

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: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 9:27 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 9:27 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 JAVON BEA HOSPITAL (14-0239) 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	225,089	-296,899	0	0	1.00
2.00	Subprovider - IPF	0	24,525	93		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
200.00	Total	0	249,614	-296,806	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: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 9:27 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2400 N ROCKTON AVENUE			PO Box:				1.00				
2.00	City: ROCKFORD			State: IL		Zip Code: 61103		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			JAVON BEA HOSPITAL	140239	40420	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			PSYCHIATRIC UNIT	14S239	40420	4	03/01/1990	N	P	O	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018		06/30/2019		20.00	
21.00	Type of Control (see instructions)						2				21.00	
							1.00		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				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.03	
23.00	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.					3	N				23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 9:27 am

3 | Page

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 9:27 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)		20.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	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
62.01	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
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)	N				63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 9:27 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)			0.00	0.00	0.000000	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	0.00	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)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 9:27 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	N		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.	N	N		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.	N	N		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.	N	N		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.	N	N		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.	N	N		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: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 9:27 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		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	2.00
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	2.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
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
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.					2	118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,194,820		0		0	
						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
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	HB0764

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 9:27 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: MERCY ROCKFORD HEALTH SYSTEM		Contractor's Name: NGS		Contractor's Number: 00450				141.00		
142.00	Street: 2400 NORTH ROCKTON AVENUE		PO Box:						142.00		
143.00	City: ROCKFORD		State: IL		Zip Code: 61103				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.				Y		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.				N				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		155.00	
156.00	Subprovider - IPF			N		N		N		156.00	
157.00	Subprovider - IRF			N		N		N		157.00	
158.00	SUBPROVIDER									158.00	
159.00	SNF			N		N		N		159.00	
160.00	HOME HEALTH AGENCY			N		N		N		160.00	
161.00	CMHC					N		N		161.00	
161.10	CORF					N		N		161.10	
161.20	OUTPATIENT PHYSICAL THERAPY					N		N		161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY					N		N		161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY					N		N		161.40	
								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)									0168.00	
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	
								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	0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 9:27 am
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 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.	N		5.00
			Y/N 1.00	Legal Oper. 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 1.00	Date 2.00	Y/N 3.00 Date 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	09/03/2019	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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 9:27 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.	LAURA	ZWART		41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-971-5789	LZWART@MHEMAIL.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 9:27 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.	SR DIRECTOR FINANCE		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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 9:27 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	30.00	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)		196	74,300	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)		196	74,300	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	7,846	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 NEONATAL INTENSIVE CARE	34.01	52	18,980	0.00	0	11.01
11.02 PEDIATRIC INTENSIVE CARE	34.02	8	2,736	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		278	103,862	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		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						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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		292			0	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)		12	4,380			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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 9:27 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)	14,209	9,592	41,951			1.00
2.00	HMO and other (see instructions)	6,206	16,190				2.00
3.00	HMO IPF Subprovider	400	702				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)	14,209	9,592	41,951			7.00
8.00	INTENSIVE CARE UNIT	2,302	116	5,121			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	NEONATAL INTENSIVE CARE	0	1,597	15,870			11.01
11.02	PEDIATRIC INTENSIVE CARE	0	137	903			11.02
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,403	3,811			13.00
14.00	Total (see instructions)	16,511	12,845	67,656	0.31	1,694.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	713	149	3,251	0.00	23.77	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			91			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				0.31	1,718.27	27.00
28.00	Observation Bed Days		0	7,974			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	0	2,937			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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 9:27 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	3,415	1,655	12,629	1.00
2.00 HMO and other (see instructions)			1,162	3,613		2.00
3.00 HMO IPF Subprovider				149		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
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 NEONATAL INTENSIVE CARE						11.01
11.02 PEDIATRIC INTENSIVE CARE						11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,415	1,655	12,629	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	106	27	595	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						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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 9:27 am

