOME HEALTH AGENCY	115,121	5,690,428	101.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-89,220,589	362,335,891	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,690	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	-149,061	77,281,448	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-11,593	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	23,861	966,495	193.60
193.70	19306	WOMENS CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,454,526	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,713,303	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	40,868	1,830,408	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-89,304,921	446,600,168	200.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/18/2019 11:29 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	841,342		1.00
	0		0	841,342		
	B - CHARGABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,971,631		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	0		0	27,971,631		
	C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,052,057		1.00
2.00		0.00	0	0		2.00
	0		0	28,052,057		
	D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	10,347		1.00
	0		0	10,347		
	E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,577		1.00
	0		0	25,577		
	F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	2,157,139		1.00
	0		0	2,157,139		
	G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,084,449		1.00
2.00	NURSERY	43.00	0	639		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/18/2019 11:29 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	0		0	4,085,088		
	H - PSYCHIATRIC					
1.00	ADULTS & PEDIATRICS	30.00	772,044	290,843		1.00
2.00	PSYCHIATRIC PARTIAL	91.10	352,018	132,612		2.00
	0		1,124,062	423,455		
	I - NURSERY					
1.00	NURSERY	43.00	903,024	398,581		1.00
	0		903,024	398,581		
	J - NUTRITIONAL SUPPORT					
1.00	NUTRITIONAL SUPPORT	75.10	0	41,302		1.00
	0		0	41,302		
	K - MARKETING					
1.00	MARKETING EXPENSES	193.80	346,658	2,107,868		1.00
	0		346,658	2,107,868		
	M - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	506,334	0		1.00
	0		506,334	0		
	N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,616,300		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	2,616,300		
	O - EQUIPMENT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,207,140		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	271,259		2.00
3.00	SUBPROVIDER - IPF	40.00	0	1,012		3.00
4.00	NURSERY	43.00	0	506		4.00
5.00	OPERATING ROOM	50.00	0	77,335		5.00
6.00	GASTRO INTESTINAL SERVICES	50.20	0	14,251		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43,579		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,007		8.00
9.00	PHYSICAL THERAPY	66.00	0	5		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	6,048		10.00
11.00	EMERGENCY	91.00	0	33,658		11.00
	0		0	1,696,800		
	P - SHORT TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,405		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	71,093		2.00
3.00	OPERATION OF PLANT	7.00	0	10,464		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,766		4.00
5.00	HOUSEKEEPING	9.00	0	6,951		5.00
6.00	DIETARY	10.00	0	11,245		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,063		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	100,820		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	13,712		9.00
10.00	SUBPROVIDER - IPF	40.00	0	5,746		10.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/18/2019 11:29 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
11.00 NURSERY	43.00	0	10,369		11.00
12.00 OPERATING ROOM	50.00	0	6,094		12.00
13.00 DELIVERY ROOM & LABOR ROOM	52.00	0	13,620		13.00
14.00 ANESTHESIOLOGY	53.00	0	1,296		14.00
15.00 RADIOLOGY-DIAGNOSTIC	54.00	0	36,757		15.00
16.00 ONCOLOGY	54.10	0	23,016		16.00
17.00 CT	54.20	0	5,059		17.00
18.00 LABORATORY	60.00	0	22,443		18.00
19.00 RESPIRATORY THERAPY	65.00	0	5,005		19.00
20.00 PHYSICAL THERAPY	66.00	0	18,308		20.00
21.00 ELECTROCARDIOLOGY	69.00	0	10,373		21.00
22.00 DRUGS CHARGED TO PATIENTS	73.00	0	6,217		22.00
23.00 STATELINE CLINIC	90.03	0	4,974		23.00
24.00 PULMONOLOGY CLINIC	90.05	0	32,051		24.00
25.00 CVT CLINIC	90.06	0	5,056		25.00
26.00 MWH CLINIC	90.07	0	19,747		26.00
27.00 NEUROSURGERY CLINIC	90.08	0	5,267		27.00
28.00 HEADACHE CLINIC	90.09	0	5,334		28.00
29.00 UW GENERAL SURGERY CLINIC	90.10	0	1,499		29.00
30.00 ROCKFORD VASCULAR CENTER CLINIC	90.12	0	1,506		30.00
31.00 EMERGENCY	91.00	0	40,330		31.00
32.00 SPECIALISTS/PCPS	192.01	0	146,974		32.00
33.00 NON-MEDICARE HOME HEALTH SERVICES	194.00	0	2,485		33.00
0		0	653,045		
Q - PHLEBOTOMY					
1.00 EMERGENCY	91.00	98,295	65,148		1.00
0		98,295	65,148		
R - AMBULATORY SERVICES					
1.00 ADMINISTRATIVE & GENERAL	5.00	91,781	0		1.00
2.00 DIABETES CLINIC	90.02	21,848	0		2.00
0		113,629	0		
S - WOMENS HEALTH					
1.00 NURSERY	43.00	69,013	0		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	145,933	0		2.00
0		214,946	0		
500.00 Grand Total: Increases		3,306,948	71,145,680		500.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/18/2019 11:29 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MEDICAL MAINTENANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	841,342	0		1.00
	0		0	841,342			
	B - CHARGABLE MED SUPPLIES						
1.00	DIETARY	10.00	0	150	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	111	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	174,644	0		3.00
4.00	PHARMACY	15.00	0	83,009	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,009,764	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	293,476	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	1,243	0		7.00
8.00	NURSERY	43.00	0	35,804	0		8.00
9.00	OPERATING ROOM	50.00	0	18,548,412	0		9.00
10.00	GASTRO INTESTINAL SERVICES	50.20	0	482,009	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,565	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,095,466	0		12.00
13.00	ONCOLOGY	54.10	0	107,507	0		13.00
14.00	CT	54.20	0	165,393	0		14.00
15.00	MRI	54.30	0	16,433	0		15.00
16.00	LABORATORY	60.00	0	6,854	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	88,635	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,667	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	16,230	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	997	0		20.00
21.00	SLEEP LAB	75.01	0	1,731	0		21.00
22.00	HEMODIALYSIS	75.20	0	32,395	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	1,165	0		23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	476,316	0		24.00
25.00	DIABETES CLINIC	90.02	0	96	0		25.00
26.00	STATELINE CLINIC	90.03	0	697	0		26.00
27.00	ORTHOPEDICS CLINIC	90.04	0	22,204	0		27.00
28.00	PULMONOLOGY CLINIC	90.05	0	7,192	0		28.00
29.00	CVT CLINIC	90.06	0	3,192	0		29.00
30.00	MWH CLINIC	90.07	0	2,750	0		30.00
31.00	NEUROSURGERY CLINIC	90.08	0	277	0		31.00
32.00	HEADACHE CLINIC	90.09	0	37	0		32.00
33.00	UW GENERAL SURGERY CLINIC	90.10	0	10,386	0		33.00
34.00	MFM CLINIC	90.11	0	35	0		34.00
35.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	16,205	0		35.00
36.00	INFECTIOUS DISEASE CLINIC	90.13	0	392	0		36.00
37.00	EMERGENCY	91.00	0	194,796	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	71,396	0		38.00
	0		0	27,971,631			
	C - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	9,931,209	0		1.00
2.00	ONCOLOGY	54.10	0	18,120,848	0		2.00
	0		0	28,052,057			
	D - MEDICAL SUPPLIES						
1.00	DIETARY	10.00	0	10,347	0		1.00
	0		0	10,347			
	E - PR EXPENSE						
1.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	25,577	0		1.00
	0		0	25,577			
	F - ANESTHESIA PHYSICIANS						
1.00	OPERATING ROOM	50.00	0	2,157,139	0		1.00
	0		0	2,157,139			
	G - CAPITAL RELATED COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,104	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,143,464	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	354	0		3.00
4.00	OPERATION OF PLANT	7.00	0	10,381	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	93,078	0		5.00
6.00	HOUSEKEEPING	9.00	0	156	0		6.00
7.00	DIETARY	10.00	0	12,178	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	234	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	78	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	54	0		10.00
11.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	294	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	101,431	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	75,594	0		13.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/18/2019 11:29 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	SUBPROVIDER - IPF	40.00	0	2,580	0		14.00
15.00	OPERATING ROOM	50.00	0	43,953	0		15.00
16.00	GASTRO INTESTINAL SERVICES	50.20	0	253,532	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,394	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	108,214	0		18.00
19.00	ONCOLOGY	54.10	0	244,058	0		19.00
20.00	CT	54.20	0	1,416	0		20.00
21.00	MRI	54.30	0	11,526	0		21.00
22.00	LABORATORY	60.00	0	304,024	0		22.00
23.00	BLOOD	60.01	0	15,552	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	284,165	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	5,843	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	45,473	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	198	0		27.00
28.00	SLEEP LAB	75.01	0	1,938	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	1,919	0		29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,349	0		30.00
31.00	ORTHOPEDICS CLINIC	90.04	0	340	0		31.00
32.00	MWH CLINIC	90.07	0	4,095	0		32.00
33.00	NEUROSURGERY CLINIC	90.08	0	104	0		33.00
34.00	UW GENERAL SURGERY CLINIC	90.10	0	37,620	0		34.00
35.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	48	0		35.00
36.00	EMERGENCY	91.00	0	113,775	0		36.00
37.00	HOME HEALTH AGENCY	101.00	0	34,744	0		37.00
38.00	SPECIALISTS/PCPS	192.01	0	52,687	0		38.00
39.00	PHYSICIAN RELATED AREAS	193.60	0	438	0		39.00
40.00	COMPLIMENTARY MEDICINE	193.90	0	156	0		40.00
41.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	63,547	0		41.00
	0		0	4,085,088			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	1,124,062	423,455	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,124,062	423,455			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	903,024	398,581	0		1.00
	0		903,024	398,581			
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	41,302	0		1.00
	0		0	41,302			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	346,658	2,107,868	0		1.00
	0		346,658	2,107,868			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	506,334	0		1.00
	0		0	506,334			
N - IMPLANTABLE DEVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	84	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	10,748	0		2.00
3.00	OPERATING ROOM	50.00	0	821,527	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,765,605	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	18,336	0		5.00
	0		0	2,616,300			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,696,800	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	0		0	1,696,800			
P - SHORT TERM DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,405	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	71,093	0	0		2.00
3.00	OPERATION OF PLANT	7.00	10,464	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,766	0	0		4.00
5.00	HOUSEKEEPING	9.00	6,951	0	0		5.00
6.00	DIETARY	10.00	11,245	0	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/18/2019 11:29 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	5,063	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	100,820	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	13,712	0	0	9.00
10.00	SUBPROVIDER - IPF	40.00	5,746	0	0	10.00
11.00	NURSERY	43.00	10,369	0	0	11.00
12.00	OPERATING ROOM	50.00	6,094	0	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	13,620	0	0	13.00
14.00	ANESTHESIOLOGY	53.00	1,296	0	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	36,757	0	0	15.00
16.00	ONCOLOGY	54.10	23,016	0	0	16.00
17.00	CT	54.20	5,059	0	0	17.00
18.00	LABORATORY	60.00	22,443	0	0	18.00
19.00	RESPIRATORY THERAPY	65.00	5,005	0	0	19.00
20.00	PHYSICAL THERAPY	66.00	18,308	0	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	10,373	0	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	6,217	0	0	22.00
23.00	STATELINE CLINIC	90.03	4,974	0	0	23.00
24.00	PULMONOLOGY CLINIC	90.05	32,051	0	0	24.00
25.00	CVT CLINIC	90.06	5,056	0	0	25.00
26.00	MWH CLINIC	90.07	19,747	0	0	26.00
27.00	NEUROSURGERY CLINIC	90.08	5,267	0	0	27.00
28.00	HEADACHE CLINIC	90.09	5,334	0	0	28.00
29.00	UW GENERAL SURGERY CLINIC	90.10	1,499	0	0	29.00
30.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	1,506	0	0	30.00
31.00	EMERGENCY	91.00	40,330	0	0	31.00
32.00	SPECIALISTS/PCPS	192.01	146,974	0	0	32.00
33.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	2,485	0	0	33.00
	0		653,045	0		
	Q - PHLEBOTOMY					
1.00	LABORATORY	60.00	98,295	65,148	0	1.00
	0		98,295	65,148		
	R - AMBULATORY SERVICES					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	113,629	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		113,629	0		
	S - WOMENS HEALTH					
1.00	ADULTS & PEDIATRICS	30.00	214,946	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		214,946	0		
500.00	Grand Total: Decreases		3,453,659	70,998,969		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/18/2019 11:29 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	7,990,596	227,871	0	227,871	0	1.00	
2.00	Land Improvements	5,951,345	266,045	0	266,045	0	2.00	
3.00	Buildings and Fixtures	272,563,341	10,435,134	0	10,435,134	390,703	3.00	
4.00	Building Improvements	10,166,002	4,341,095	0	4,341,095	1,078	4.00	
5.00	Fixed Equipment	1,576,628	34,492,170	0	34,492,170	0	5.00	
6.00	Movable Equipment	82,426,931	25,251,395	0	25,251,395	307,490	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	380,674,843	75,013,710	0	75,013,710	699,271	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	380,674,843	75,013,710	0	75,013,710	699,271	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,218,467	0					1.00
2.00	Land Improvements	6,217,390	0					2.00
3.00	Buildings and Fixtures	282,607,772	0					3.00
4.00	Building Improvements	14,506,019	0					4.00
5.00	Fixed Equipment	36,068,798	0					5.00
6.00	Movable Equipment	107,370,836	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	454,989,282	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	454,989,282	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	7,963,280	0	1,373,851	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,166,730	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	22,130,010	0	1,373,851	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	9,337,131				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,166,730				2.00
3.00	Total (sum of lines 1-2)	0	23,503,861				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	347,618,446	0	347,618,446	0.764015	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	107,370,836	0	107,370,836	0.235985	0	2.00
3.00	Total (sum of lines 1-2)	454,989,282	0	454,989,282	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,963,280	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,687,446	4,084,449	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,650,726	4,084,449	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	406,135	0	0	0	8,369,415	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	19,771,895	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	28,141,310	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		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 #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,373,851	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-10,261	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-13,905,757			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-724,349			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,600,995	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CUDDLE CARE	B	-2,759	ADULTS & PEDIATRICS	30.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.01	SCHOOL OF MEDICAL TECHNOL	B		0	PARAMED ED PRGM	23.00		0 33.01
	TUITION							
33.02	CT SCANNER LUNG SCREENING	B		0	CT	54.20		0 33.02
33.03	BABY PICTURES	B	-611		ADULTS & PEDIATRICS	30.00		0 33.03
33.04	EMS EDUCATION FEES	B	-162,166		PARAMED ED - PARAMEDICAL	23.40		0 33.04
					TECHS			
33.05	TRAUMA OTHER REVENUE	B	-62,761		EMERGENCY	91.00		0 33.05
33.06	OTHER REVENUE 1	B	-15,395		CARDIAC REHABILITATION	76.97		0 33.06
33.07	TUITION	B	-248,753		RADIOLOGY-DIAGNOSTIC	54.00		0 33.07
33.08	MED REC TRANSCRIPTS	B	-29		RADIOLOGY-DIAGNOSTIC	54.00		0 33.08
33.09	RECYCLING	B		0	RADIOLOGY-DIAGNOSTIC	54.00		0 33.09
33.10	RADIOLOGY ONCOLOGY OTHER	B	-303		ONCOLOGY	54.10		0 33.10
	REVENUE							
33.11	HEART SCAN REVENUE	B		0	CT	54.20		0 33.11
33.12	GROSS REVENUE	B	-3,343		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.12
33.13	EMPLOYEE HEALTH	B	-1,070,240		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.13
33.14	OTHER REVENUE/TRANSCRIPTS	B	-5,282		MEDICAL RECORDS & LIBRARY	16.00		0 33.14
33.15	PHARMACY OTHER REVENUE	B	-312		PHARMACY	15.00		0 33.15
33.16	PHOTO	B	-1,428		ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17	VENDING MACHINES	B		0	HOUSEKEEPING	9.00		0 33.17
33.18	NON PATIENT LINEN	B	-5,866		LAUNDRY & LINEN SERVICE	8.00		0 33.18
33.19	GUEST ROOM RENTAL	B	-7,770		ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20	COMMUNICATIONS	B	-4,915		ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21	PHYSICIAN PAGING AND ANSWERING	B	-398,395		ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22	OTHER REVENUE 4	B	-1,921,086		ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23	OTHER REVENUE 5	B	-3,590		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.23
33.24	OTHER REVENUE 6	B	-305,005		ADMINISTRATIVE & GENERAL	5.00		0 33.24
33.25	INVESTMENT MANAGEMENT	B	466,334		ADMINISTRATIVE & GENERAL	5.00		0 33.25
33.26	COURIER FEES TO SAHMC	B	-311,397		ADMINISTRATIVE & GENERAL	5.00		0 33.26
33.27	MALPRACTICE EXPENSE	A	-4,237,204		ADMINISTRATIVE & GENERAL	5.00		0 33.27
33.28	T.V. REPAIR SALARY	A	-10,187		MAINTENANCE & REPAIRS	6.00		0 33.28
33.29	T.V. ELECTRICITY COST	A	-2,705		OPERATION OF PLANT	7.00		0 33.29
33.30	LOSS ON DEFEASANCE	A	406,135		CAP REL COSTS-BLDG & FIXT	1.00	11	33.30
33.31	DUES RELATED TO LOBBYING	A	-55,251		ADMINISTRATIVE & GENERAL	5.00		0 33.31
33.32	CORPORATE SPONSORSHIP	A	-50,982		ADMINISTRATIVE & GENERAL	5.00		0 33.32
33.33	CORPORATE SPONSORSHIP	A	-8,244		ONCOLOGY	54.10		0 33.33
33.34	SITTERS COST	A		0	NURSING ADMINISTRATION	13.00		0 33.34
33.35	SITTERS COST	A	-139,826		ADULTS & PEDIATRICS	30.00		0 33.35
33.36	SITTERS COST	A	-28,061		INTENSIVE CARE UNIT	31.00		0 33.36
33.37	SITTERS COST	A	-3,753		SUBPROVIDER - IPF	40.00		0 33.37
33.38	SITTERS COST	A		0	NURSERY	43.00		0 33.38
33.39	ALCOHOL COSTS	A	-3,379		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.39
33.40	ALCOHOL COSTS	A	-2,172		ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41	INTERNAL RENT REVENUE	B	-43,541		OPERATING ROOM	50.00		0 33.41
33.42	IPA PROVIDER ASSESSMENT	A	-20,904,016		ADMINISTRATIVE & GENERAL	5.00		0 33.42
33.43	REALIZED SELF INSURANCE	B	-163,736		ADMINISTRATIVE & GENERAL	5.00		0 33.43
33.44	CANCER CENTER PROFESSIONAL	A	-1,955,939		ONCOLOGY	54.10		0 33.44
	OFFSET							
33.45	STATELINE PROFESSIONAL OFFSET	A		0	STATELINE CLINIC	90.03		0 33.45
33.46	RENAISSANCE PROFESSIONAL	A	-2,402,067		ORTHOPEDICS CLINIC	90.04		0 33.46
	OFFSET							
33.47	RENAISSANCE PROFESSIONAL	A	-1,814,688		PULMONOLOGY CLINIC	90.05		0 33.47
	OFFSET							
33.48	RENAISSANCE PROFESSIONAL	A	-1,857,177		CVT CLINIC	90.06		0 33.48
	OFFSET							
33.49	RENAISSANCE PROFESSIONAL	A	-4,239,059		MWH CLINIC	90.07		0 33.49
	OFFSET							
33.50	RENAISSANCE PROFESSIONAL	A	-795,507		NEUROSURGERY CLINIC	90.08		0 33.50
	OFFSET							
33.51	RENAISSANCE PROFESSIONAL	A	-627,041		HEADACHE CLINIC	90.09		0 33.51
	OFFSET							
33.52	RENAISSANCE PROFESSIONAL	A	-4,026,358		UW GENERAL SURGERY CLINIC	90.10		0 33.52
	OFFSET							
33.53	RENAISSANCE PROFESSIONAL	A	-1,292,015		MFM CLINIC	90.11		0 33.53
	OFFSET							
33.54	RENAISSANCE PROFESSIONAL	A	-1,872,498		ROCKFORD VASCULAR CENTER	90.12		0 33.54
	OFFSET				CLINIC			
33.55	EDUCATION REVENUE	B	-200		NURSERY	43.00		0 33.55
33.56	DEPRECIATION FMV ADJ	A	1,520,716		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.56
33.57	OTHER REVENUE 7	B		0	OPERATION OF PLANT	7.00		0 33.57