	Wkst. A Line Number	Amount Reported	Reclassification 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	126,941,588	-16,484,063	110,457,525	3,561,343.77	31.02
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		255,595	0	255,595	1,363.50	187.46
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		344,767	0	344,767	3,055.00	112.85
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,053,591	155,584	4,209,175	123,449.70	34.10
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,326,529	0	3,326,529	37,777.96	88.05
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,135,507	0	2,135,507	31,925.00	66.89
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		23,315,345	0	23,315,345	412,102.00	56.58
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,131,694	0	26,131,694		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		967,828	0	967,828		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		35,700	0	35,700		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		52,945	0	52,945		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,231,870	0	3,231,870		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	741,309	-739,745	1,564	0.00	0.00
27.00	Administrative & General	5.00	12,823,617	-11,022,341	1,801,276	119,012.18	15.14

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 9:27 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.)		960,773	0	960,773	3,033.60	316.71	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,451,358	-1,867,648	1,583,710	57,883.00	27.36	30.00
31.00	Laundry & Linen Service	8.00	137,850	59,689	197,539	11,331.00	17.43	31.00
32.00	Housekeeping	9.00	2,708,932	49,654	2,758,586	190,833.00	14.46	32.00
33.00	Housekeeping under contract (see instructions)		131,854	0	131,854	2,690.05	49.02	33.00
34.00	Dietary	10.00	2,583,894	-1,759,396	824,498	44,899.88	18.36	34.00
35.00	Dietary under contract (see instructions)		12,702	0	12,702	635.45	19.99	35.00
36.00	Cafeteria	11.00	0	1,862,363	1,862,363	115,892.12	16.07	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,997,441	-2,044,715	3,952,726	111,939.00	35.31	38.00
39.00	Central Services and Supply	14.00	1,510,109	60,063	1,570,172	90,193.46	17.41	39.00
40.00	Pharmacy	15.00	4,679,934	327,229	5,007,163	110,966.60	45.12	40.00
41.00	Medical Records & Medical Records Library	16.00	2,501,551	-1,434,431	1,067,120	37,149.00	28.73	41.00
42.00	Social Service	17.00	461,511	-163,537	297,974	10,913.35	27.30	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 9:27 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)	127,702,150	-16,484,063	111,218,087	3,564,647.87	31.20	1.00
2.00	Excluded area salaries (see instructions)	4,053,591	155,584	4,209,175	123,449.70	34.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	123,648,559	-16,639,647	107,008,912	3,441,198.17	31.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,777,381	0	28,777,381	481,804.96	59.73	4.00
5.00	Subtotal wage-related costs (see inst.)	29,399,264	0	29,399,264	0.00	27.47	5.00
6.00	Total (sum of lines 3 thru 5)	181,825,204	-16,639,647	165,185,557	3,923,003.13	42.11	6.00
7.00	Total overhead cost (see instructions)	38,702,835	-16,672,815	22,030,020	907,371.69	24.28	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 9:27 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,484,015	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	51	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	0	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)	12,578,857	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	430,572	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,667	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)	560,780	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	494,232	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,008,727	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	99,636	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	0	22.00
23.00	Tuition Reimbursement	478,631	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,188,168	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 9:27 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	3,326,529	27,188,168	1.00
2.00	Hospital	3,326,529	26,131,694	2.00
3.00	Subprovider - IPF	0	101,695	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			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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	954,779	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0239

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 9:27 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0239

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 9:27 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0239

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

Worksheet S-10

Date/Time Prepared:
11/25/2019 9:27 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)			0.199352	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			71,458,406	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			21,879,727	5.00
6.00	Medicaid charges			412,672,361	6.00
7.00	Medicaid cost (line 1 times line 6)			82,267,061	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)	2,061,907	965,563	3,027,470	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	411,045	965,563	1,376,608	21.00
22.00	Payments received from patients for amounts previously written off as charity care	8,869	85,928	94,797	22.00
23.00	Cost of charity care (line 21 minus line 22)	402,176	879,635	1,281,811	23.00
				1.00	
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)			11,695,993	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			782,697	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,204,149	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,491,844	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,513,022	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,794,833	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,794,833	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0239