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		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 #		
		1.00	2.00	3.00	4.00	5.00	
33.58	OTHER REVENUE 8	B	-5,847	CVT CLINIC	90.06	0	33.58
33.59	OTHER REVENUE 9	B	3,685	SUBPROVIDER - IPF	40.00	0	33.59
33.60	OTHER REVENUE 10	B	-22,240,933	DRUGS CHARGED TO PATIENTS	73.00	0	33.60
33.61	ALCOHOL COSTS	A	-16	NURSING ADMINISTRATION	13.00	9	33.61
33.62	RENAISSANCE PROFESSIONAL OFFSET	A	-718,839	INFECTIOUS DISEASE CLINIC	90.13	0	33.62
33.63	EDUCATION REVENUE	B	-3,540	ADULTS & PEDIATRICS	30.00	0	33.63
33.64	OTHER REVENUE 11	B	-2,400	PARAMED ED PRGM	23.00	0	33.64
33.65	OTHER REVENUE 12	B	-31,000	INFECTIOUS DISEASE CLINIC	90.13	0	33.65
33.66	OTHER REVENUE 13	B	-13,090	PULMONOLOGY CLINIC	90.05	0	33.66
33.67	OTHER REVENUE 14	B	-2,688	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	33.67
33.68	OTHER REVENUE 15	B	-1,213	ORTHOPEDICS CLINIC	90.04	0	33.68
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-89,304,921				50.00

(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.

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

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/18/2019 11:29 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	22,011	294,876	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	749,135	841,342	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	140,534	145,184	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	987,074	1,168,829	3.01
4.00	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	29,213	30,180	4.00
4.01	10.00	DIETARY	RENTAL ADJUSTMENT	43,538	44,979	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	129,456	133,740	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	175,477	420,840	4.03
4.04	23.40	PARAMED ED - PARAMEDICAL TEC	RENTAL ADJUSTMENT	137,265	127,776	4.04
4.05	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	13,331	6,000	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	308,221	273,403	4.06
4.07	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	398,933	448,862	4.07
4.08	75.01	SLEEP LAB	RENTAL ADJUSTMENT	186,666	210,028	4.08
4.09	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	199,319	224,265	4.09
4.10	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	77,639	80,208	4.10
4.11	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	38,613	39,891	4.11
4.12	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	250,925	222,579	4.12
4.13	90.05	PULMONOLOGY CLINIC	RENTAL ADJUSTMENT	0	24,000	4.13
4.14	90.06	CVT CLINIC	RENTAL ADJUSTMENT	181,997	161,438	4.14
4.15	90.07	MWH CLINIC	RENTAL ADJUSTMENT	225,091	199,663	4.15
4.16	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	68,664	60,907	4.16
4.17	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	68,692	60,933	4.17
4.18	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	193,178	171,356	4.18
4.19	90.12	ROCKFORD VASCULAR CENTER CLI	RENTAL ADJUSTMENT	98,867	87,698	4.19
4.20	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	225,199	110,078	4.20
4.21	192.01	SPECIALISTS/PCPS	RENTAL ADJUSTMENT	1,545,292	1,694,353	4.21
4.22	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	46,676	22,815	4.22
4.23	194.00	NON-MEDICARE HOME HEALTH SER	RENTAL ADJUSTMENT	79,945	39,077	4.23
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,620,951	7,345,300	5.00

* The amounts on lines 1-4 (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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	C	0.00	IL IMAGING	50.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate 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.

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

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/18/2019 11:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-272,865	0		1.00
2.00	-92,207	0		2.00
3.00	-4,650	0		3.00
3.01	-181,755	0		3.01
4.00	-967	0		4.00
4.01	-1,441	0		4.01
4.02	-4,284	0		4.02
4.03	-245,363	0		4.03
4.04	9,489	0		4.04
4.05	7,331	0		4.05
4.06	34,818	0		4.06
4.07	-49,929	0		4.07
4.08	-23,362	0		4.08
4.09	-24,946	0		4.09
4.10	-2,569	0		4.10
4.11	-1,278	0		4.11
4.12	28,346	0		4.12
4.13	-24,000	0		4.13
4.14	20,559	0		4.14
4.15	25,428	0		4.15
4.16	7,757	0		4.16
4.17	7,759	0		4.17
4.18	21,822	0		4.18
4.19	11,169	0		4.19
4.20	115,121	0		4.20
4.21	-149,061	0		4.21
4.22	23,861	0		4.22
4.23	40,868	0		4.23
5.00	-724,349			5.00

* The amounts on lines 1-4 (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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

(1) Use the following symbols to indicate 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:

11/18/2019 11:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	598,375	573,375	25,000	211,500	187	1.00
2.00	31.00	INTENSIVE CARE UNIT	47,917	0	47,917	211,500	523	2.00
3.00	40.00	SUBPROVIDER - IPF	25,000	0	25,000	181,300	343	3.00
4.00	43.00	NURSERY	95,698	74,865	20,833	211,500	123	4.00
5.00	50.00	OPERATING ROOM	160,803	160,803	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	101,851	0	101,851	271,900	747	6.00
7.00	54.10	ONCOLOGY	294,483	219,483	75,000	271,900	415	7.00
8.00	76.97	CARDIAC REHABILITATION	13,750	0	13,750	211,500	164	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	303,130	303,130	0	211,500	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	3,778,041	3,704,247	73,794	211,500	741	10.00
11.00	31.00	INTENSIVE CARE UNIT	1,134,000	1,134,000	0	211,500	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	181,300	0	12.00
13.00	43.00	NURSERY	0	0	0	211,500	0	13.00
14.00	50.00	OPERATING ROOM	6,848,224	6,758,224	90,000	246,400	497	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	25,000	0	25,000	197,500	160	15.00
16.00	53.00	ANESTHESIOLOGY	192,139	132,139	60,000	239,400	417	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	109,600	100,000	9,600	271,900	120	17.00
18.00	54.10	ONCOLOGY	445,570	16,730	428,840	271,900	2,637	18.00
19.00	54.20	CT	9,650	9,650	0	271,900	0	19.00
20.00	54.30	MRI	1,350	1,350	0	271,900	0	20.00
21.00	60.00	LABORATORY	283,705	60,705	223,000	211,500	3,167	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	47,865	47,865	0	211,500	0	23.00
24.00	75.01	SLEEP LAB	7,500	0	7,500	211,500	124	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	25,000	0	25,000	211,500	76	25.00
26.00	91.00	EMERGENCY	532,727	399,996	132,731	211,500	1,152	26.00
200.00			15,081,378	13,696,562	1,384,816		11,593	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	19,015	951	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	53,180	2,659	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	29,897	1,495	0	0	0	3.00
4.00	43.00	NURSERY	12,507	625	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	97,649	4,882	0	0	0	6.00
7.00	54.10	ONCOLOGY	54,249	2,712	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	16,676	834	0	0	0	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	75,347	3,767	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
13.00	43.00	NURSERY	0	0	0	0	0	13.00
14.00	50.00	OPERATING ROOM	58,875	2,944	0	0	0	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	15,192	760	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	47,995	2,400	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	17.00
18.00	54.10	ONCOLOGY	344,712	17,236	0	0	0	18.00
19.00	54.20	CT	0	0	0	0	0	19.00
20.00	54.30	MRI	0	0	0	0	0	20.00
21.00	60.00	LABORATORY	322,029	16,101	0	0	0	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	23.00
24.00	75.01	SLEEP LAB	12,609	630	0	0	0	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	7,728	386	0	0	0	25.00
26.00	91.00	EMERGENCY	117,138	5,857	0	0	0	26.00
200.00			1,300,484	65,023	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	19,015	5,985	579,360		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	53,180	0	0		2.00
3.00	40.00	SUBPROVIDER - IPF	0	29,897	0	0		3.00
4.00	43.00	NURSERY	0	12,507	8,326	83,191		4.00
5.00	50.00	OPERATING ROOM	0	0	0	160,803		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	97,649	4,202	6,000		6.00
7.00	54.10	ONCOLOGY	0	54,249	20,751	240,234		7.00
8.00	76.97	CARDIAC REHABILITATION	0	16,676	0	0		8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	303,130		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/18/2019 11:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	30.00	ADULTS & PEDIATRICS	0	75,347	0	3,704,247		10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,134,000		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0		12.00
13.00	43.00	NURSERY	0	0	0	0		13.00
14.00	50.00	OPERATING ROOM	0	58,875	31,125	6,789,349		14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	0	15,192	9,808	9,808		15.00
16.00	53.00	ANESTHESIOLOGY	0	47,995	12,005	144,144		16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	100,000		17.00
18.00	54.10	ONCOLOGY	0	344,712	84,128	100,858		18.00
19.00	54.20	CT	0	0	0	9,650		19.00
20.00	54.30	MRI	0	0	0	1,350		20.00
21.00	60.00	LABORATORY	0	322,029	0	60,705		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0		22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	47,865		23.00
24.00	75.01	SLEEP LAB	0	12,609	0	0		24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	0	7,728	17,272	17,272		25.00
26.00	91.00	EMERGENCY	0	117,138	15,593	415,589		26.00
200.00			0	1,300,484	209,195	13,905,757		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,369,415	8,369,415			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	19,771,895	19,771,895			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,028,692	66,606	157,349	4,252,647	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,102,753	1,693,136	3,999,872	753,331	67,549,092
6.00	00600	MAINTENANCE & REPAIRS	2,518,803	11,987	28,318	23,906	2,583,014
7.00	00700	OPERATION OF PLANT	4,933,864	689,575	1,629,051	23,952	7,276,442
8.00	00800	LAUNDRY & LINEN SERVICE	1,397,677	59,653	140,925	4,267	1,602,522
9.00	00900	HOUSEKEEPING	4,063,573	104,418	246,677	127,580	4,542,248
10.00	01000	DIETARY	3,723,909	252,799	597,211	113,721	4,687,640
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,402,177	8,358	19,744	23,906	2,454,185
14.00	01400	CENTRAL SERVICES & SUPPLY	561,778	8,391	19,822	0	589,991
15.00	01500	PHARMACY	8,624,086	65,101	153,795	95,897	8,938,879
16.00	01600	MEDICAL RECORDS & LIBRARY	2,533,093	83,974	198,380	49,401	2,864,848
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,655,153	10,681	25,232	0	4,691,066
23.00	02300	PARAMED ED PRGM	180,479	0	0	3,041	183,520
23.01	02304	PHARMACY RESIDENCY	130,560	0	0	3,026	133,586
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	1,182,103	3,208	7,577	15,781	1,208,669
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,131,254	1,307,039	3,087,747	491,907	37,017,947
31.00	03100	INTENSIVE CARE UNIT	7,281,627	183,143	432,656	90,616	7,988,042
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	2,746,822	150,365	355,222	58,025	3,310,434
43.00	04300	NURSERY	4,866,781	114,644	270,835	65,697	5,317,957
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,966,198	695,552	1,643,171	241,467	21,546,388
50.20	03340	GASTRO INTESTINAL SERVICES	1,318,887	57,735	136,394	15,221	1,528,237
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,964,320	45,955	108,564	52,503	4,171,342
53.00	05300	ANESTHESIOLOGY	2,511,971	6,390	15,096	4,630	2,538,087
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,985,627	452,657	1,069,356	198,164	17,705,804
54.10	03480	ONCOLOGY	16,743,596	508,111	1,200,360	142,257	18,594,324
54.20	05401	CT	2,084,732	25,445	60,112	15,615	2,185,904
54.30	05402	MRI	1,801,258	37,399	88,351	11,923	1,938,931
60.00	06000	LABORATORY	14,427,101	195,096	460,896	139,079	15,222,172
60.01	06001	BLOOD	1,171,548	20,138	47,574	5,946	1,245,206
65.00	06500	RESPIRATORY THERAPY	4,054,295	65,333	154,341	60,658	4,334,627
66.00	06600	PHYSICAL THERAPY	6,676,316	127,036	300,109	89,240	7,192,701
69.00	06900	ELECTROCARDIOLOGY	1,961,850	57,959	136,921	21,561	2,178,291
70.00	07000	ELECTROENCEPHALOGRAPHY	240,898	12,590	29,743	4,887	288,118
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,971,631	0	0	0	27,971,631
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,616,300	0	0	0	2,616,300
73.00	07300	DRUGS CHARGED TO PATIENTS	20,232,040	10,276	24,275	21,122	20,287,713
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	992,194	43,252	102,178	12,377	1,150,001
75.10	03950	NUTRITIONAL SUPPORT	41,302	0	0	0	41,302
75.20	03951	HEMODIALYSIS	817,246	15,492	36,598	0	869,336
76.97	07697	CARDIAC REHABILITATION	984,360	69,110	163,266	13,965	1,230,701
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,869,633	41,086	97,061	24,284	2,032,064
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	643,980	27,958	66,049	1,331	739,318
90.03	09003	STATELINE CLINIC	994,328	0	0	9,714	1,004,042
90.04	09004	ORTHOPEDICS CLINIC	2,424,025	69,854	165,024	19,276	2,678,179
90.05	09005	PULMONOLOGY CLINIC	2,138,253	13,252	31,306	13,345	2,196,156
90.06	09006	CVT CLINIC	205,392	8,862	20,936	287	235,477
90.07	09007	MWH CLINIC	3,484,482	126,639	299,172	28,703	3,938,996
90.08	09008	NEUROSURGERY CLINIC	1,786,330	18,344	43,336	10,062	1,858,072
90.09	09009	HEADACHE CLINIC	1,532,514	19,733	46,617	8,428	1,607,292
90.10	09010	UW GENERAL SURGERY CLINIC	906,032	38,408	90,734	9,971	1,045,145

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A		
90.11	09011	MFM CLINIC	194,668	20,295	47,945	3,616	266,524	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	1,433,890	25,487	60,209	7,444	1,527,030	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	136,198	6,804	16,073	3,767	162,842	90.13
91.00	09100	EMERGENCY	15,640,944	231,743	547,470	193,156	16,613,313	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	484,630	26,528	62,670	7,656	581,484	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,690,428	60,563	143,073	67,785	5,961,849	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,335,891	7,994,160	18,885,393	3,403,494	360,224,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,690	9,350	22,088	0	61,128	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	77,281,448	308,881	729,699	775,438	79,095,466	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	-11,593	0	0	0	-11,593	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	966,495	8,440	19,940	7,550	1,002,425	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	2,454,526	0	0	7,429	2,461,955	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,713,303	20,750	49,019	29,368	1,812,440	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,830,408	27,834	65,756	29,368	1,953,366	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	446,600,168	8,369,415	19,771,895	4,252,647	446,600,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,549,092					5.00
6.00	00600	MAINTENANCE & REPAIRS	460,293	3,043,307				6.00
7.00	00700	OPERATION OF PLANT	1,296,662	318,080	8,891,184			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	285,569	27,516	89,773	2,005,380		8.00
9.00	00900	HOUSEKEEPING	809,429	48,165	157,140	0	5,556,982	9.00
10.00	01000	DIETARY	835,337	116,608	380,440	8,183	244,566	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	437,336	3,855	12,578	0	8,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,136	3,870	12,627	0	8,118	14.00
15.00	01500	PHARMACY	1,592,908	30,029	97,971	0	62,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	510,516	38,735	126,374	0	81,240	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	835,948	4,927	16,074	2,637	10,333	22.00
23.00	02300	PARAMED ED PRGM	32,703	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	23,805	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	215,385	1,480	4,827	0	3,103	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,596,598	602,891	1,966,976	781,070	1,264,475	30.00
31.00	03100	INTENSIVE CARE UNIT	1,423,469	84,478	275,614	129,626	177,179	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	589,919	69,359	226,286	32,834	145,468	40.00
43.00	04300	NURSERY	947,660	52,882	172,529	42,050	110,911	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,839,566	320,837	1,046,745	235,651	672,901	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	272,332	26,632	86,887	28,272	55,855	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	743,333	21,198	69,158	77,976	44,459	52.00
53.00	05300	ANESTHESIOLOGY	452,287	2,948	9,617	0	6,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,155,174	208,797	681,209	148,427	437,916	54.00
54.10	03480	ONCOLOGY	3,313,509	234,376	764,662	0	491,564	54.10
54.20	05401	CT	389,528	11,737	38,293	72,593	24,617	54.20
54.30	05402	MRI	345,518	17,251	56,282	15,443	36,181	54.30
60.00	06000	LABORATORY	2,712,591	89,992	293,603	2,554	188,743	60.00
60.01	06001	BLOOD	221,896	9,289	30,306	0	19,482	60.01
65.00	06500	RESPIRATORY THERAPY	772,431	30,136	98,320	365	63,205	65.00
66.00	06600	PHYSICAL THERAPY	1,281,739	58,598	191,178	0	122,899	66.00
69.00	06900	ELECTROCARDIOLOGY	388,171	26,734	87,223	24,139	56,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,343	5,808	18,947	2,442	12,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,984,545	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	466,225	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,615,270	4,740	15,464	0	9,941	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	204,930	19,951	65,090	0	41,843	75.01
75.10	03950	NUTRITIONAL SUPPORT	7,360	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	154,916	7,146	23,314	4,933	14,987	75.20
76.97	07697	CARDIAC REHABILITATION	219,311	31,879	104,005	0	66,860	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	362,114	18,952	61,831	0	39,748	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	131,746	12,896	42,075	0	27,048	90.02
90.03	09003	STATELINE CLINIC	178,920	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	477,251	32,222	105,125	0	67,580	90.04
90.05	09005	PULMONOLOGY CLINIC	391,355	6,113	19,943	0	12,820	90.05
90.06	09006	CVT CLINIC	41,962	4,088	13,337	0	8,573	90.06
90.07	09007	MWH CLINIC	701,929	58,415	190,581	0	122,515	90.07
90.08	09008	NEUROSURGERY CLINIC	331,108	8,462	27,606	0	17,747	90.08
90.09	09009	HEADACHE CLINIC	286,419	9,102	29,696	0	19,090	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	186,245	17,716	57,800	0	37,157	90.10
90.11	09011	MFM CLINIC	47,495	9,361	30,542	0	19,634	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	272,117	11,756	38,355	0	24,657	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	29,018	3,138	10,239	0	6,582	90.13
91.00	09100	EMERGENCY	2,960,492	106,896	348,753	390,392	224,196	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.10	09102	PSYCHIATRIC PARTIAL	103,620	12,237	39,923	5,793	25,664	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	1,062,401	27,936	91,141	0	58,590	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,154,840	2,870,214	8,326,459	2,005,380	5,193,947	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,893	4,313	14,071	0	9,045	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	14,094,940	142,477	464,838	0	298,822	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	178,632	3,893	12,702	0	8,166	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	438,720	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	322,977	9,571	31,226	0	20,074	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	348,090	12,839	41,888	0	26,928	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	67,549,092	3,043,307	8,891,184	2,005,380	5,556,982	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,272,774					10.00
11.00	01100	CAFETERIA	3,980,473	3,980,473				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	39,505	0	2,955,545		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	719,742	14.00
15.00	01500	PHARMACY	0	155,930	0	0	3,489	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	85,390	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	5,600	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	5,572	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	310	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,843,427	900,423	0	1,194,184	386,938	30.00
31.00	03100	INTENSIVE CARE UNIT	147,320	166,851	0	307,259	84,666	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	301,554	106,842	0	64,578	412	40.00
43.00	04300	NURSERY	0	120,967	0	141,561	604	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	415,109	0	410,506	141,830	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	28,027	0	43,287	7,413	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	96,673	0	134,669	13,200	52.00
53.00	05300	ANESTHESIOLOGY	0	8,525	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	330,722	0	126,252	55,261	54.00
54.10	03480	ONCOLOGY	0	0	0	6,718	90	54.10
54.20	05401	CT	0	28,751	0	0	2,289	54.20
54.30	05402	MRI	0	21,953	0	0	102	54.30
60.00	06000	LABORATORY	0	246,446	0	0	853	60.00
60.01	06001	BLOOD	0	10,949	0	0	4	60.01
65.00	06500	RESPIRATORY THERAPY	0	96,171	0	0	248	65.00
66.00	06600	PHYSICAL THERAPY	0	140,329	0	0	26	66.00
69.00	06900	ELECTROCARDIOLOGY	0	37,611	0	33,273	1,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,999	0	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,892	0	0	2	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	20,226	0	0	15	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	346	75.20
76.97	07697	CARDIAC REHABILITATION	0	25,714	0	6,225	15	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	29,280	0	38,297	2,442	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	17,886	0	14,712	4	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	35,493	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	24,572	0	0	0	90.05
90.06	09006	CVT CLINIC	0	529	0	0	0	90.06
90.07	09007	MWH CLINIC	0	52,850	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	18,527	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	15,518	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	18,359	0	0	0	90.10
90.11	09011	MFM CLINIC	0	6,658	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	13,707	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	6,937	0	0	0	90.13
91.00	09100	EMERGENCY	0	304,311	0	427,531	16,989	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	14,097	0	1,560	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	137	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,272,774	3,700,901	0	2,950,612	719,679	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	211,817	0	2,288	1	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	1	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	13,679	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	54,076	0	2,645	8	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	53	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,272,774	3,980,473	0	2,955,545	719,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	10,882,187					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,707,104				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	180	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36	227,600	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	782	73,044	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	61	18,688	0	0	0	40.00
43.00	04300	NURSERY	5	17,576	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,290	351,624	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	174	22,860	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	34,254	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	82	42,222	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,534	294,805	0	0	0	54.00
54.10	03480	ONCOLOGY	9,716	93,865	0	0	0	54.10
54.20	05401	CT	60,789	154,674	0	0	0	54.20
54.30	05402	MRI	23,846	63,069	0	0	0	54.30
60.00	06000	LABORATORY	30	417,645	0	0	0	60.00
60.01	06001	BLOOD	0	13,760	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,938	43,854	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	146	61,804	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	639	83,617	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,101	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	245,021	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	379,874	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,705,026	684,758	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	17,684	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	294	0	0	0	75.10
75.20	03951	HEMODIALYSIS	118	5,659	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	2,997	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,400	12,706	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	136	1,566	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	27,219	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	13,163	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	3,533	0	0	0	90.05
90.06	09006	CVT CLINIC	0	225	0	0	0	90.06
90.07	09007	MWH CLINIC	0	22,938	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	809	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	5,831	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	2,255	0	0	0	90.10
90.11	09011	MFM CLINIC	0	191	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	9,251	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	276	0	0	0	90.13
91.00	09100	EMERGENCY	5,453	237,435	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	11	3,298	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,059	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,881,398	3,707,104	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	789	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,882,187	3,707,104	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	23.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,560,985				22.00
23.00	02300	PARAMED ED PRGM			221,823			23.00
23.01	02304	PHARMACY RESIDENCY				162,963		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY						23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,583,230	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	162,959	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	142,589	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	244,439	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	221,823	0	0	60.00
60.01	06001	BLOOD	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	162,959	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,963	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	264,809	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,560,985	221,823	162,963	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,560,985	221,823	162,963	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		1,433,954				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	57,365,795	-4,583,230	52,782,565	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,021,289	-162,959	10,858,330	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	4,866,435	0	4,866,435	40.00
43.00	04300	NURSERY	0	0	6,924,702	0	6,924,702	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,127,036	-142,589	28,984,447	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	2,344,415	-244,439	2,099,976	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,406,268	0	5,406,268	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,059,950	0	3,059,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	23,205,901	0	23,205,901	54.00
54.10	03480	ONCOLOGY	0	0	23,508,824	0	23,508,824	54.10
54.20	05401	CT	0	0	2,969,175	0	2,969,175	54.20
54.30	05402	MRI	0	0	2,518,576	0	2,518,576	54.30
60.00	06000	LABORATORY	0	0	19,396,452	0	19,396,452	60.00
60.01	06001	BLOOD	0	0	1,550,892	0	1,550,892	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	5,444,295	0	5,444,295	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,049,420	0	9,049,420	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,080,716	-162,959	2,917,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	393,943	0	393,943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	33,201,197	0	33,201,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,462,399	0	3,462,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	35,524,769	0	35,524,769	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,519,740	0	1,519,740	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	48,956	0	48,956	75.10
75.20	03951	HEMODIALYSIS	0	0	1,080,755	0	1,080,755	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	1,687,707	0	1,687,707	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,601,834	0	2,601,834	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	987,387	0	987,387	90.02
90.03	09003	STATELINE CLINIC	0	0	1,210,181	0	1,210,181	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	3,409,013	0	3,409,013	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	2,654,492	0	2,654,492	90.05
90.06	09006	CVT CLINIC	0	0	304,191	0	304,191	90.06
90.07	09007	MWH CLINIC	0	0	5,088,224	0	5,088,224	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	2,262,331	0	2,262,331	90.08
90.09	09009	HEADACHE CLINIC	0	0	1,972,948	0	1,972,948	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	1,364,677	0	1,364,677	90.10
90.11	09011	MFM CLINIC	0	0	380,405	0	380,405	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	1,896,873	0	1,896,873	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	219,032	0	219,032	90.13
91.00	09100	EMERGENCY	0	1,433,954	23,334,524	-264,809	23,069,715	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	787,687	0	787,687	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	7,211,113	0	7,211,113	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,433,954	343,444,519	-5,560,985	337,883,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	99,450	0	99,450	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	94,310,649	0	94,310,649	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	-11,593	0	-11,593	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,205,819	0	1,205,819	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	2,914,354	0	2,914,354	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	2,253,806	0	2,253,806	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,383,164	0	2,383,164	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,433,954	446,600,168	-5,560,985	441,039,183	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	66,606	157,349	223,955	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,693,136	3,999,872	5,693,008	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	11,987	28,318	40,305	6.00
7.00	00700	OPERATION OF PLANT	0	689,575	1,629,051	2,318,626	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,653	140,925	200,578	8.00
9.00	00900	HOUSEKEEPING	0	104,418	246,677	351,095	9.00
10.00	01000	DIETARY	0	252,799	597,211	850,010	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,358	19,744	28,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,391	19,822	28,213	14.00
15.00	01500	PHARMACY	0	65,101	153,795	218,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,974	198,380	282,354	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,681	25,232	35,913	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	3,208	7,577	10,785	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,307,039	3,087,747	4,394,786	30.00
31.00	03100	INTENSIVE CARE UNIT	0	183,143	432,656	615,799	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	150,365	355,222	505,587	40.00
43.00	04300	NURSERY	0	114,644	270,835	385,479	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	695,552	1,643,171	2,338,723	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	57,735	136,394	194,129	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,955	108,564	154,519	52.00
53.00	05300	ANESTHESIOLOGY	0	6,390	15,096	21,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	452,657	1,069,356	1,522,013	54.00
54.10	03480	ONCOLOGY	0	508,111	1,200,360	1,708,471	54.10
54.20	05401	CT	0	25,445	60,112	85,557	54.20
54.30	05402	MRI	0	37,399	88,351	125,750	54.30
60.00	06000	LABORATORY	0	195,096	460,896	655,992	60.00
60.01	06001	BLOOD	0	20,138	47,574	67,712	60.01
65.00	06500	RESPIRATORY THERAPY	0	65,333	154,341	219,674	65.00
66.00	06600	PHYSICAL THERAPY	0	127,036	300,109	427,145	66.00
69.00	06900	ELECTROCARDIOLOGY	0	57,959	136,921	194,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,590	29,743	42,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,276	24,275	34,551	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	43,252	102,178	145,430	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	15,492	36,598	52,090	75.20
76.97	07697	CARDIAC REHABILITATION	0	69,110	163,266	232,376	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	41,086	97,061	138,147	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	27,958	66,049	94,007	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	69,854	165,024	234,878	90.04
90.05	09005	PULMONOLOGY CLINIC	0	13,252	31,306	44,558	90.05
90.06	09006	CVT CLINIC	0	8,862	20,936	29,798	90.06
90.07	09007	MWH CLINIC	0	126,639	299,172	425,811	90.07
90.08	09008	NEUROSURGERY CLINIC	0	18,344	43,336	61,680	90.08
90.09	09009	HEADACHE CLINIC	0	19,733	46,617	66,350	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	38,408	90,734	129,142	90.10
90.11	09011	MFM CLINIC	0	20,295	47,945	68,240	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	25,487	60,209	85,696	392	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	6,804	16,073	22,877	198	90.13
91.00	09100	EMERGENCY	0	231,743	547,470	779,213	10,172	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	26,528	62,670	89,198	403	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0			0		92.00
101.00	10100	HOME HEALTH AGENCY	0	60,563	143,073	203,636	3,570	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,994,160	18,885,393	26,879,553	179,236	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,350	22,088	31,438	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	308,881	729,699	1,038,580	40,836	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	8,440	19,940	28,380	398	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	391	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	20,750	49,019	69,769	1,547	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	27,834	65,756	93,590	1,547	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,369,415	19,771,895	28,141,310	223,955	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,732,680					5.00
6.00	00600	MAINTENANCE & REPAIRS	39,063	80,627				6.00
7.00	00700	OPERATION OF PLANT	110,042	8,427	2,438,356			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,235	729	24,620	250,387		8.00
9.00	00900	HOUSEKEEPING	68,692	1,276	43,095	0	470,877	9.00
10.00	01000	DIETARY	70,891	3,089	104,333	1,022	20,724	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	37,115	102	3,449	0	685	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,922	103	3,463	0	688	14.00
15.00	01500	PHARMACY	135,183	796	26,868	0	5,337	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,325	1,026	34,657	0	6,884	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	70,943	131	4,408	329	876	22.00
23.00	02300	PARAMED ED PRGM	2,775	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2,020	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	18,279	39	1,324	0	263	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	559,822	15,972	539,431	97,521	107,147	30.00
31.00	03100	INTENSIVE CARE UNIT	120,803	2,238	75,585	16,185	15,013	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	50,064	1,838	62,058	4,100	12,326	40.00
43.00	04300	NURSERY	80,423	1,401	47,315	5,250	9,398	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	325,846	8,500	287,064	29,423	57,019	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	23,112	706	23,828	3,530	4,733	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,083	562	18,966	9,736	3,767	52.00
53.00	05300	ANESTHESIOLOGY	38,383	78	2,637	0	524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,765	5,532	186,818	18,532	37,107	54.00
54.10	03480	ONCOLOGY	281,202	6,209	209,704	0	41,653	54.10
54.20	05401	CT	33,057	311	10,502	9,064	2,086	54.20
54.30	05402	MRI	29,322	457	15,435	1,928	3,066	54.30
60.00	06000	LABORATORY	230,205	2,384	80,519	319	15,993	60.00
60.01	06001	BLOOD	18,831	246	8,311	0	1,651	60.01
65.00	06500	RESPIRATORY THERAPY	65,553	798	26,964	46	5,356	65.00
66.00	06600	PHYSICAL THERAPY	108,775	1,552	52,429	0	10,414	66.00
69.00	06900	ELECTROCARDIOLOGY	32,942	708	23,920	3,014	4,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,357	154	5,196	305	1,032	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	423,015	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,566	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	306,811	126	4,241	0	842	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	17,391	529	17,851	0	3,546	75.01
75.10	03950	NUTRITIONAL SUPPORT	625	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	13,147	189	6,394	616	1,270	75.20
76.97	07697	CARDIAC REHABILITATION	18,612	845	28,523	0	5,665	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,731	502	16,957	0	3,368	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	11,181	342	11,539	0	2,292	90.02
90.03	09003	STATELINE CLINIC	15,184	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	40,502	854	28,830	0	5,726	90.04
90.05	09005	PULMONOLOGY CLINIC	33,212	162	5,469	0	1,086	90.05
90.06	09006	CVT CLINIC	3,561	108	3,657	0	726	90.06
90.07	09007	MWH CLINIC	59,569	1,548	52,266	0	10,381	90.07
90.08	09008	NEUROSURGERY CLINIC	28,100	224	7,571	0	1,504	90.08
90.09	09009	HEADACHE CLINIC	24,307	241	8,144	0	1,618	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	15,806	469	15,851	0	3,149	90.10
90.11	09011	MFM CLINIC	4,031	248	8,376	0	1,664	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	23,093	311	10,519	0	2,089	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	2,463	83	2,808	0	558	90.13
91.00	09100	EMERGENCY	251,243	2,832	95,644	48,744	18,998	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.10	09102	PSYCHIATRIC PARTIAL	8,794	324	10,949	723	2,175	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	90,161	740	24,995	0	4,965	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,426,135	76,041	2,283,483	250,387	440,115	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	924	114	3,859	0	766	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	1,196,278	3,775	127,479	0	25,321	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	15,160	103	3,483	0	692	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	37,232	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	27,410	254	8,564	0	1,701	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	29,541	340	11,488	0	2,282	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,732,680	80,627	2,438,356	250,387	470,877	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,056,058					10.00
11.00	01100	CAFETERIA	670,136	670,136				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,651	0	77,363		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	41,389	14.00
15.00	01500	PHARMACY	0	26,252	0	0	201	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,376	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	943	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	938	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	18	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	310,352	151,592	0	31,271	22,252	30.00
31.00	03100	INTENSIVE CARE UNIT	24,802	28,090	0	8,040	4,869	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	50,768	17,987	0	1,690	24	40.00
43.00	04300	NURSERY	0	20,365	0	3,704	35	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	69,886	0	10,742	8,156	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	4,718	0	1,133	426	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,275	0	3,524	759	52.00
53.00	05300	ANESTHESIOLOGY	0	1,435	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,679	0	3,304	3,178	54.00
54.10	03480	ONCOLOGY	0	0	0	176	5	54.10
54.20	05401	CT	0	4,840	0	0	132	54.20
54.30	05402	MRI	0	3,696	0	0	6	54.30
60.00	06000	LABORATORY	0	41,491	0	0	49	60.00
60.01	06001	BLOOD	0	1,843	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,191	0	0	14	65.00
66.00	06600	PHYSICAL THERAPY	0	23,625	0	0	1	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,332	0	871	114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,515	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,548	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	3,405	0	0	1	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	20	75.20
76.97	07697	CARDIAC REHABILITATION	0	4,329	0	163	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,930	0	1,002	140	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	3,011	0	385	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	5,975	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	4,137	0	0	0	90.05
90.06	09006	CVT CLINIC	0	89	0	0	0	90.06
90.07	09007	MWH CLINIC	0	8,898	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	3,119	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	2,613	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	3,091	0	0	0	90.10
90.11	09011	MFM CLINIC	0	1,121	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	2,308	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	1,168	0	0	0	90.13
91.00	09100	EMERGENCY	0	51,233	0	11,188	977	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,373	0	41	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	8	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,056,058	623,068	0	77,234	41,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	35,661	0	60	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,303	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	9,104	0	69	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	3	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,056,058	670,136	0	77,363	41,389	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	418,583					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	385,224				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	7	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1	23,708	0			30.00
31.00	03100	INTENSIVE CARE UNIT	30	7,609	0			31.00
31.01	03101	PEDIATRIC ICU	0	0	0			31.01
40.00	04000	SUBPROVIDER - IPF	2	1,947	0			40.00
43.00	04300	NURSERY	0	1,831	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	127	36,628	0			50.00
50.20	03340	GASTRO INTESTINAL SERVICES	7	2,381	0			50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,568	0			52.00
53.00	05300	ANESTHESIOLOGY	3	4,398	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,367	30,709	0			54.00
54.10	03480	ONCOLOGY	374	9,778	0			54.10
54.20	05401	CT	2,338	16,112	0			54.20
54.30	05402	MRI	917	6,570	0			54.30
60.00	06000	LABORATORY	1	43,505	0			60.00
60.01	06001	BLOOD	0	1,433	0			60.01
65.00	06500	RESPIRATORY THERAPY	190	4,568	0			65.00
66.00	06600	PHYSICAL THERAPY	6	6,438	0			66.00
69.00	06900	ELECTROCARDIOLOGY	25	8,710	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	636	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,523	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,570	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	411,769	70,394	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	07501	SLEEP LAB	0	1,842	0			75.01
75.10	03950	NUTRITIONAL SUPPORT	0	31	0			75.10
75.20	03951	HEMODIALYSIS	5	590	0			75.20
76.97	07697	CARDIAC REHABILITATION	0	312	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	169	1,324	0			76.98
76.99	07699	LITHOTRIPS	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	CHILDRENS CLINIC	0	0	0			90.01
90.02	09002	DIABETES CLINIC	5	163	0			90.02
90.03	09003	STATELINE CLINIC	0	2,835	0			90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,371	0			90.04
90.05	09005	PULMONOLOGY CLINIC	0	368	0			90.05
90.06	09006	CVT CLINIC	0	23	0			90.06
90.07	09007	MWH CLINIC	0	2,389	0			90.07
90.08	09008	NEUROSURGERY CLINIC	0	84	0			90.08
90.09	09009	HEADACHE CLINIC	0	607	0			90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	235	0			90.10
90.11	09011	MFM CLINIC	0	20	0			90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	964	0			90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	29	0			90.13
91.00	09100	EMERGENCY	210	24,733	0			91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.05	09101	AMBULATORY CARE	0	0	0			91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	344	0			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	944	0			101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	418,553	385,224	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001	MCC WORD PROCESSING	0	0	0			190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0			192.01
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMENS CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	30	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	418,583	385,224	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	23.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		112,600				22.00
23.00	02300	PARAMED ED PRGM			3,878			23.00
23.01	02304	PHARMACY RESIDENCY				3,117		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY						23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	PEDIATRIC ICU						31.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.20	03340	GASTRO INTESTINAL SERVICES						50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.10	03480	ONCOLOGY						54.10
54.20	05401	CT						54.20
54.30	05402	MRI						54.30
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD						60.01
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	07501	SLEEP LAB						75.01
75.10	03950	NUTRITIONAL SUPPORT						75.10
75.20	03951	HEMODIALYSIS						75.20
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	CHILDRENS CLINIC						90.01
90.02	09002	DIABETES CLINIC						90.02
90.03	09003	STATELINE CLINIC						90.03
90.04	09004	ORTHOPEDICS CLINIC						90.04
90.05	09005	PULMONOLOGY CLINIC						90.05
90.06	09006	CVT CLINIC						90.06
90.07	09007	MWH CLINIC						90.07
90.08	09008	NEUROSURGERY CLINIC						90.08
90.09	09009	HEADACHE CLINIC						90.09
90.10	09010	UW GENERAL SURGERY CLINIC						90.10
90.11	09011	MFM CLINIC						90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC						90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		23.01	23.20	
90.13	09013	INFECTIOUS DISEASE CLINIC						90.13
91.00	09100	EMERGENCY						91.00
91.05	09101	AMBULATORY CARE						91.05
91.10	09102	PSYCHIATRIC PARTIAL						91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.10	19001	MCC WORD PROCESSING						190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCPS						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDISHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMENS CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	112,600	3,878	3,117	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	112,600	3,878	3,117	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		31,546				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			6,279,760	0	6,279,760	30.00
31.00	03100	INTENSIVE CARE UNIT			923,835	0	923,835	31.00
31.01	03101	PEDIATRIC ICU			0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF			711,447	0	711,447	40.00
43.00	04300	NURSERY			558,661	0	558,661	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			3,184,830	0	3,184,830	50.00
50.20	03340	GASTRO INTESTINAL SERVICES			259,505	0	259,505	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM			277,524	0	277,524	52.00
53.00	05300	ANESTHESIOLOGY			69,188	0	69,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,143,440	0	2,143,440	54.00
54.10	03480	ONCOLOGY			2,265,064	0	2,265,064	54.10
54.20	05401	CT			164,821	0	164,821	54.20
54.30	05402	MRI			187,775	0	187,775	54.30
60.00	06000	LABORATORY			1,077,782	0	1,077,782	60.00
60.01	06001	BLOOD			100,340	0	100,340	60.01
65.00	06500	RESPIRATORY THERAPY			342,548	0	342,548	65.00
66.00	06600	PHYSICAL THERAPY			635,085	0	635,085	66.00
69.00	06900	ELECTROCARDIOLOGY			277,402	0	277,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			55,785	0	55,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			448,538	0	448,538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			79,136	0	79,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			836,394	0	836,394	73.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
75.01	07501	SLEEP LAB			190,647	0	190,647	75.01
75.10	03950	NUTRITIONAL SUPPORT			656	0	656	75.10
75.20	03951	HEMODIALYSIS			74,321	0	74,321	75.20
76.97	07697	CARDIAC REHABILITATION			291,561	0	291,561	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			198,549	0	198,549	76.98
76.99	07699	LITHOTRIPSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	CHILDRENS CLINIC			0	0	0	90.01
90.02	09002	DIABETES CLINIC			122,995	0	122,995	90.02
90.03	09003	STATELINE CLINIC			18,531	0	18,531	90.03
90.04	09004	ORTHOPEDICS CLINIC			319,151	0	319,151	90.04
90.05	09005	PULMONOLOGY CLINIC			89,695	0	89,695	90.05
90.06	09006	CVT CLINIC			37,977	0	37,977	90.06
90.07	09007	MWH CLINIC			562,374	0	562,374	90.07
90.08	09008	NEUROSURGERY CLINIC			102,812	0	102,812	90.08
90.09	09009	HEADACHE CLINIC			104,324	0	104,324	90.09
90.10	09010	UW GENERAL SURGERY CLINIC			168,268	0	168,268	90.10
90.11	09011	MFM CLINIC			83,890	0	83,890	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC			125,372	0	125,372	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.13	09013	INFECTIOUS DISEASE CLINIC			30,184	0	30,184	90.13
91.00	09100	EMERGENCY			1,295,187	0	1,295,187	91.00
91.05	09101	AMBULATORY CARE			0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL			115,324	0	115,324	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			329,019	0	329,019	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	25,139,697	0	25,139,697	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			37,101	0	37,101	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS			2,467,990	0	2,467,990	192.01
192.02	19202	MEDWORKS			0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER			0	0	0	192.03
192.20	19204	IDLE SPACE			0	0	0	192.20
193.00	19300	NONPAID WORKERS			0	0	0	193.00
193.10	19301	HOTEL			0	0	0	193.10
193.30	19302	PHYSICIAN BILLING			0	0	0	193.30
193.40	19303	MEALS ON WHEELS			0	0	0	193.40
193.50	19304	WEE CARE			0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS			48,216	0	48,216	193.60
193.70	19306	WOMENS CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			39,926	0	39,926	193.80
193.90	19308	COMPLIMENTARY MEDICINE			118,448	0	118,448	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			138,791	0	138,791	194.00
200.00		Cross Foot Adjustments	0	31,546	151,141	0	151,141	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	31,546	28,141,310	0	28,141,310	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,012,413					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,012,413				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	281,065			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	204,812	204,812	49,789	-67,549,092	379,062,669	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,450	1,450	1,580	0	2,583,014	6.00
7.00	00700	OPERATION OF PLANT	83,415	83,415	1,583	0	7,276,442	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	282	0	1,602,522	8.00
9.00	00900	HOUSEKEEPING	12,631	12,631	8,432	0	4,542,248	9.00
10.00	01000	DIETARY	30,580	30,580	7,516	0	4,687,640	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,011	1,011	1,580	0	2,454,185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	589,991	14.00
15.00	01500	PHARMACY	7,875	7,875	6,338	0	8,938,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	3,265	0	2,864,848	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	4,691,066	22.00
23.00	02300	PARAMED ED PRGM	0	0	201	0	183,520	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	200	0	133,586	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	1,043	0	1,208,669	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	158,107	158,107	32,511	0	37,017,947	30.00
31.00	03100	INTENSIVE CARE UNIT	22,154	22,154	5,989	0	7,988,042	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,189	18,189	3,835	0	3,310,434	40.00
43.00	04300	NURSERY	13,868	13,868	4,342	0	5,317,957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	15,959	0	21,546,388	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	1,006	0	1,528,237	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	3,470	0	4,171,342	52.00
53.00	05300	ANESTHESIOLOGY	773	773	306	0	2,538,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,756	54,756	13,097	0	17,705,804	54.00
54.10	03480	ONCOLOGY	61,464	61,464	9,402	0	18,594,324	54.10
54.20	05401	CT	3,078	3,078	1,032	0	2,185,904	54.20
54.30	05402	MRI	4,524	4,524	788	0	1,938,931	54.30
60.00	06000	LABORATORY	23,600	23,600	9,192	0	15,222,172	60.00
60.01	06001	BLOOD	2,436	2,436	393	0	1,245,206	60.01
65.00	06500	RESPIRATORY THERAPY	7,903	7,903	4,009	0	4,334,627	65.00
66.00	06600	PHYSICAL THERAPY	15,367	15,367	5,898	0	7,192,701	66.00
69.00	06900	ELECTROCARDIOLOGY	7,011	7,011	1,425	0	2,178,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	323	0	288,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	27,971,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,616,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243	1,243	1,396	0	20,287,713	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	818	0	1,150,001	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	41,302	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	0	0	869,336	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	923	0	1,230,701	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	1,605	0	2,032,064	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	88	0	739,318	90.02
90.03	09003	STATELINE CLINIC	0	0	642	0	1,004,042	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	1,274	0	2,678,179	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	882	0	2,196,156	90.05
90.06	09006	CVT CLINIC	1,072	1,072	19	0	235,477	90.06
90.07	09007	MWH CLINIC	15,319	15,319	1,897	0	3,938,996	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	665	0	1,858,072	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	557	0	1,607,292	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	659	0	1,045,145	90.10
90.11	09011	MFM CLINIC	2,455	2,455	239	0	266,524	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	492	0	1,527,030	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	249	0	162,842	90.13
91.00	09100	EMERGENCY	28,033	28,033	12,766	0	16,613,313	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	3,209	3,209	506	0	581,484	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	7,326	7,326	4,480	0	5,961,849	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	967,020	967,020	224,943	-67,549,092	292,675,889	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	1,131	0	0	61,128	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	37,364	37,364	51,250	0	79,095,466	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	11,593	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	499	0	1,002,425	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	491	0	2,461,955	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,510	2,510	1,941	0	1,812,440	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	3,367	3,367	1,941	0	1,953,366	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,369,415	19,771,895	4,252,647		67,549,092	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.266799	19.529476	15.130475		0.178200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			223,955		5,732,680	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.796809		0.015123	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	798,094					6.00
7.00	00700	OPERATION OF PLANT	83,415	714,679				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	1,413,102			8.00
9.00	00900	HOUSEKEEPING	12,631	12,631	0	694,832		9.00
10.00	01000	DIETARY	30,580	30,580	5,766	30,580	417,361	10.00
11.00	01100	CAFETERIA	0	0	0	0	264,842	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,011	1,011	0	1,011	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	7,875	7,875	0	7,875	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	0	10,158	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	1,858	1,292	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	158,107	158,107	550,384	158,107	122,653	30.00
31.00	03100	INTENSIVE CARE UNIT	22,154	22,154	91,342	22,154	9,802	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,189	18,189	23,137	18,189	20,064	40.00
43.00	04300	NURSERY	13,868	13,868	29,631	13,868	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	166,053	84,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	19,922	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	54,946	5,559	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,756	54,756	104,590	54,756	0	54.00
54.10	03480	ONCOLOGY	61,464	61,464	0	61,464	0	54.10
54.20	05401	CT	3,078	3,078	51,153	3,078	0	54.20
54.30	05402	MRI	4,524	4,524	10,882	4,524	0	54.30
60.00	06000	LABORATORY	23,600	23,600	1,800	23,600	0	60.00
60.01	06001	BLOOD	2,436	2,436	0	2,436	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,903	7,903	257	7,903	0	65.00
66.00	06600	PHYSICAL THERAPY	15,367	15,367	0	15,367	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,011	7,011	17,010	7,011	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	1,721	1,523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243	1,243	0	1,243	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	0	5,232	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	3,476	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	0	4,970	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	8,450	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	0	1,603	0	90.05
90.06	09006	CVT CLINIC	1,072	1,072	0	1,072	0	90.06
90.07	09007	MWH CLINIC	15,319	15,319	0	15,319	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	2,219	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	2,387	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	4,646	0	90.10
90.11	09011	MFM CLINIC	2,455	2,455	0	2,455	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	3,083	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	0	823	0	90.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
91.00	09100	EMERGENCY	28,033	28,033	275,092	28,033	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	3,209	3,209	4,082	3,209	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,326	7,326	0	7,326	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	752,701	669,286	1,413,102	649,439	417,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	1,131	0	1,131	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	37,364	37,364	0	37,364	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	0	1,021	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,510	2,510	0	2,510	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	3,367	3,367	0	3,367	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,043,307	8,891,184	2,005,380	5,556,982	6,272,774	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.813219	12.440808	1.419133	7.997591	15.029612	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	80,627	2,438,356	250,387	470,877	1,056,058	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.101024	3.411820	0.177190	0.677685	2.530323	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:

11/18/2019 11:29 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	142,876					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,418	0	45,682,454			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,430,181		14.00
15.00	01500	PHARMACY	5,597	0	0	11,779	41,548,905	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,065	0	0	5	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	201	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	200	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	1,048	689	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,320	0	18,458,136	1,306,473	138	30.00
31.00	03100	INTENSIVE CARE UNIT	5,989	0	4,749,125	285,870	2,985	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,835	0	998,141	1,391	231	40.00
43.00	04300	NURSERY	4,342	0	2,188,031	2,041	18	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,900	0	6,344,957	478,883	12,560	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	1,006	0	669,059	25,029	665	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,470	0	2,081,505	44,569	22	52.00
53.00	05300	ANESTHESIOLOGY	306	0	0	0	313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,871	0	1,951,411	186,585	234,939	54.00
54.10	03480	ONCOLOGY	0	0	103,830	305	37,097	54.10
54.20	05401	CT	1,032	0	0	7,730	232,096	54.20
54.30	05402	MRI	788	0	0	346	91,047	54.30
60.00	06000	LABORATORY	8,846	0	0	2,880	113	60.00
60.01	06001	BLOOD	393	0	0	12	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,452	0	0	837	18,853	65.00
66.00	06600	PHYSICAL THERAPY	5,037	0	0	87	559	66.00
69.00	06900	ELECTROCARDIOLOGY	1,350	0	514,276	6,711	2,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	323	0	0	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,396	0	0	8	40,872,497	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	726	0	0	52	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	1,169	449	75.20
76.97	07697	CARDIAC REHABILITATION	923	0	96,209	52	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,051	0	591,938	8,247	16,799	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	642	0	227,389	12	520	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,274	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	882	0	0	0	0	90.05
90.06	09006	CVT CLINIC	19	0	0	0	0	90.06
90.07	09007	MWH CLINIC	1,897	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	665	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	557	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	659	0	0	0	0	90.10
90.11	09011	MFM CLINIC	239	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	492	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	249	0	0	0	0	90.13
91.00	09100	EMERGENCY	10,923	0	6,608,107	57,362	20,821	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	506	0	24,105	0	41	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	464	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	132,841	0	45,606,219	2,429,964	41,545,892	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	7,603	0	35,357	5	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	5	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	491	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,941	0	40,878	28	3,013	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	179	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,980,473	0	2,955,545	719,742	10,882,187	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.859634	0.000000	0.064698	0.296168	0.261913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	670,136	0	77,363	41,389	418,583	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.690333	0.000000	0.001693	0.017031	0.010074	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:

11/18/2019 11:29 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,414,211,471					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM	0	0				23.00
23.01	02304	PHARMACY RESIDENCY	0	0				23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0				23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,177,041	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,554,691	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	12,166,900	0	0	0	0	40.00
43.00	04300	NURSERY	11,442,511	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	228,922,051	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	14,882,855	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,300,708	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,488,554	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,930,489	0	0	0	0	54.00
54.10	03480	ONCOLOGY	61,109,784	0	0	0	0	54.10
54.20	05401	CT	100,699,231	0	0	0	0	54.20
54.30	05402	MRI	41,060,652	0	0	0	0	54.30
60.00	06000	LABORATORY	271,904,339	0	0	0	0	60.00
60.01	06001	BLOOD	8,958,423	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	28,551,065	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	40,236,924	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	54,437,932	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,972,191	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	159,518,846	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	247,313,515	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,537,958	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	11,512,983	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	191,227	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	3,684,382	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	1,951,317	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,272,000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	1,019,439	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	17,720,726	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,569,420	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	2,300,226	0	0	0	0	90.05
90.06	09006	CVT CLINIC	146,778	0	0	0	0	90.06
90.07	09007	MWH CLINIC	14,933,453	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	526,680	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	3,796,257	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,467,854	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.11	09011	MFM CLINIC	124,544	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	6,022,711	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	179,985	0	0	0	0	90.13
91.00	09100	EMERGENCY	154,579,999	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	2,147,345	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	5,897,485	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,414,211,471	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,707,104	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001536	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	385,224	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000160	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.20	23.30	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,730					22.00
23.00	02300	PARAMED ED PRGM		100				23.00
23.01	02304	PHARMACY RESIDENCY			100			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY				0		23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,250	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	80	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	120	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	0	54.30
60.00	06000	LABORATORY	0	100	0	0	0	60.00
60.01	06001	BLOOD	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	80	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.20	23.30	
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	130	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,730	100	100	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,560,985	221,823	162,963	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,036.990842	2,218.230000	1,629.630000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	112,600	3,878	3,117	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	41.245421	38.780000	31.170000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
			23.40	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02304	PHARMACY RESIDENCY		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY		23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY		23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	100	23.40
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	PEDIATRIC ICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.10	03480	ONCOLOGY	0	54.10
54.20	05401	CT	0	54.20
54.30	05402	MRI	0	54.30
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	SLEEP LAB	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	75.10
75.20	03951	HEMODIALYSIS	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	CHILDRENS CLINIC	0	90.01
90.02	09002	DIABETES CLINIC	0	90.02
90.03	09003	STATELINE CLINIC	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	90.05
90.06	09006	CVT CLINIC	0	90.06
90.07	09007	MWH CLINIC	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	90.08
90.09	09009	HEADACHE CLINIC	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	90.10
90.11	09011	MFM CLINIC	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
			23.40	
90.13	09013	INFECTIOUS DISEASE CLINIC	0	90.13
91.00	09100	EMERGENCY	100	91.00
91.05	09101	AMBULATORY CARE	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.10	19001	MCC WORD PROCESSING	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	192.01
192.02	19202	MEDWORKS	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	192.03
192.20	19204	IDLE SPACE	0	192.20
193.00	19300	NONPAID WORKERS	0	193.00
193.10	19301	HOTEL	0	193.10
193.30	19302	PHYSICIAN BILLING	0	193.30
193.40	19303	MEALS ON WHEELS	0	193.40
193.50	19304	WEE CARE	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	193.60
193.70	19306	WOMENS CENTER	0	193.70
193.80	19307	MARKETING EXPENSES	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,433,954	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14,339.540000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,546	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	315.460000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