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

Worksheet A

Date/Time Prepared:
11/25/2019 9:27 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		0	0	322,014	322,014	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	23,890,899	23,890,899	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	741,309	19,197,731	19,939,040	-4,279,758	15,659,282	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,823,617	116,201,130	129,024,747	-24,131,645	104,893,102	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,451,358	9,218,543	12,669,901	-1,739,171	10,930,730	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,850	171,456	309,306	59,689	368,995	8.00
9.00	00900	HOUSEKEEPING	2,708,932	673,523	3,382,455	49,654	3,432,109	9.00
10.00	01000	DIETARY	2,583,894	1,902,817	4,486,711	-3,130,866	1,355,845	10.00
11.00	01100	CAFETERIA	0	0	0	3,233,833	3,233,833	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,997,441	761,790	6,759,231	253,548	7,012,779	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,510,109	2,236,834	3,746,943	-122,612	3,624,331	14.00
15.00	01500	PHARMACY	4,679,934	17,898,576	22,578,510	-15,576,746	7,001,764	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,501,551	978,946	3,480,497	-67,050	3,413,447	16.00
17.00	01700	SOCIAL SERVICE	461,511	132,465	593,976	-46,518	547,458	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	2,492,052	2,492,052	22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	255,394	58,673	314,067	0	314,067	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	0	0	160,417	160,417	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	623,871	533,348	1,157,219	104,896	1,262,115	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,425,749	5,908,076	31,333,825	-2,621,806	28,712,019	30.00
31.00	03100	INTENSIVE CARE UNIT	3,909,432	1,495,437	5,404,869	-672,365	4,732,504	31.00
34.01	03401	NEONATAL INTENSIVE CARE	9,435,711	2,279,664	11,715,375	-3,525,868	8,189,507	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	989,500	388,348	1,377,848	-39,205	1,338,643	34.02
40.00	04000	SUBPROVIDER - IPF	1,389,370	150,918	1,540,288	65,168	1,605,456	40.00
43.00	04300	NURSERY	0	0	0	3,352,182	3,352,182	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,666,370	17,938,212	27,604,582	-14,151,140	13,453,442	50.00
51.00	05100	RECOVERY ROOM	1,187,114	162,540	1,349,654	15,768	1,365,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,055,563	3,128,700	7,184,263	-669,524	6,514,739	52.00
53.00	05300	ANESTHESIOLOGY	926,589	3,985,089	4,911,678	-609,791	4,301,887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,260,665	7,597,913	12,858,578	-6,277,062	6,581,516	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	474,231	307,570	781,801	-55,258	726,543	55.00
56.00	05600	RADIOISOTOPE	286,952	908,879	1,195,831	-551,374	644,457	56.00
57.00	05700	CT SCAN	1,031,065	486,946	1,518,011	-316,700	1,201,311	57.00
58.00	05800	MRI	736,728	208,603	945,331	0	945,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,926,852	10,983,653	15,910,505	-833,502	15,077,003	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	327,518	68,927	396,445	29,347	425,792	64.00
65.00	06500	RESPIRATORY THERAPY	2,547,758	1,738,154	4,285,912	-1,429,079	2,856,833	65.00
66.00	06600	PHYSICAL THERAPY	1,811,564	214,198	2,025,762	-8,432	2,017,330	66.00
69.00	06900	ELECTROCARDIOLOGY	1,283,343	546,678	1,830,021	0	1,830,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	606,624	276,721	883,345	39,311	922,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,713,325	21,713,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,205,359	11,205,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,302,120	8,302,120	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	7,601,855	7,601,855	73.01
74.00	07400	RENAL DIALYSIS	0	540,722	540,722	0	540,722	74.00
76.00	03340	GI LAB	764,204	1,920,205	2,684,409	-929,457	1,754,952	76.00
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	09003	PAIN CENTER	734,804	290,841	1,025,645	-183,975	841,670	90.01
90.02	09001	ANTENATAL TEST CENTER	707,021	104,539	811,560	0	811,560	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	194,244	17,329	211,573	0	211,573	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	295,970	224,201	520,171	-85,083	435,088	90.04
90.05	09005	GENETIC SERVICES	288,232	39,778	328,010	0	328,010	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0239