MCRIF32 - 15.9.167.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	121,444,175		121,444,175			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,554,691		47,554,691			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	12,166,900		12,166,900			40.00	
43.00	04300	NURSERY	11,442,511		11,442,511			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	84,067,717	144,854,334	228,922,051	0.126613	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	3,825,068	11,057,787	14,882,855	0.141100	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,194,394	1,106,314	22,300,708	0.242426	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,998,299	12,490,255	27,488,554	0.111317	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,105,570	144,824,919	191,930,489	0.120908	0.000000	54.00	
54.10	03480	ONCOLOGY	537,025	60,572,759	61,109,784	0.384698	0.000000	54.10	
54.20	05401	CT	25,730,147	74,969,084	100,699,231	0.029486	0.000000	54.20	
54.30	05402	MRI	7,030,643	34,030,009	41,060,652	0.061338	0.000000	54.30	
60.00	06000	LABORATORY	70,429,970	201,474,369	271,904,339	0.071336	0.000000	60.00	
60.01	06001	BLOOD	6,642,865	2,315,558	8,958,423	0.173121	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	19,653,799	8,897,266	28,551,065	0.190686	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,734,157	28,502,767	40,236,924	0.224903	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	18,739,426	35,698,506	54,437,932	0.053598	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	774,572	3,197,619	3,972,191	0.099175	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,559,139	84,959,707	159,518,846	0.208133	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,341,667	91,971,848	247,313,515	0.014000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	148,257,963	298,279,995	446,537,958	0.079556	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	16,648	11,496,335	11,512,983	0.132002	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	517	190,710	191,227	0.256010	0.000000	75.10	
75.20	03951	HEMODIALYSIS	3,266,651	417,731	3,684,382	0.293334	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	3,545	1,947,772	1,951,317	0.084907	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	59,810	8,212,190	8,272,000	0.314535	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	53,650	965,789	1,019,439	0.968559	0.000000	90.02	
90.03	09003	STATELINE CLINIC	20,548	17,700,178	17,720,726	0.068292	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	8,311	8,561,109	8,569,420	0.397811	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	14,099	2,286,127	2,300,226	1.154014	0.000000	90.05	
90.06	09006	CVT CLINIC	2,975	143,803	146,778	2.072456	0.000000	90.06	
90.07	09007	MWH CLINIC	80,976	14,852,477	14,933,453	0.340727	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	2,730	523,950	526,680	4.295456	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	4,577	3,791,680	3,796,257	0.519709	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	5,334	1,462,520	1,467,854	0.929709	0.000000	90.10	
90.11	09011	MFM CLINIC	3,281	121,263	124,544	3.054382	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	32,415	5,990,296	6,022,711	0.314953	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	9,607	170,378	179,985	1.216946	0.000000	90.13	
91.00	09100	EMERGENCY	35,489,393	119,090,606	154,579,999	0.149241	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	2,147,345	2,147,345	0.366819	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,832,998	21,899,868	26,732,866	0.362120	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	5,897,485	5,897,485			101.00	
200.00		Subtotal (see instructions)	947,138,763	1,467,072,708	2,414,211,471			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	947,138,763	1,467,072,708	2,414,211,471			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	PEDIATRIC ICU				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.126749			50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.141759			50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242426			52.00
53.00	05300	ANESTHESIOLOGY	0.111754			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120930			54.00
54.10	03480	ONCOLOGY	0.386414			54.10
54.20	05401	CT	0.029486			54.20
54.30	05402	MRI	0.061338			54.30
60.00	06000	LABORATORY	0.071336			60.00
60.01	06001	BLOOD	0.173121			60.01
65.00	06500	RESPIRATORY THERAPY	0.190686			65.00
66.00	06600	PHYSICAL THERAPY	0.224903			66.00
69.00	06900	ELECTROCARDIOLOGY	0.053598			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099175			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.208133			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.014000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.079556			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	SLEEP LAB	0.132002			75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256010			75.10
75.20	03951	HEMODIALYSIS	0.293334			75.20
76.97	07697	CARDIAC REHABILITATION	0.864907			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.316623			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CHILDRENS CLINIC	0.000000			90.01
90.02	09002	DIABETES CLINIC	0.968559			90.02
90.03	09003	STATELINE CLINIC	0.068292			90.03
90.04	09004	ORTHOPEDICS CLINIC	0.397811			90.04
90.05	09005	PULMONOLOGY CLINIC	1.154014			90.05
90.06	09006	CVT CLINIC	2.072456			90.06
90.07	09007	MWH CLINIC	0.340727			90.07
90.08	09008	NEUROSURGERY CLINIC	4.295456			90.08
90.09	09009	HEADACHE CLINIC	0.519709			90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.929709			90.10
90.11	09011	MFM CLINIC	3.054382			90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.314953			90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.216946			90.13
91.00	09100	EMERGENCY	0.149342			91.00
91.05	09101	AMBULATORY CARE	0.000000			91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.366819			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.362120			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,782,565		52,782,565	5,985	52,788,550
31.00	03100	INTENSIVE CARE UNIT	10,858,330		10,858,330	0	10,858,330
31.01	03101	PEDIATRIC ICU	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	4,866,435		4,866,435	0	4,866,435
43.00	04300	NURSERY	6,924,702		6,924,702	8,326	6,933,028
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,984,447		28,984,447	31,125	29,015,572
50.20	03340	GASTRO INTESTINAL SERVICES	2,099,976		2,099,976	9,808	2,109,784
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,406,268		5,406,268	0	5,406,268
53.00	05300	ANESTHESIOLOGY	3,059,950		3,059,950	12,005	3,071,955
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,205,901		23,205,901	4,202	23,210,103
54.10	03480	ONCOLOGY	23,508,824		23,508,824	104,879	23,613,703
54.20	05401	CT	2,969,175		2,969,175	0	2,969,175
54.30	05402	MRI	2,518,576		2,518,576	0	2,518,576
60.00	06000	LABORATORY	19,396,452		19,396,452	0	19,396,452
60.01	06001	BLOOD	1,550,892		1,550,892	0	1,550,892
65.00	06500	RESPIRATORY THERAPY	5,444,295	0	5,444,295	0	5,444,295
66.00	06600	PHYSICAL THERAPY	9,049,420	0	9,049,420	0	9,049,420
69.00	06900	ELECTROCARDIOLOGY	2,917,757		2,917,757	0	2,917,757
70.00	07000	ELECTROENCEPHALOGRAPHY	393,943		393,943	0	393,943
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,201,197		33,201,197	0	33,201,197
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,462,399		3,462,399	0	3,462,399
73.00	07300	DRUGS CHARGED TO PATIENTS	35,524,769		35,524,769	0	35,524,769
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
75.01	07501	SLEEP LAB	1,519,740		1,519,740	0	1,519,740
75.10	03950	NUTRITIONAL SUPPORT	48,956		48,956	0	48,956
75.20	03951	HEMODIALYSIS	1,080,755		1,080,755	0	1,080,755
76.97	07697	CARDIAC REHABILITATION	1,687,707		1,687,707	0	1,687,707
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,601,834		2,601,834	17,272	2,619,106
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	CHILDRENS CLINIC	0		0	0	0
90.02	09002	DIABETES CLINIC	987,387		987,387	0	987,387
90.03	09003	STATELINE CLINIC	1,210,181		1,210,181	0	1,210,181
90.04	09004	ORTHOPEDICS CLINIC	3,409,013		3,409,013	0	3,409,013
90.05	09005	PULMONOLOGY CLINIC	2,654,492		2,654,492	0	2,654,492
90.06	09006	CVT CLINIC	304,191		304,191	0	304,191
90.07	09007	MWH CLINIC	5,088,224		5,088,224	0	5,088,224
90.08	09008	NEUROSURGERY CLINIC	2,262,331		2,262,331	0	2,262,331
90.09	09009	HEADACHE CLINIC	1,972,948		1,972,948	0	1,972,948
90.10	09010	UW GENERAL SURGERY CLINIC	1,364,677		1,364,677	0	1,364,677
90.11	09011	MFM CLINIC	380,405		380,405	0	380,405
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	1,896,873		1,896,873	0	1,896,873
90.13	09013	INFECTIOUS DISEASE CLINIC	219,032		219,032	0	219,032
91.00	09100	EMERGENCY	23,069,715		23,069,715	15,593	23,085,308
91.05	09101	AMBULATORY CARE	0		0	0	0
91.10	09102	PSYCHIATRIC PARTIAL	787,687		787,687	0	787,687
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,680,498		9,680,498	0	9,680,498
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,211,113		7,211,113	0	7,211,113
200.00		Subtotal (see instructions)	347,564,032	0	347,564,032	209,195	347,773,227
201.00		Less Observation Beds	9,680,498		9,680,498	0	9,680,498
202.00		Total (see instructions)	337,883,534	0	337,883,534	209,195	338,092,729

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

				Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,444,175		121,444,175			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,554,691		47,554,691			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	12,166,900		12,166,900			40.00	
43.00	04300	NURSERY	11,442,511		11,442,511			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,067,717	144,854,334	228,922,051	0.126613	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	3,825,068	11,057,787	14,882,855	0.141100	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,194,394	1,106,314	22,300,708	0.242426	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,998,299	12,490,255	27,488,554	0.111317	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,105,570	144,824,919	191,930,489	0.120908	0.000000	54.00	
54.10	03480	ONCOLOGY	537,025	60,572,759	61,109,784	0.384698	0.000000	54.10	
54.20	05401	CT	25,730,147	74,969,084	100,699,231	0.029486	0.000000	54.20	
54.30	05402	MRI	7,030,643	34,030,009	41,060,652	0.061338	0.000000	54.30	
60.00	06000	LABORATORY	70,429,970	201,474,369	271,904,339	0.071336	0.000000	60.00	
60.01	06001	BLOOD	6,642,865	2,315,558	8,958,423	0.173121	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	19,653,799	8,897,266	28,551,065	0.190686	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,734,157	28,502,767	40,236,924	0.224903	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	18,739,426	35,698,506	54,437,932	0.053598	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	774,572	3,197,619	3,972,191	0.099175	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,559,139	84,959,707	159,518,846	0.208133	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,341,667	91,971,848	247,313,515	0.014000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	148,257,963	298,279,995	446,537,958	0.079556	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	16,648	11,496,335	11,512,983	0.132002	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	517	190,710	191,227	0.256010	0.000000	75.10	
75.20	03951	HEMODIALYSIS	3,266,651	417,731	3,684,382	0.293334	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	3,545	1,947,772	1,951,317	0.084907	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	59,810	8,212,190	8,272,000	0.314535	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	53,650	965,789	1,019,439	0.968559	0.000000	90.02	
90.03	09003	STATELINE CLINIC	20,548	17,700,178	17,720,726	0.068292	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	8,311	8,561,109	8,569,420	0.397811	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	14,099	2,286,127	2,300,226	1.154014	0.000000	90.05	
90.06	09006	CVT CLINIC	2,975	143,803	146,778	2.072456	0.000000	90.06	
90.07	09007	MWH CLINIC	80,976	14,852,477	14,933,453	0.340727	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	2,730	523,950	526,680	4.295456	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	4,577	3,791,680	3,796,257	0.519709	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	5,334	1,462,520	1,467,854	0.929709	0.000000	90.10	
90.11	09011	MFM CLINIC	3,281	121,263	124,544	3.054382	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	32,415	5,990,296	6,022,711	0.314953	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	9,607	170,378	179,985	1.216946	0.000000	90.13	
91.00	09100	EMERGENCY	35,489,393	119,090,606	154,579,999	0.149241	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	2,147,345	2,147,345	0.366819	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,832,998	21,899,868	26,732,866	0.362120	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,897,485	5,897,485			101.00	
200.00		Subtotal (see instructions)	947,138,763	1,467,072,708	2,414,211,471			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	947,138,763	1,467,072,708	2,414,211,471			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	PEDIATRIC ICU				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480	ONCOLOGY	0.000000			54.10
54.20	05401	CT	0.000000			54.20
54.30	05402	MRI	0.000000			54.30
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	SLEEP LAB	0.000000			75.01
75.10	03950	NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951	HEMODIALYSIS	0.000000			75.20
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CHILDRENS CLINIC	0.000000			90.01
90.02	09002	DIABETES CLINIC	0.000000			90.02
90.03	09003	STATELINE CLINIC	0.000000			90.03
90.04	09004	ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005	PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006	CVT CLINIC	0.000000			90.06
90.07	09007	MWH CLINIC	0.000000			90.07
90.08	09008	NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009	HEADACHE CLINIC	0.000000			90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011	MFM CLINIC	0.000000			90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0.000000			90.13
91.00	09100	EMERGENCY	0.000000			91.00
91.05	09101	AMBULATORY CARE	0.000000			91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

				Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,782,565		52,782,565	5,985	52,788,550
31.00	03100	INTENSIVE CARE UNIT	10,858,330		10,858,330	0	10,858,330
31.01	03101	PEDIATRIC ICU	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	4,866,435		4,866,435	0	4,866,435
43.00	04300	NURSERY	6,924,702		6,924,702	8,326	6,933,028
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,984,447		28,984,447	31,125	29,015,572
50.20	03340	GASTRO INTESTINAL SERVICES	2,099,976		2,099,976	9,808	2,109,784
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,406,268		5,406,268	0	5,406,268
53.00	05300	ANESTHESIOLOGY	3,059,950		3,059,950	12,005	3,071,955
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,205,901		23,205,901	4,202	23,210,103
54.10	03480	ONCOLOGY	23,508,824		23,508,824	104,879	23,613,703
54.20	05401	CT	2,969,175		2,969,175	0	2,969,175
54.30	05402	MRI	2,518,576		2,518,576	0	2,518,576
60.00	06000	LABORATORY	19,396,452		19,396,452	0	19,396,452
60.01	06001	BLOOD	1,550,892		1,550,892	0	1,550,892
65.00	06500	RESPIRATORY THERAPY	5,444,295	0	5,444,295	0	5,444,295
66.00	06600	PHYSICAL THERAPY	9,049,420	0	9,049,420	0	9,049,420
69.00	06900	ELECTROCARDIOLOGY	2,917,757		2,917,757	0	2,917,757
70.00	07000	ELECTROENCEPHALOGRAPHY	393,943		393,943	0	393,943
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,201,197		33,201,197	0	33,201,197
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,462,399		3,462,399	0	3,462,399
73.00	07300	DRUGS CHARGED TO PATIENTS	35,524,769		35,524,769	0	35,524,769
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
75.01	07501	SLEEP LAB	1,519,740		1,519,740	0	1,519,740
75.10	03950	NUTRITIONAL SUPPORT	48,956		48,956	0	48,956
75.20	03951	HEMODIALYSIS	1,080,755		1,080,755	0	1,080,755
76.97	07697	CARDIAC REHABILITATION	1,687,707		1,687,707	0	1,687,707
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,601,834		2,601,834	17,272	2,619,106
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	CHILDRENS CLINIC	0		0	0	0
90.02	09002	DIABETES CLINIC	987,387		987,387	0	987,387
90.03	09003	STATELINE CLINIC	1,210,181		1,210,181	0	1,210,181
90.04	09004	ORTHOPEDICS CLINIC	3,409,013		3,409,013	0	3,409,013
90.05	09005	PULMONOLOGY CLINIC	2,654,492		2,654,492	0	2,654,492
90.06	09006	CVT CLINIC	304,191		304,191	0	304,191
90.07	09007	MWH CLINIC	5,088,224		5,088,224	0	5,088,224
90.08	09008	NEUROSURGERY CLINIC	2,262,331		2,262,331	0	2,262,331
90.09	09009	HEADACHE CLINIC	1,972,948		1,972,948	0	1,972,948
90.10	09010	UW GENERAL SURGERY CLINIC	1,364,677		1,364,677	0	1,364,677
90.11	09011	MFM CLINIC	380,405		380,405	0	380,405
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	1,896,873		1,896,873	0	1,896,873
90.13	09013	INFECTIOUS DISEASE CLINIC	219,032		219,032	0	219,032
91.00	09100	EMERGENCY	23,069,715		23,069,715	15,593	23,085,308
91.05	09101	AMBULATORY CARE	0		0	0	0
91.10	09102	PSYCHIATRIC PARTIAL	787,687		787,687	0	787,687
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,680,498		9,680,498	0	9,680,498
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,211,113		7,211,113	0	7,211,113
200.00		Subtotal (see instructions)	347,564,032	0	347,564,032	209,195	347,773,227
201.00		Less Observation Beds	9,680,498		9,680,498	0	9,680,498
202.00		Total (see instructions)	337,883,534	0	337,883,534	209,195	338,092,729