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

Worksheet A

Date/Time Prepared:
11/25/2019 9:27 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	
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	7,416,688	2,997,499	10,414,187	-918,692	9,495,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	966,670	519,512	1,486,182	36,299	1,522,481	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,123,302	235,395,684	361,518,986	-44,943	361,474,043	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	103	103	0	103	192.00
193.01	19301	BELOIT HEART STANDBY	39,693	3,936	43,629	5,229	48,858	193.01
194.00	07950	GUEST CENTER	69,944	323,233	393,177	0	393,177	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	409,224	2,777,147	3,186,371	0	3,186,371	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	107,277	313,463	420,740	39,714	460,454	194.04
194.05	07956	RETAIL PHARMACY	192,148	702,898	895,046	0	895,046	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
200.00		TOTAL (SUM OF LINES 118 through 199)	126,941,588	239,516,464	366,458,052	0	366,458,052	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0239

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

Worksheet A

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-70	321,944	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	23,890,899	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,659,282	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-74,492,440	30,400,662	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-25,962	10,904,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	368,995	8.00
9.00	00900	HOUSEKEEPING	0	3,432,109	9.00
10.00	01000	DIETARY	0	1,355,845	10.00
11.00	01100	CAFETERIA	-2,140,445	1,093,388	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,417	7,008,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,624,331	14.00
15.00	01500	PHARMACY	-279,452	6,722,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-486	3,412,961	16.00
17.00	01700	SOCIAL SERVICE	-8,323	539,135	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	0	2,492,052	22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	-44,869	269,198	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	160,417	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	-175,981	1,086,134	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-89,300	28,622,719	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,732,504	31.00
34.01	03401	NEONATAL INTENSIVE CARE	-31,340	8,158,167	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	0	1,338,643	34.02
40.00	04000	SUBPROVIDER - IPF	0	1,605,456	40.00
43.00	04300	NURSERY	0	3,352,182	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,745,711	11,707,731	50.00
51.00	05100	RECOVERY ROOM	0	1,365,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,468,832	5,045,907	52.00
53.00	05300	ANESTHESIOLOGY	-1,554,482	2,747,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-48,777	6,532,739	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	726,543	55.00
56.00	05600	RADIOISOTOPE	0	644,457	56.00
57.00	05700	CT SCAN	0	1,201,311	57.00
58.00	05800	MRI	0	945,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-4,864,215	10,212,788	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	425,792	64.00
65.00	06500	RESPIRATORY THERAPY	-4,175	2,852,658	65.00
66.00	06600	PHYSICAL THERAPY	0	2,017,330	66.00
69.00	06900	ELECTROCARDIOLOGY	-5,076	1,824,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	922,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,713,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,205,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,302,120	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	7,601,855	73.01
74.00	07400	RENAL DIALYSIS	0	540,722	74.00
76.00	03340	GI LAB	0	1,754,952	76.00
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	09003	PAIN CENTER	0	841,670	90.01
90.02	09001	ANTENATAL TEST CENTER	0	811,560	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	211,573	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	435,088	90.04
90.05	09005	GENETIC SERVICES	0	328,010	90.05
90.06	09006	HBP	0	0	90.06
90.07	09007	MAIN	0	0	90.07
90.08	09008	RMB	0	0	90.08
90.09	09009	MULFORD	0	0	90.09
90.10	09010	ALPINE	0	0	90.10
90.11	09011	ROSCOE	0	0	90.11
90.12	09012	BYRON	0	0	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0239

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

Worksheet A

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.13	09013	WINNEBAGO	0	0	90.13
90.14	09014	PERRYVILLE	0	0	90.14
90.15	09015	BELVIDERE	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	90.16
90.17	09017	MCFARLAND	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	90.18
90.19	09019	KLECKNER	0	0	90.19
90.20	09020	GALLERIA	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	90.22
91.00	09100	EMERGENCY	-98,438	9,397,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	-863,667	658,814	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-87,946,458	273,527,585	118.00
		NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	103	192.00
193.01	19301	BELOIT HEART STANDBY	0	48,858	193.01
194.00	07950	GUEST CENTER	0	393,177	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	194.01
194.02	07951	COMMUNITY SERVICES	0	3,186,371	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	194.03
194.04	07952	AUXILIARY	0	460,454	194.04
194.05	07956	RETAIL PHARMACY	0	895,046	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	194.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-87,946,458	278,511,594	200.00