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

					Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,444,175		121,444,175			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,554,691		47,554,691			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	12,166,900		12,166,900			40.00	
43.00	04300	NURSERY	11,442,511		11,442,511			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,067,717	144,854,334	228,922,051	0.126613	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	3,825,068	11,057,787	14,882,855	0.141100	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,194,394	1,106,314	22,300,708	0.242426	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,998,299	12,490,255	27,488,554	0.111317	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,105,570	144,824,919	191,930,489	0.120908	0.000000	54.00	
54.10	03480	ONCOLOGY	537,025	60,572,759	61,109,784	0.384698	0.000000	54.10	
54.20	05401	CT	25,730,147	74,969,084	100,699,231	0.029486	0.000000	54.20	
54.30	05402	MRI	7,030,643	34,030,009	41,060,652	0.061338	0.000000	54.30	
60.00	06000	LABORATORY	70,429,970	201,474,369	271,904,339	0.071336	0.000000	60.00	
60.01	06001	BLOOD	6,642,865	2,315,558	8,958,423	0.173121	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	19,653,799	8,897,266	28,551,065	0.190686	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,734,157	28,502,767	40,236,924	0.224903	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	18,739,426	35,698,506	54,437,932	0.053598	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	774,572	3,197,619	3,972,191	0.099175	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,559,139	84,959,707	159,518,846	0.208133	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,341,667	91,971,848	247,313,515	0.014000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	148,257,963	298,279,995	446,537,958	0.079556	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	16,648	11,496,335	11,512,983	0.132002	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	517	190,710	191,227	0.256010	0.000000	75.10	
75.20	03951	HEMODIALYSIS	3,266,651	417,731	3,684,382	0.293334	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	3,545	1,947,772	1,951,317	0.084907	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	59,810	8,212,190	8,272,000	0.314535	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	53,650	965,789	1,019,439	0.968559	0.000000	90.02	
90.03	09003	STATELINE CLINIC	20,548	17,700,178	17,720,726	0.068292	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	8,311	8,561,109	8,569,420	0.397811	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	14,099	2,286,127	2,300,226	1.154014	0.000000	90.05	
90.06	09006	CVT CLINIC	2,975	143,803	146,778	2.072456	0.000000	90.06	
90.07	09007	MWH CLINIC	80,976	14,852,477	14,933,453	0.340727	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	2,730	523,950	526,680	4.295456	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	4,577	3,791,680	3,796,257	0.519709	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	5,334	1,462,520	1,467,854	0.929709	0.000000	90.10	
90.11	09011	MFM CLINIC	3,281	121,263	124,544	3.054382	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	32,415	5,990,296	6,022,711	0.314953	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	9,607	170,378	179,985	1.216946	0.000000	90.13	
91.00	09100	EMERGENCY	35,489,393	119,090,606	154,579,999	0.149241	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	2,147,345	2,147,345	0.366819	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,832,998	21,899,868	26,732,866	0.362120	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,897,485	5,897,485			101.00	
200.00		Subtotal (see instructions)	947,138,763	1,467,072,708	2,414,211,471			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	947,138,763	1,467,072,708	2,414,211,471			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	PEDIATRIC ICU				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480	ONCOLOGY	0.000000			54.10
54.20	05401	CT	0.000000			54.20
54.30	05402	MRI	0.000000			54.30
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	SLEEP LAB	0.000000			75.01
75.10	03950	NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951	HEMODIALYSIS	0.000000			75.20
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CHILDRENS CLINIC	0.000000			90.01
90.02	09002	DIABETES CLINIC	0.000000			90.02
90.03	09003	STATELINE CLINIC	0.000000			90.03
90.04	09004	ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005	PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006	CVT CLINIC	0.000000			90.06
90.07	09007	MWH CLINIC	0.000000			90.07
90.08	09008	NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009	HEADACHE CLINIC	0.000000			90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011	MFM CLINIC	0.000000			90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0.000000			90.13
91.00	09100	EMERGENCY	0.000000			91.00
91.05	09101	AMBULATORY CARE	0.000000			91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/18/2019 11:29 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,279,760	0	6,279,760	54,318	115.61	30.00
31.00	INTENSIVE CARE UNIT	923,835		923,835	5,601	164.94	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	711,447	0	711,447	5,050	140.88	40.00
43.00	NURSERY	558,661		558,661	4,336	128.84	43.00
200.00	Total (lines 30 through 199)	8,473,703		8,473,703	69,305		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,742	1,819,933				
31.00	INTENSIVE CARE UNIT	1,820	300,191				
31.01	PEDIATRIC ICU	0	0				
40.00	SUBPROVIDER - IPF	906	127,637				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	18,468	2,247,761				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/18/2019 11:29 am

				Title XVIII		Hospital	PPS	
	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 (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,184,830	228,922,051	0.013912	24,539,844	341,398	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	259,505	14,882,855	0.017437	1,482,928	25,858	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	277,524	22,300,708	0.012445	84,200	1,048	52.00
53.00	05300	ANESTHESIOLOGY	69,188	27,488,554	0.002517	2,969,223	7,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,143,440	191,930,489	0.011168	17,050,803	190,423	54.00
54.10	03480	ONCOLOGY	2,265,064	61,109,784	0.037065	280,773	10,407	54.10
54.20	05401	CT	164,821	100,699,231	0.001637	9,603,829	15,721	54.20
54.30	05402	MRI	187,775	41,060,652	0.004573	2,130,187	9,741	54.30
60.00	06000	LABORATORY	1,077,782	271,904,339	0.003964	23,359,729	92,598	60.00
60.01	06001	BLOOD	100,340	8,958,423	0.011201	2,123,039	23,780	60.01
65.00	06500	RESPIRATORY THERAPY	342,548	28,551,065	0.011998	7,371,688	88,446	65.00
66.00	06600	PHYSICAL THERAPY	635,085	40,236,924	0.015784	4,382,037	69,166	66.00
69.00	06900	ELECTROCARDIOLOGY	277,402	54,437,932	0.005096	6,800,552	34,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,785	3,972,191	0.014044	294,051	4,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	448,538	159,518,846	0.002812	25,836,077	72,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,136	247,313,515	0.000320	48,074,198	15,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	836,394	446,537,958	0.001873	52,727,306	98,758	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	190,647	11,512,983	0.016559	6,167	102	75.01
75.10	03950	NUTRITIONAL SUPPORT	656	191,227	0.003430	176	1	75.10
75.20	03951	HEMODIALYSIS	74,321	3,684,382	0.020172	1,891,700	38,159	75.20
76.97	07697	CARDIAC REHABILITATION	291,561	1,951,317	0.149418	1,784	267	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	198,549	8,272,000	0.024003	39,331	944	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	122,995	1,019,439	0.120650	8,649	1,044	90.02
90.03	09003	STATELINE CLINIC	18,531	17,720,726	0.001046	3,914	4	90.03
90.04	09004	ORTHOPEDICS CLINIC	319,151	8,569,420	0.037243	4,541	169	90.04
90.05	09005	PULMONOLOGY CLINIC	89,695	2,300,226	0.038994	5,934	231	90.05
90.06	09006	CVT CLINIC	37,977	146,778	0.258738	458	119	90.06
90.07	09007	MWH CLINIC	562,374	14,933,453	0.037659	37,374	1,407	90.07
90.08	09008	NEUROSURGERY CLINIC	102,812	526,680	0.195208	1,660	324	90.08
90.09	09009	HEADACHE CLINIC	104,324	3,796,257	0.027481	1,325	36	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	168,268	1,467,854	0.114635	999	115	90.10
90.11	09011	MFM CLINIC	83,890	124,544	0.673577	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	125,372	6,022,711	0.020817	17,329	361	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	30,184	179,985	0.167703	229	38	90.13
91.00	09100	EMERGENCY	1,295,187	154,579,999	0.008379	11,979,097	100,373	91.00
91.05	09101	AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	115,324	2,147,345	0.053705	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,151,602	26,732,866	0.043078	2,190,795	94,375	92.00
200.00		Total (lines 50 through 199)	17,488,577	2,215,705,709		245,301,926	1,339,708	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0228		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/18/2019 11:29 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	54,318	0.00	15,742		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,601	0.00	1,820		31.00		
31.01	03101	PEDIATRIC ICU	0	0	0	0.00	0		31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	5,050	0.00	906		40.00		
43.00	04300	NURSERY	0	0	4,336	0.00	0		43.00		
200.00	Total (lines 30 through 199)		0	0	69,305		18,468		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	03101	PEDIATRIC ICU	0								31.01
40.00	04000	SUBPROVIDER - IPF	0								40.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	0	221,823	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,963	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	1,433,954	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,818,740	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/18/2019 11:29 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	228,922,051	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	14,882,855	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,300,708	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,488,554	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	191,930,489	0.000000	54.00
54.10	03480	ONCOLOGY	0	0	0	61,109,784	0.000000	54.10
54.20	05401	CT	0	0	0	100,699,231	0.000000	54.20
54.30	05402	MRI	0	0	0	41,060,652	0.000000	54.30
60.00	06000	LABORATORY	0	221,823	221,823	271,904,339	0.000816	60.00
60.01	06001	BLOOD	0	0	0	8,958,423	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,551,065	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,236,924	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,437,932	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,972,191	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	159,518,846	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	247,313,515	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	162,963	162,963	446,537,958	0.000365	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	0	0	0	11,512,983	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	191,227	0.000000	75.10
75.20	03951	HEMODIALYSIS	0	0	0	3,684,382	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,951,317	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	8,272,000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	0	0	0	1,019,439	0.000000	90.02
90.03	09003	STATELINE CLINIC	0	0	0	17,720,726	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,569,420	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	2,300,226	0.000000	90.05
90.06	09006	CVT CLINIC	0	0	0	146,778	0.000000	90.06
90.07	09007	MWH CLINIC	0	0	0	14,933,453	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	526,680	0.000000	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	3,796,257	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	1,467,854	0.000000	90.10
90.11	09011	MFM CLINIC	0	0	0	124,544	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	6,022,711	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	179,985	0.000000	90.13
91.00	09100	EMERGENCY	0	1,433,954	1,433,954	154,579,999	0.009276	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	2,147,345	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	26,732,866	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,818,740	1,818,740	2,215,705,709		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	24,539,844	0	23,664,293	0	50.00	
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	1,482,928	0	3,046,307	0	50.20	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	84,200	0	1,124	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,969,223	0	2,071,820	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,050,803	0	29,586,470	0	54.00	
54.10	03480 ONCOLOGY	0.000000	280,773	0	23,559,528	0	54.10	
54.20	05401 CT	0.000000	9,603,829	0	18,543,026	0	54.20	
54.30	05402 MRI	0.000000	2,130,187	0	7,344,052	0	54.30	
60.00	06000 LABORATORY	0.000816	23,359,729	19,062	21,003,973	17,139	60.00	
60.01	06001 BLOOD	0.000000	2,123,039	0	956,452	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.000000	7,371,688	0	2,394,749	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	4,382,037	0	397,444	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,800,552	0	9,629,238	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	294,051	0	566,557	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	25,836,077	0	20,107,137	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	48,074,198	0	22,289,324	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000365	52,727,306	19,245	102,958,358	37,580	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501 SLEEP LAB	0.000000	6,167	0	2,201,705	0	75.01	
75.10	03950 NUTRITIONAL SUPPORT	0.000000	176	0	528	0	75.10	
75.20	03951 HEMODIALYSIS	0.000000	1,891,700	0	264,207	0	75.20	
76.97	07697 CARDIAC REHABILITATION	0.000000	1,784	0	724,955	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	39,331	0	3,161,823	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01	
90.02	09002 DIABETES CLINIC	0.000000	8,649	0	16,359	0	90.02	
90.03	09003 STATELINE CLINIC	0.000000	3,914	0	413,984	0	90.03	
90.04	09004 ORTHOPEDICS CLINIC	0.000000	4,541	0	2,073,632	0	90.04	
90.05	09005 PULMONOLOGY CLINIC	0.000000	5,934	0	729,816	0	90.05	
90.06	09006 CVT CLINIC	0.000000	458	0	56,028	0	90.06	
90.07	09007 MWH CLINIC	0.000000	37,374	0	5,124,924	0	90.07	
90.08	09008 NEUROSURGERY CLINIC	0.000000	1,660	0	116,781	0	90.08	
90.09	09009 HEADACHE CLINIC	0.000000	1,325	0	291,365	0	90.09	
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	999	0	313,589	0	90.10	
90.11	09011 MFM CLINIC	0.000000	0	0	1,176	0	90.11	
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	17,329	0	2,098,227	0	90.12	
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	229	0	52,305	0	90.13	
91.00	09100 EMERGENCY	0.009276	11,979,097	111,118	17,776,632	164,896	91.00	
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05	
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	17,847	0	91.10	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,190,795	0	6,224,726	0	92.00	
200.00	Total (lines 50 through 199)		245,301,926	149,425	329,780,461	219,615	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/18/2019 11:29 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.126613	23,664,293	0	0	2,996,207	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.141100	3,046,307	0	0	429,834	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242426	1,124	0	0	272	52.00
53.00	05300	ANESTHESIOLOGY	0.111317	2,071,820	0	0	230,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120908	29,586,470	0	0	3,577,241	54.00
54.10	03480	ONCOLOGY	0.384698	23,559,528	0	116	9,063,303	54.10
54.20	05401	CT	0.029486	18,543,026	0	0	546,760	54.20
54.30	05402	MRI	0.061338	7,344,052	0	0	450,469	54.30
60.00	06000	LABORATORY	0.071336	21,003,973	0	0	1,498,339	60.00
60.01	06001	BLOOD	0.173121	956,452	0	0	165,582	60.01
65.00	06500	RESPIRATORY THERAPY	0.190686	2,394,749	0	0	456,645	65.00
66.00	06600	PHYSICAL THERAPY	0.224903	397,444	0	0	89,386	66.00
69.00	06900	ELECTROCARDIOLOGY	0.053598	9,629,238	0	0	516,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099175	566,557	0	0	56,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.208133	20,107,137	0	0	4,184,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.014000	22,289,324	0	0	312,051	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.079556	102,958,358	0	95,042	8,190,955	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0.132002	2,201,705	0	0	290,629	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256010	528	0	0	135	75.10
75.20	03951	HEMODIALYSIS	0.293334	264,207	0	0	77,501	75.20
76.97	07697	CARDIAC REHABILITATION	0.864907	724,955	0	0	627,019	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.314535	3,161,823	0	0	994,504	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0.968559	16,359	0	0	15,845	90.02
90.03	09003	STATELINE CLINIC	0.068292	413,984	0	0	28,272	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.397811	2,073,632	0	0	824,914	90.04
90.05	09005	PULMONOLOGY CLINIC	1.154014	729,816	0	66	842,218	90.05
90.06	09006	CVT CLINIC	2.072456	56,028	0	0	116,116	90.06
90.07	09007	MWH CLINIC	0.340727	5,124,924	0	0	1,746,200	90.07
90.08	09008	NEUROSURGERY CLINIC	4.295456	116,781	0	0	501,628	90.08
90.09	09009	HEADACHE CLINIC	0.519709	291,365	0	0	151,425	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.929709	313,589	0	0	291,547	90.10
90.11	09011	MFM CLINIC	3.054382	1,176	0	0	3,592	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.314953	2,098,227	0	0	660,843	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.216946	52,305	0	0	63,652	90.13
91.00	09100	EMERGENCY	0.149241	17,776,632	0	2,007	2,653,002	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.366819	17,847	0	0	6,547	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.362120	6,224,726	0	0	2,254,098	92.00
200.00		Subtotal (see instructions)		329,780,461	0	97,231	44,914,615	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		329,780,461	0	97,231	44,914,615	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/18/2019 11:29 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03480	ONCOLOGY	0	45		54.10
54.20	05401	CT	0	0		54.20
54.30	05402	MRI	0	0		54.30
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,561		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	SLEEP LAB	0	0		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0		75.10
75.20	03951	HEMODIALYSIS	0	0		75.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILDRENS CLINIC	0	0		90.01
90.02	09002	DIABETES CLINIC	0	0		90.02
90.03	09003	STATELINE CLINIC	0	0		90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0		90.04
90.05	09005	PULMONOLOGY CLINIC	0	76		90.05
90.06	09006	CVT CLINIC	0	0		90.06
90.07	09007	MWH CLINIC	0	0		90.07
90.08	09008	NEUROSURGERY CLINIC	0	0		90.08
90.09	09009	HEADACHE CLINIC	0	0		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0		90.10
90.11	09011	MFM CLINIC	0	0		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0		90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	300		91.00
91.05	09101	AMBULATORY CARE	0	0		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	7,982		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	7,982		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period:

Worksheet D

Component CCN: 14-S228

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 am

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 (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,184,830	228,922,051	0.013912	29,584	412	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	259,505	14,882,855	0.017437	16,323	285	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	277,524	22,300,708	0.012445	41	1	52.00
53.00	05300 ANESTHESIOLOGY	69,188	27,488,554	0.002517	3,355	8	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,143,440	191,930,489	0.011168	57,108	638	54.00
54.10	03480 ONCOLOGY	2,265,064	61,109,784	0.037065	503	19	54.10
54.20	05401 CT	164,821	100,699,231	0.001637	47,194	77	54.20
54.30	05402 MRI	187,775	41,060,652	0.004573	10,797	49	54.30
60.00	06000 LABORATORY	1,077,782	271,904,339	0.003964	585,802	2,322	60.00
60.01	06001 BLOOD	100,340	8,958,423	0.011201	16,138	181	60.01
65.00	06500 RESPIRATORY THERAPY	342,548	28,551,065	0.011998	69,460	833	65.00
66.00	06600 PHYSICAL THERAPY	635,085	40,236,924	0.015784	21,909	346	66.00
69.00	06900 ELECTROCARDIOLOGY	277,402	54,437,932	0.005096	76,026	387	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,785	3,972,191	0.014044	63	1	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	448,538	159,518,846	0.002812	37,172	105	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79,136	247,313,515	0.000320	2,295	1	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	836,394	446,537,958	0.001873	525,600	984	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	190,647	11,512,983	0.016559	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	656	191,227	0.003430	11	0	75.10
75.20	03951 HEMODIALYSIS	74,321	3,684,382	0.020172	2,268	46	75.20
76.97	07697 CARDIAC REHABILITATION	291,561	1,951,317	0.149418	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	198,549	8,272,000	0.024003	16	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	122,995	1,019,439	0.120650	553	67	90.02
90.03	09003 STATELINE CLINIC	18,531	17,720,726	0.001046	30	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	319,151	8,569,420	0.037243	31	1	90.04
90.05	09005 PULMONOLOGY CLINIC	89,695	2,300,226	0.038994	4	0	90.05
90.06	09006 CMT CLINIC	37,977	146,778	0.258738	0	0	90.06
90.07	09007 MWH CLINIC	562,374	14,933,453	0.037659	480	18	90.07
90.08	09008 NEUROSURGERY CLINIC	102,812	526,680	0.195208	0	0	90.08
90.09	09009 HEADACHE CLINIC	104,324	3,796,257	0.027481	3	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	168,268	1,467,854	0.114635	0	0	90.10
90.11	09011 MFM CLINIC	83,890	124,544	0.673577	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	125,372	6,022,711	0.020817	43	1	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	30,184	179,985	0.167703	0	0	90.13
91.00	09100 EMERGENCY	1,295,187	154,579,999	0.008379	405,162	3,395	91.00
91.05	09101 AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	115,324	2,147,345	0.053705	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	26,732,866	0.000000	27,513	0	92.00
200.00	Total (lines 50 through 199)	16,336,975	2,215,705,709		1,935,484	10,177	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/18/2019 11:29 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.10	03480	ONCOLOGY		0	0	0	0	0	54.10
54.20	05401	CT		0	0	0	0	0	54.20
54.30	05402	MRI		0	0	0	0	0	54.30
60.00	06000	LABORATORY		0	0	0	0	221,823	60.00
60.01	06001	BLOOD		0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	162,963	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	SLEEP LAB		0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT		0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS		0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC		0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC		0	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC		0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC		0	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC		0	0	0	0	0	90.05
90.06	09006	CVT CLINIC		0	0	0	0	0	90.06
90.07	09007	MWH CLINIC		0	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC		0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC		0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		0	0	0	0	0	90.10
90.11	09011	MFM CLINIC		0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	1,433,954	91.00
91.05	09101	AMBULATORY CARE		0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL		0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,818,740	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/18/2019 11:29 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	228,922,051	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		0	0	0	14,882,855	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	22,300,708	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	27,488,554	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	191,930,489	0.000000	54.00
54.10	03480	ONCOLOGY		0	0	0	61,109,784	0.000000	54.10
54.20	05401	CT		0	0	0	100,699,231	0.000000	54.20
54.30	05402	MRI		0	0	0	41,060,652	0.000000	54.30
60.00	06000	LABORATORY		0	221,823	221,823	271,904,339	0.000816	60.00
60.01	06001	BLOOD		0	0	0	8,958,423	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	28,551,065	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	40,236,924	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	54,437,932	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,972,191	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	159,518,846	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	247,313,515	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	162,963	162,963	446,537,958	0.000365	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB		0	0	0	11,512,983	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT		0	0	0	191,227	0.000000	75.10
75.20	03951	HEMODIALYSIS		0	0	0	3,684,382	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,951,317	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	8,272,000	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC		0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC		0	0	0	1,019,439	0.000000	90.02
90.03	09003	STATELINE CLINIC		0	0	0	17,720,726	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC		0	0	0	8,569,420	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC		0	0	0	2,300,226	0.000000	90.05
90.06	09006	CVT CLINIC		0	0	0	146,778	0.000000	90.06
90.07	09007	MWH CLINIC		0	0	0	14,933,453	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC		0	0	0	526,680	0.000000	90.08
90.09	09009	HEADACHE CLINIC		0	0	0	3,796,257	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		0	0	0	1,467,854	0.000000	90.10
90.11	09011	MFM CLINIC		0	0	0	124,544	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		0	0	0	6,022,711	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC		0	0	0	179,985	0.000000	90.13
91.00	09100	EMERGENCY		0	1,433,954	1,433,954	154,579,999	0.009276	91.00
91.05	09101	AMBULATORY CARE		0	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL		0	0	0	2,147,345	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	26,732,866	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,818,740	1,818,740	2,215,705,709		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/18/2019 11:29 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				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)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	29,584	0	1	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		0.000000	16,323	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	41	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	3,355	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	57,108	0	2,562	0	54.00
54.10	03480	ONCOLOGY		0.000000	503	0	135	0	54.10
54.20	05401	CT		0.000000	47,194	0	19	0	54.20
54.30	05402	MRI		0.000000	10,797	0	2	0	54.30
60.00	06000	LABORATORY		0.000816	585,802	478	747	1	60.00
60.01	06001	BLOOD		0.000000	16,138	0	7	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.000000	69,460	0	1	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	21,909	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	76,026	0	359	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	63	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	37,172	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	2,295	0	38,458	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000365	525,600	192	5,094	2	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
75.01	07501	SLEEP LAB		0.000000	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT		0.000000	11	0	0	0	75.10
75.20	03951	HEMODIALYSIS		0.000000	2,268	0	29	0	75.20
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	16	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC		0.000000	553	0	0	0	90.02
90.03	09003	STATELINE CLINIC		0.000000	30	0	120	0	90.03
90.04	09004	ORTHOPEDICS CLINIC		0.000000	31	0	672	0	90.04
90.05	09005	PULMONOLOGY CLINIC		0.000000	4	0	0	0	90.05
90.06	09006	CVT CLINIC		0.000000	0	0	2	0	90.06
90.07	09007	MWH CLINIC		0.000000	480	0	193	0	90.07
90.08	09008	NEUROSURGERY CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC		0.000000	3	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	MFM CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		0.000000	43	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC		0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY		0.009276	405,162	3,758	30	0	91.00
91.05	09101	AMBULATORY CARE		0.000000	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL		0.000000	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	27,513	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,935,484	4,428	48,431	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0228

Period:

Worksheet D

Component CCN: 14-S228

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.126613	1	0	0	0 50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.141100	0	0	0	0 50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.242426	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.111317	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120908	2,562	0	0	310 54.00
54.10	03480 ONCOLOGY	0.384698	135	0	0	52 54.10
54.20	05401 CT	0.029486	19	0	0	1 54.20
54.30	05402 MRI	0.061338	2	0	0	0 54.30
60.00	06000 LABORATORY	0.071336	747	0	0	53 60.00
60.01	06001 BLOOD	0.173121	7	0	0	1 60.01
65.00	06500 RESPIRATORY THERAPY	0.190686	1	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.224903	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.053598	359	0	0	19 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.099175	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.208133	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.014000	38,458	0	0	538 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.079556	5,094	0	0	405 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501 SLEEP LAB	0.132002	0	0	0	0 75.01
75.10	03950 NUTRITIONAL SUPPORT	0.256010	0	0	0	0 75.10
75.20	03951 HEMODIALYSIS	0.293334	29	0	0	9 75.20
76.97	07697 CARDIAC REHABILITATION	0.864907	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.314535	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0 90.01
90.02	09002 DIABETES CLINIC	0.968559	0	0	0	0 90.02
90.03	09003 STATELINE CLINIC	0.068292	120	0	0	8 90.03
90.04	09004 ORTHOPEDICS CLINIC	0.397811	672	0	0	267 90.04
90.05	09005 PULMONOLOGY CLINIC	1.154014	0	0	0	0 90.05
90.06	09006 CVT CLINIC	2.072456	2	0	0	4 90.06
90.07	09007 MWH CLINIC	0.340727	193	0	0	66 90.07
90.08	09008 NEUROSURGERY CLINIC	4.295456	0	0	0	0 90.08
90.09	09009 HEADACHE CLINIC	0.519709	0	0	0	0 90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.929709	0	0	0	0 90.10
90.11	09011 MFM CLINIC	3.054382	0	0	0	0 90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.314953	0	0	0	0 90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.216946	0	0	0	0 90.13
91.00	09100 EMERGENCY	0.149241	30	0	0	4 91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0 91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.366819	0	0	0	0 91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.362120	0	0	0	0 92.00
200.00	Subtotal (see instructions)		48,431	0	0	1,737 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		48,431	0	0	1,737 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/18/2019 11:29 am		
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0					50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.10	03480	ONCOLOGY	0	0					54.10
54.20	05401	CT	0	0					54.20
54.30	05402	MRI	0	0					54.30
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD	0	0					60.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
75.01	07501	SLEEP LAB	0	0					75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0					75.10
75.20	03951	HEMODIALYSIS	0	0					75.20
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	CHILDRENS CLINIC	0	0					90.01
90.02	09002	DIABETES CLINIC	0	0					90.02
90.03	09003	STATELINE CLINIC	0	0					90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0					90.04
90.05	09005	PULMONOLOGY CLINIC	0	0					90.05
90.06	09006	CVT CLINIC	0	0					90.06
90.07	09007	MWH CLINIC	0	0					90.07
90.08	09008	NEUROSURGERY CLINIC	0	0					90.08
90.09	09009	HEADACHE CLINIC	0	0					90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0					90.10
90.11	09011	MFM CLINIC	0	0					90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0					90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0					90.13
91.00	09100	EMERGENCY	0	0					91.00
91.05	09101	AMBULATORY CARE	0	0					91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0					91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,318	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,318	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		44,357	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	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)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	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)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,742	9.00
10.00	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)		0	10.00
11.00	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)		0	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		52,788,550	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		52,788,550	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		52,788,550	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		971.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,298,705	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,298,705	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	10,858,330	5,601	1,938.64	1,820	3,528,325
43.01	PEDIATRIC ICU	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,518,633
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,345,663
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,120,124
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,489,133
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,609,257
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,736,406
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					9,961
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					971.84
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,680,498

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,279,760	52,788,550	0.118961	9,680,498	1,151,602
91.00	Nursing School cost	0	52,788,550	0.000000	9,680,498	0
92.00	Allied health cost	0	52,788,550	0.000000	9,680,498	0
93.00	All other Medical Education	0	52,788,550	0.000000	9,680,498	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,050	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,050	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	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)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	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)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		906	9.00
10.00	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)		0	10.00
11.00	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)		0	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,866,435	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,866,435	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,866,435	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		963.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		873,067	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		873,067	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/18/2019 11:29 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					203,902	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,076,969	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					127,637	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,605	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					142,242	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					934,727	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	711,447	4,866,435	0.146195	0	0	90.00
91.00 Nursing School cost	0	4,866,435	0.000000	0	0	91.00
92.00 Allied health cost	0	4,866,435	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,866,435	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/18/2019 11:29 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	40,502,658		30.00
31.00	03100	INTENSIVE CARE UNIT	17,211,399		31.00
31.01	03101	PEDIATRIC ICU	0		31.01
40.00	04000	SUBPROVIDER - IPF	0		40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126749	24,539,844	3,110,401 50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.141759	1,482,928	210,218 50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242426	84,200	20,412 52.00
53.00	05300	ANESTHESIOLOGY	0.111754	2,969,223	331,823 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120930	17,050,803	2,061,954 54.00
54.10	03480	ONCOLOGY	0.386414	280,773	108,495 54.10
54.20	05401	CT	0.029486	9,603,829	283,179 54.20
54.30	05402	MRI	0.061338	2,130,187	130,661 54.30
60.00	06000	LABORATORY	0.071336	23,359,729	1,666,390 60.00
60.01	06001	BLOOD	0.173121	2,123,039	367,543 60.01
65.00	06500	RESPIRATORY THERAPY	0.190686	7,371,688	1,405,678 65.00
66.00	06600	PHYSICAL THERAPY	0.224903	4,382,037	985,533 66.00
69.00	06900	ELECTROCARDIOLOGY	0.053598	6,800,552	364,496 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099175	294,051	29,163 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.208133	25,836,077	5,377,340 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.014000	48,074,198	673,039 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.079556	52,727,306	4,194,774 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	SLEEP LAB	0.132002	6,167	814 75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256010	176	45 75.10
75.20	03951	HEMODIALYSIS	0.293334	1,891,700	554,900 75.20
76.97	07697	CARDIAC REHABILITATION	0.864907	1,784	1,543 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.316623	39,331	12,453 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0 90.01
90.02	09002	DIABETES CLINIC	0.968559	8,649	8,377 90.02
90.03	09003	STATELINE CLINIC	0.068292	3,914	267 90.03
90.04	09004	ORTHOPEDICS CLINIC	0.397811	4,541	1,806 90.04
90.05	09005	PULMONOLOGY CLINIC	1.154014	5,934	6,848 90.05
90.06	09006	CVT CLINIC	2.072456	458	949 90.06
90.07	09007	MWH CLINIC	0.340727	37,374	12,734 90.07
90.08	09008	NEUROSURGERY CLINIC	4.295456	1,660	7,130 90.08
90.09	09009	HEADACHE CLINIC	0.519709	1,325	689 90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.929709	999	929 90.10
90.11	09011	MFM CLINIC	3.054382	0	0 90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.314953	17,329	5,458 90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.216946	229	279 90.13
91.00	09100	EMERGENCY	0.149342	11,979,097	1,788,982 91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0 91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.366819	0	0 91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.362120	2,190,795	793,331 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		245,301,926	24,518,633 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		245,301,926	24,518,633 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 PEDIATRIC ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		2,156,190		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.126749	29,584	3,750	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.141759	16,323	2,314	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.242426	41	10	52.00
53.00	05300 ANESTHESIOLOGY	0.111754	3,355	375	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120930	57,108	6,906	54.00
54.10	03480 ONCOLOGY	0.386414	503	194	54.10
54.20	05401 CT	0.029486	47,194	1,392	54.20
54.30	05402 MRI	0.061338	10,797	662	54.30
60.00	06000 LABORATORY	0.071336	585,802	41,789	60.00
60.01	06001 BLOOD	0.173121	16,138	2,794	60.01
65.00	06500 RESPIRATORY THERAPY	0.190686	69,460	13,245	65.00
66.00	06600 PHYSICAL THERAPY	0.224903	21,909	4,927	66.00
69.00	06900 ELECTROCARDIOLOGY	0.053598	76,026	4,075	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.099175	63	6	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.208133	37,172	7,737	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.014000	2,295	32	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.079556	525,600	41,815	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	0.132002	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.256010	11	3	75.10
75.20	03951 HEMODIALYSIS	0.293334	2,268	665	75.20
76.97	07697 CARDIAC REHABILITATION	0.864907	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.316623	16	5	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	0.968559	553	536	90.02
90.03	09003 STATELINE CLINIC	0.068292	30	2	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.397811	31	12	90.04
90.05	09005 PULMONOLOGY CLINIC	1.154014	4	5	90.05
90.06	09006 CVT CLINIC	2.072456	0	0	90.06
90.07	09007 MWH CLINIC	0.340727	480	164	90.07
90.08	09008 NEUROSURGERY CLINIC	4.295456	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.519709	3	2	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.929709	0	0	90.10
90.11	09011 MFM CLINIC	3.054382	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.314953	43	14	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.216946	0	0	90.13
91.00	09100 EMERGENCY	0.149342	405,162	60,508	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.366819	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.362120	27,513	9,963	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,935,484	203,902	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,935,484		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			8,151,038	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			25,806,011	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			959,585	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			16,894,025	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			265.71	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			12.38	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 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.			0.00	7.01
8.00	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).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			12.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			19.10	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			12.38	12.00
13.00	Total allowable FTE count for the prior year.			12.38	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			12.38	14.00
15.00	Sum of lines 12 through 14 divided by 3.			12.38	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			12.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.046592	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.044829	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.044829	21.00
22.00	IME payment adjustment (see instructions)			821,455	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			408,683	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			6.72	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			821,455	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			408,683	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.71	31.00
32.00	Sum of lines 30 and 31			30.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.29	33.00
34.00	Disproportionate share adjustment (see instructions)			1,213,116	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000464325	0.000436718	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,141,947	3,612,911	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		791,943	2,702,259	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,494,202		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,445,407		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			40,854,090	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,092,817	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			332,470	52.00
53.00	Nursing and Allied Health Managed Care payment			134,510	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			149,425	58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,563,312	59.00
60.00	Primary payer payments			30,178	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,533,134	61.00
62.00	Deductibles billed to program beneficiaries			3,604,980	62.00
63.00	Coinsurance billed to program beneficiaries			82,968	63.00
64.00	Allowable bad debts (see instructions)			842,466	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			547,603	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			719,273	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,392,789	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-89,178	70.93
70.94	HRR adjustment amount (see instructions)			-95,490	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,208,121	71.00	
71.01	Sequestration adjustment (see instructions)		824,162	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		40,610,640	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-226,681	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,061,941	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,151,038	0	8,151,038		8,151,038
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,806,011	0		25,806,011	25,806,011
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	959,585	0	0	959,585	959,585
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	16,894,025	0	3,891,650	13,002,375	16,894,025
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044829	0.044829	0.044829	0.044829	
6.00	IME payment adjustment (see instructions)	22.00	821,455	0	197,182	624,273	821,455
6.01	IME payment adjustment for managed care (see instructions)	22.01	408,683	0	0	408,683	408,683
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	821,455	0	197,182	624,273	821,455
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	408,683	0	0	408,683	408,683
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1429	0.1429	0.1429	0.1429	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,213,116	0	291,196	921,920	1,213,116
11.01	Uncompensated care payments	36.00	3,494,202	0	791,943	2,702,259	3,494,202
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	40,445,407	0	9,431,359	31,014,048	40,445,407
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,854,090	0	9,431,359	31,422,731	40,854,090
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,092,817	0	746,110	2,346,707	3,092,817
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,177,469	33,769,438	43,946,907
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,761,192	0	663,782	2,097,410	2,761,192
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	86,155	0	23,318	62,837	86,155
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0255	0.0255	0.0255	0.0255	
23.00	Indirect medical education adjustment (see instructions)	6.00	70,410	0	16,926	53,484	70,410
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0634	0.0634	0.0634	0.0634	
25.00	Disproportionate share adjustment (see instructions)	11.00	175,060	0	42,084	132,976	175,060
26.00	Total prospective capital payments (see instructions)	12.00	3,092,817	0	746,110	2,346,707	3,092,817
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,151,038	8,151,038		8,151,038	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,806,011		25,806,011	25,806,011	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	959,585	0	959,585	959,585	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,894,025	3,891,650	13,002,375	16,894,025	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044829	0.044829	0.044829		5.00
6.00	IME payment adjustment (see instructions)	22.00	821,455	197,182	624,273	821,455	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	408,683	94,143	314,540	408,683	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	821,455	197,182	624,273	821,455	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	408,683	94,143	314,540	408,683	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1429	0.1429	0.1429		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,213,116	291,196	921,920	1,213,116	11.00
11.01	Uncompensated care payments	36.00	3,494,202	791,943	2,702,259	3,494,202	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,445,407	9,431,359	31,014,048	40,445,407	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,854,090	9,525,502	31,328,588	40,854,090	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,092,817	746,110	2,346,707	3,092,817	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,271,612	33,675,295	43,946,907	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,761,192	663,782	2,097,410	2,761,192	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	86,155	23,318	62,837	86,155	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0255	0.0255	0.0255		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	70,410	16,926	53,484	70,410	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0634	0.0634	0.0634		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	175,060	42,084	132,976	175,060	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,092,817	746,110	2,346,707	3,092,817	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-89,178	-1,834	-87,344	-89,178	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-95,490	-30,974	-64,516	-95,490	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,982	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,695,000	2.00
3.00	OPPS payments		39,942,936	3.00
4.00	Outlier payment (see instructions)		1,153,230	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		219,615	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,982	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		97,231	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		97,231	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		97,231	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		89,249	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7,982	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		41,315,781	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,530,042	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		33,793,721	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		336,410	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		34,130,131	30.00
31.00	Primary payer payments		5,826	31.00
32.00	Subtotal (line 30 minus line 31)		34,124,305	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,100,748	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		715,486	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		883,535	36.00
37.00	Subtotal (see instructions)		34,839,791	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-247	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,840,038	40.00
40.01	Sequestration adjustment (see instructions)		696,801	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		34,532,971	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-389,734	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		768,631	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,734	2.00
3.00	OPPS payments		205	3.00
4.00	Outlier payment (see instructions)		3,808	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	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)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,016	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		41	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,975	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,975	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,975	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		4,075	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,649	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,654	36.00
37.00	Subtotal (see instructions)		6,624	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,624	40.00
40.01	Sequestration adjustment (see instructions)		132	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,892	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,600	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		356	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/18/2019 11:29 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,652,140		34,581,371	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	01/15/2019	41,500	01/15/2019	48,400	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-41,500		-48,400	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		40,610,640		34,532,971	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		226,681		389,734	6.02
7.00	Total Medicare program liability (see instructions)		40,383,959		34,143,237	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0228