RECLASSIFICATIONS

Provider CCN: 14-0239

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 9:27 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,903,975		1.00
	TOTALS		0	15,903,975		
	E - SHARED DIETARY EXPENSES					
1.00	CAFETERIA	11.00	1,862,363	1,371,470		1.00
	TOTALS		1,862,363	1,371,470		
	F - RECLASS MED SUPPLIES CHGD PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,713,325		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
	TOTALS		0	21,713,325		
	G - NURSERY COSTS					
1.00	NURSERY	43.00	894,510	198,772		1.00
2.00	NURSERY	43.00	1,824,621	434,279		2.00
	TOTALS		2,719,131	633,051		
	H - DEPARTMENTAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,890,899		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	23,890,899		
	I - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	322,014		1.00
	TOTALS		0	322,014		
	J - PASTORAL EDUCATION PROGRAM					
1.00	PASTORAL EDUCATION PROGRAM	23.01	129,113	31,304		1.00
	TOTALS		129,113	31,304		
	K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,205,359		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
	TOTALS		0	11,205,359		
	L - SHARED SERVICES SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	739,745		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,097,140		2.00
3.00	OPERATION OF PLANT	7.00	0	1,799,372		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	527,806		4.00
5.00	SOCIAL SERVICE	17.00	0	61,800		5.00
6.00	COMMUNITY SERVICES	194.02	0	258,200		6.00
	TOTALS		0	16,484,063		
	M - SHARED SERVICES DIRECT COST ASSIGNE					
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,165,419		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
	TOTALS		0	6,165,419		
	O - INTERNS AND RESIDENTS					
1.00		0.00	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	1,270,274	1,221,778		2.00
	COSTS APPRV					
	TOTALS		1,270,274	1,221,778		

RECLASSIFICATIONS

Provider CCN: 14-0239

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 9:27 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - DIRECTOR AND MANAGER					
1.00	LAUNDRY & LINEN SERVICE	8.00	59,689	0	1.00	
2.00	HOUSEKEEPING	9.00	49,654	0	2.00	
3.00	DIETARY	10.00	102,967	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	253,548	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	60,063	0	5.00	
6.00	PHARMACY	15.00	327,229	0	6.00	
7.00	SOCIAL SERVICE	17.00	32,922	0	7.00	
8.00	PARAMED EDUC EMT PROGRAM	23.02	104,896	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	966,477	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	80,118	0	10.00	
11.00	NEONATAL INTENSIVE CARE	34.01	108,650	0	11.00	
12.00	PEDIATRIC INTENSIVE CARE	34.02	76,952	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	98,533	0	13.00	
14.00	OPERATING ROOM	50.00	258,851	0	14.00	
15.00	RECOVERY ROOM	51.00	51,068	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	103,393	0	16.00	
17.00	ANESTHESIOLOGY	53.00	47,023	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	107,290	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	22,358	0	19.00	
20.00	LABORATORY	60.00	154,372	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	41,581	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	38,532	0	22.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	39,311	0	24.00	
25.00	GI LAB	76.00	75,124	0	25.00	
26.00	PAIN CENTER	90.01	13,595	0	26.00	
27.00	EMERGENCY	91.00	179,651	0	27.00	
28.00	AMBULANCE SERVICES	95.00	36,299	0	28.00	
29.00	BELOIT HEART STANDBY	193.01	5,229	0	29.00	
30.00	AUXILIARY	194.04	39,714	0	30.00	
	TOTALS		3,535,089	0		
	Q - 9005 SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	13,031,557	0	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	
	TOTALS		13,031,557	0		
	R - 9005 TO OTHER EXPENSE					
1.00		0.00	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	68,276	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	2,298,263	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	906,625	4.00	
5.00	SOCIAL SERVICE	17.00	0	134,659	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	2,846,841	6.00	
7.00	ANESTHESIOLOGY	53.00	0	396,366	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	358,245	8.00	
	TOTALS		0	7,009,275		
	S - INJECTABLE DRUGS					
1.00	INJECTABLE DRUGS CHARGED TO PATIENTS	73.01	0	7,601,855	1.00	
	TOTALS		0	7,601,855		
500.00	Grand Total: Increases		22,547,527	113,553,787	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0239