Period:

Worksheet E-1

Component CCN: 14-S228

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		760,482		3,892	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		760,482		3,892	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,600	6.01
6.02	SETTLEMENT TO PROGRAM		49,835		0	6.02
7.00	Total Medicare program liability (see instructions)		710,647		6,492	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	810,444		
2.00	Net IPF PPS Outlier Payments	10,618		
3.00	Net IPF PPS ECT Payments	0		
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00		
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)	0.00		
5.00	New Teaching program adjustment. (see instructions)	0.00		
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00		
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		
9.00	Average Daily Census (see instructions)	13.835616		
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0		
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	821,062		
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
16.00	Subtotal (see instructions)	821,062		
17.00	Primary payer payments	0		
18.00	Subtotal (line 16 less line 17).	821,062		
19.00	Deductibles	122,924		
20.00	Subtotal (line 18 minus line 19)	698,138		
21.00	Coinsurance	15,177		
22.00	Subtotal (line 20 minus line 21)	682,961		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	58,094		
24.00	Adjusted reimbursable bad debts (see instructions)	37,761		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	54,082		
26.00	Subtotal (sum of lines 22 and 24)	720,722		
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		
28.00	Other pass through costs (see instructions)	4,428		
29.00	Outlier payments reconciliation	0		
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		
30.99	Demonstration payment adjustment amount before sequestration	0		
31.00	Total amount payable to the provider (see instructions)	725,150		
31.01	Sequestration adjustment (see instructions)	14,503		
31.02	Demonstration payment adjustment amount after sequestration	0		
32.00	Interim payments	760,482		
33.00	Tentative settlement (for contractor use only)	0		
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	-49,835		
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	10,618		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.05	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
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)			0.00	3.01
4.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.10	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.10	1.00	19.10	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.26	0.79	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.26	0.79		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.33	0.72		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.68	0.37		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.42	0.63		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.42	0.63		17.00
18.00	Per resident amount	94,857.64	90,102.15		18.00
19.00	Approved amount for resident costs	1,367,847	56,764	1,424,611	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,424,611	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,468	8,936		26.00
27.00	Total Inpatient Days (see instructions)	55,677	55,677		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331699	0.160497		28.00
29.00	Program direct GME amount	472,542	228,646		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		32,308		30.00
31.00	Net Program direct GME amount			668,880	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/18/2019 11:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			44,422,632	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			30,178	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			44,392,454	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			44,924,334	42.00
43.00	Primary payer payments (see instructions)			5,826	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44,918,508	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			89,310,962	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.497055	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.502945	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			668,880	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			332,470	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			336,410	50.00

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

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/18/2019 11:29 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	53,478,943	0	0	0	1.00
2.00 Temporary investments	96,923,139	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	102,958,681	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-25,087,199	0	0	0	6.00
7.00 Inventory	9,974,420	0	0	0	7.00
8.00 Prepaid expenses	13,478,637	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	251,726,621	0	0	0	11.00
FIXED ASSETS					
12.00 Land	8,218,467	0	0	0	12.00
13.00 Land improvements	6,217,390	0	0	0	13.00
14.00 Accumulated depreciation	-2,113,618	0	0	0	14.00
15.00 Buildings	263,161,641	0	0	0	15.00
16.00 Accumulated depreciation	-27,494,542	0	0	0	16.00
17.00 Leasehold improvements	33,952,150	0	0	0	17.00
18.00 Accumulated depreciation	-9,354,771	0	0	0	18.00
19.00 Fixed equipment	36,068,798	0	0	0	19.00
20.00 Accumulated depreciation	-604,299	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	107,370,836	0	0	0	23.00
24.00 Accumulated depreciation	-59,019,956	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	356,402,096	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	279,748,569	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	279,748,569	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	887,877,286	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	22,450,731	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	114,392,164	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	136,842,895	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	237,541,890	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	10,044,929	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	247,586,819	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	384,429,714	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	503,447,572				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	503,447,572	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	887,877,286	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/18/2019 11:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		469,325,432		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		33,660,157				2.00
3.00	Total (sum of line 1 and line 2)		502,985,589		0		3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE	461,983		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		461,983		0		10.00
11.00	Subtotal (line 3 plus line 10)		503,447,572		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		503,447,572		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	132,886,685		132,886,685	1.00
2.00	SUBPROVIDER - IPF	12,166,900		12,166,900	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	145,053,585		145,053,585	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	47,554,691		47,554,691	11.00
11.01	PEDIATRIC ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	47,554,691		47,554,691	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,608,276		192,608,276	17.00
18.00	Ancillary services	754,530,483	1,461,175,222	2,215,705,705	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,897,485	5,897,485	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	179,733,467	179,733,467	27.00
27.01	MISC REVENUE	-140,703	35,696,210	35,555,507	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	946,998,056	1,682,502,384	2,629,500,440	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		535,905,089		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		535,905,089		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:

11/18/2019 11:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,629,500,440	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,047,569,393	2.00
3.00	Net patient revenues (line 1 minus line 2)	581,931,047	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	535,905,089	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,025,958	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	417,646	6.00
7.00	Income from investments	15,775,024	7.00
8.00	Revenues from telephone and other miscellaneous communication services	403,310	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	5,866	13.00
14.00	Revenue from meals sold to employees and guests	1,600,995	14.00
15.00	Revenue from rental of living quarters	7,770	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	410,948	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	27,619,456	24.00
25.00	Total other income (sum of lines 6-24)	46,241,015	25.00
26.00	Total (line 5 plus line 25)	92,266,973	26.00
27.00	BAD DEBTS	57,963,325	27.00
27.01	STATE/FEDERAL TAXES	0	27.01
27.02	IMPAIRMENT OF ASSETS	0	27.02
27.03	GRANTS & DONATIONS	643,491	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	58,606,816	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	33,660,157	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0228

Period:

Worksheet H

HHA CCN: 14-7448

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/18/2019 11:29 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,283,985	432,214	1,198	17,430	416,071	2,150,898	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,329,317	447,474	145,436	0	2,385	1,924,612	6.00
7.00 Physical Therapy	798,974	268,950	0	0	0	1,067,924	7.00
8.00 Occupational Therapy	218,248	73,466	0	0	0	291,714	8.00
9.00 Speech Pathology	1,883	634	0	0	0	2,517	9.00
10.00 Medical Social Services	68,282	22,985	0	0	0	91,267	10.00
11.00 Home Health Aide	47,377	15,948	0	0	0	63,325	11.00
12.00 Supplies (see instructions)	0	0	0	0	87,326	87,326	12.00
13.00 Drugs	0	0	0	0	1,732	1,732	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	99	33	0	0	0	132	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	3,748,165	1,261,704	146,634	17,430	507,514	5,681,447	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	-34,744	2,116,154	115,121	2,231,275			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,924,612	0	1,924,612			6.00
7.00 Physical Therapy	0	1,067,924	0	1,067,924			7.00
8.00 Occupational Therapy	0	291,714	0	291,714			8.00
9.00 Speech Pathology	0	2,517	0	2,517			9.00
10.00 Medical Social Services	0	91,267	0	91,267			10.00
11.00 Home Health Aide	0	63,325	0	63,325			11.00
12.00 Supplies (see instructions)	-71,396	15,930	0	15,930			12.00
13.00 Drugs	0	1,732	0	1,732			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	132	0	132			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-106,140	5,575,307	115,121	5,690,428			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/18/2019 11:29 am

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation			
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)		
									0
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	2,231,275	0	0	0	0	2,231,275	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,924,612	0	0	0	0	1,924,612	6.00	
7.00	Physical Therapy	1,067,924	0	0	0	0	1,067,924	7.00	
8.00	Occupational Therapy	291,714	0	0	0	0	291,714	8.00	
9.00	Speech Pathology	2,517	0	0	0	0	2,517	9.00	
10.00	Medical Social Services	91,267	0	0	0	0	91,267	10.00	
11.00	Home Health Aide	63,325	0	0	0	0	63,325	11.00	
12.00	Supplies (see instructions)	15,930	0	0	0	0	15,930	12.00	
13.00	Drugs	1,732	0	0	0	0	1,732	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	132	0	0	0	0	132	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	5,690,428	0	0	0	0	5,690,428	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	2,231,275						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,241,443	3,166,055					6.00	
7.00	Physical Therapy	688,848	1,756,772					7.00	
8.00	Occupational Therapy	188,166	479,880					8.00	
9.00	Speech Pathology	1,624	4,141					9.00	
10.00	Medical Social Services	58,870	150,137					10.00	
11.00	Home Health Aide	40,847	104,172					11.00	
12.00	Supplies (see instructions)	10,275	26,205					12.00	
13.00	Drugs	1,117	2,849					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	85	217					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		5,690,428					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,231,275	3,459,153
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,924,612	6.00
7.00	Physical Therapy	0	0	0	0	1,067,924	7.00
8.00	Occupational Therapy	0	0	0	0	291,714	8.00
9.00	Speech Pathology	0	0	0	0	2,517	9.00
10.00	Medical Social Services	0	0	0	0	91,267	10.00
11.00	Home Health Aide	0	0	0	0	63,325	11.00
12.00	Supplies (see instructions)	0	0	0	0	15,930	12.00
13.00	Drugs	0	0	0	0	1,732	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	132	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,231,275	3,459,153
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	2,231,275	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.645035	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	60,563	143,073	33,468	237,104	42,252	1.00
2.00	Skilled Nursing Care	3,166,055	0	0	19,201	3,185,256	567,611	2.00
3.00	Physical Therapy	1,756,772	0	0	8,186	1,764,958	314,516	3.00
4.00	Occupational Therapy	479,880	0	0	3,102	482,982	86,067	4.00
5.00	Speech Pathology	4,141	0	0	30	4,171	743	5.00
6.00	Medical Social Services	150,137	0	0	1,513	151,650	27,024	6.00
7.00	Home Health Aide	104,172	0	0	2,285	106,457	18,971	7.00
8.00	Supplies (see instructions)	26,205	0	0	0	26,205	4,670	8.00
9.00	Drugs	2,849	0	0	0	2,849	508	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	217	0	0	0	217	39	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,690,428	60,563	143,073	67,785	5,961,849	1,062,401	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	27,936	91,141	0	58,590	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	27,936	91,141	0	58,590	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	137	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	9,059	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	137	0	9,059	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PHARMACY RESIDENCY	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.20	23.30	23.40	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	457,160	0	457,160	1.00
2.00	Skilled Nursing Care	0	0	0	3,761,926	0	3,761,926	2.00
3.00	Physical Therapy	0	0	0	2,079,474	0	2,079,474	3.00
4.00	Occupational Therapy	0	0	0	569,049	0	569,049	4.00
5.00	Speech Pathology	0	0	0	4,914	0	4,914	5.00
6.00	Medical Social Services	0	0	0	178,674	0	178,674	6.00
7.00	Home Health Aide	0	0	0	125,428	0	125,428	7.00
8.00	Supplies (see instructions)	0	0	0	30,875	0	30,875	8.00
9.00	Drugs	0	0	0	3,357	0	3,357	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	256	0	256	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	7,211,113	0	7,211,113	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	254,636	4,016,562					2.00
3.00	Physical Therapy	140,755	2,220,229					3.00
4.00	Occupational Therapy	38,518	607,567					4.00
5.00	Speech Pathology	333	5,247					5.00
6.00	Medical Social Services	12,094	190,768					6.00
7.00	Home Health Aide	8,490	133,918					7.00
8.00	Supplies (see instructions)	2,090	32,965					8.00
9.00	Drugs	227	3,584					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	17	273					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	457,160	7,211,113					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.067688						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Agency 1		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (FTES)		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	7,326	7,326	2,212	0	237,104	7,326	1.00
2.00	Skilled Nursing Care	0	0	1,269	0	3,185,256	0	2.00
3.00	Physical Therapy	0	0	541	0	1,764,958	0	3.00
4.00	Occupational Therapy	0	0	205	0	482,982	0	4.00
5.00	Speech Pathology	0	0	2	0	4,171	0	5.00
6.00	Medical Social Services	0	0	100	0	151,650	0	6.00
7.00	Home Health Aide	0	0	151	0	106,457	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	26,205	0	8.00
9.00	Drugs	0	0	0	0	2,849	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	217	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,326	7,326	4,480		5,961,849	7,326	20.00
21.00	Total cost to be allocated	60,563	143,073	67,785		1,062,401	27,936	21.00
22.00	Unit cost multiplier	8.266858	19.529484	15.130580		0.178200	3.813268	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	7,326	0	7,326	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,326	0	7,326	0	0	0	20.00
21.00	Total cost to be allocated	91,141	0	58,590	0	0	0	21.00
22.00	Unit cost multiplier	12.440759	0.000000	7.997543	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE Agency I (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	464	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,897,485	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	464	0	5,897,485	0	0	20.00
21.00	Total cost to be allocated	0	137	0	9,059	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.295259	0.000000	0.001536	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS						
		NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
		(ASSIGNED TIME)	20.00	21.00	22.00	23.00	23.01	23.20
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)		
		23.30	23.40		
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0		20.00
21.00	Total cost to be allocated	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Agency 1 Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,016,562		4,016,562	13,149	305.47	1.00
2.00	Physical Therapy	3.00	2,220,229	428,258	2,648,487	8,991	294.57	2.00
3.00	Occupational Therapy	4.00	607,567	0	607,567	2,261	268.72	3.00
4.00	Speech Pathology	5.00	5,247	0	5,247	12	437.25	4.00
5.00	Medical Social Services	6.00	190,768		190,768	197	968.37	5.00
6.00	Home Health Aide	7.00	133,918		133,918	1,167	114.75	6.00
7.00	Total (sum of lines 1-6)		7,174,291	428,258	7,602,549	25,777		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	65			8.00
8.01	Skilled Nursing Care		20994	0	50			8.01
8.02	Skilled Nursing Care		40420	0	3,585			8.02
8.03	Skilled Nursing Care		99914	0	510			8.03
9.00	Physical Therapy		16974	0	9			9.00
9.01	Physical Therapy		20994	0	10			9.01
9.02	Physical Therapy		40420	0	3,059			9.02
9.03	Physical Therapy		99914	0	378			9.03
10.00	Occupational Therapy		16974	0	1			10.00
10.01	Occupational Therapy		20994	0	11			10.01
10.02	Occupational Therapy		40420	0	824			10.02
10.03	Occupational Therapy		99914	0	60			10.03
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		20994	0	0			11.01
11.02	Speech Pathology		40420	0	11			11.02
11.03	Speech Pathology		99914	0	0			11.03
12.00	Medical Social Services		16974	0	0			12.00
12.01	Medical Social Services		20994	0	0			12.01
12.02	Medical Social Services		40420	0	71			12.02
12.03	Medical Social Services		99914	0	5			12.03
13.00	Home Health Aide		16974	0	1			13.00
13.01	Home Health Aide		20994	0	0			13.01
13.02	Home Health Aide		40420	0	502			13.02
13.03	Home Health Aide		99914	0	38			13.03
14.00	Total (sum of lines 8-13)			0	9,190			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	32,965	126,364	159,329	0	0.000000	15.00
16.00	Cost of Drugs	9.00	3,584	0	3,584	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,210		0	1,286,029		1.00
2.00	Physical Therapy	0	3,456		0	1,018,034		2.00
3.00	Occupational Therapy	0	896		0	240,773		3.00
4.00	Speech Pathology	0	11		0	4,810		4.00
5.00	Medical Social Services	0	76		0	73,596		5.00
6.00	Home Health Aide	0	541		0	62,080		6.00
7.00	Total (sum of lines 1-6)	0	9,190		0	2,685,322		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	618,704	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR				
BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,286,029		1.00
2.00	Physical Therapy	1,018,034		2.00
3.00	Occupational Therapy	240,773		3.00
4.00	Speech Pathology	4,810		4.00
5.00	Medical Social Services	73,596		5.00
6.00	Home Health Aide	62,080		6.00
7.00	Total (sum of lines 1-6)	2,685,322		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.224903	1,904,188	428,258	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.208133	607,131	126,364	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.079556	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0228

Period:

Worksheet H-4

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019Part I-II
Date/Time Prepared:
11/18/2019 11:29 am

Title XVIII

Home Health
Agency I

PPS

		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			1.00	2.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,624,908	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	158,369	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	26,923	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	14,257	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	37,882	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,862,339	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,862,339	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,862,339	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,862,339	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,862,339	31.00
31.01	Sequestration adjustment (see instructions)		0	37,247	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,825,092	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0228

Period:

Worksheet H-5

HHA CCN: 14-7448

From 07/01/2018
To 06/30/2019

Date/Time Prepared:

11/18/2019 11:29 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,825,092	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,825,092	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,825,092	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0228	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/18/2019 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,761,192	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		86,155	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		138.70	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.55	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		70,410	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.71	8.00
9.00	Sum of lines 7 and 8		30.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.34	10.00
11.00	Disproportionate share adjustment (see instructions)		175,060	11.00
12.00	Total prospective capital payments (see instructions)		3,092,817	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	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)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00