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 9:27 am

	Decreases						11/25/2019 9:27 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	15,903,975	0		1.00
	TOTALS		0	15,903,975			
	E - SHARED DIETARY EXPENSES						
1.00	DIETARY	10.00	1,862,363	1,371,470	0		1.00
	TOTALS		1,862,363	1,371,470			
	F - RECLASS MED SUPPLIES CHGD PAT						
1.00		0.00	0	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		182,675	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		2,391,594	0		3.00
4.00	INTENSIVE CARE UNIT	31.00		752,483	0		4.00
5.00	NEONATAL INTENSIVE CARE	34.01		1,375,618	0		5.00
6.00	PEDIATRIC INTENSIVE CARE	34.02		116,157	0		6.00
7.00	SUBPROVIDER - IPF	40.00		33,365	0		7.00
8.00	OPERATING ROOM	50.00		6,814,071	0		8.00
9.00	RECOVERY ROOM	51.00		35,300	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		772,917	0		10.00
11.00	ANESTHESIOLOGY	53.00		655,614	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		2,802,135	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		77,616	0		13.00
14.00	RADIOISOTOPE	56.00		551,374	0		14.00
15.00	CT SCAN	57.00		316,700	0		15.00
16.00	LABORATORY	60.00		961,852	0		16.00
17.00	INTRAVENOUS THERAPY	64.00		12,234	0		17.00
18.00	RESPIRATORY THERAPY	65.00		1,467,611	0		18.00
19.00	PHYSICAL THERAPY	66.00		8,432	0		19.00
20.00	GI LAB	76.00		1,004,581	0		20.00
21.00	PAIN CENTER	90.01		197,570	0		21.00
22.00	SPECIAL SURGICAL SERVICES	90.04		85,083	0		22.00
23.00	EMERGENCY	91.00		1,098,343	0		23.00
	TOTALS		0	21,713,325			
	G - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	894,510	198,772	0		1.00
2.00	NEONATAL INTENSIVE CARE	34.01	1,824,621	434,279	0		2.00
	TOTALS		2,719,131	633,051			
	H - DEPARTMENTAL DEPRECIATION						
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	23,890,899	0		2.00
	TOTALS		0	23,890,899			
	I - INSURANCE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	322,014	12		1.00
	TOTALS		0	322,014			
	J - PASTORAL EDUCATION PROGRAM						
1.00	ADMINISTRATIVE & GENERAL	5.00	129,113	31,304	0		1.00
	TOTALS		129,113	31,304			
	K - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	7,595,920	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,582,217	0		2.00
3.00	LABORATORY	60.00	0	26,022	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	1,200	0		4.00
	TOTALS		0	11,205,359			
	L - SHARED SERVICES SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	739,745	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	13,097,140	0	0		2.00
3.00	OPERATION OF PLANT	7.00	1,799,372	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	527,806	0	0		4.00
5.00	SOCIAL SERVICE	17.00	61,800	0	0		5.00
6.00	COMMUNITY SERVICES	194.02	258,200	0	0		6.00
	TOTALS		16,484,063	0			
	M - SHARED SERVICES DIRECT COST ASSIGNE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,279,758	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,739,171	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	67,050	0		4.00
5.00	SOCIAL SERVICE	17.00	0	79,440	0		5.00
	TOTALS		0	6,165,419			
	O - INTERNS AND RESIDENTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,270,274	1,118,371	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	103,407	0		2.00
	TOTALS		1,270,274	1,221,778			
	P - DIRECTOR AND MANAGER						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,535,089	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0239

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 9:27 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
TOTALS			3,535,089	0			
Q - 9005 SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	6,022,282	0	0		1.00
2.00	OPERATION OF PLANT	7.00	68,276	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	2,298,263	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	906,625	0	0		4.00
5.00	SOCIAL SERVICE	17.00	134,659	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	2,846,841	0	0		6.00
7.00	ANESTHESIOLOGY	53.00	396,366	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	358,245	0	0		8.00
TOTALS			13,031,557	0			
R - 9005 TO OTHER EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,009,275	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
TOTALS			0	7,009,275			
S - INJECTABLE DRUGS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,601,855	0		1.00
TOTALS			0	7,601,855			
500.00	Grand Total: Decreases		39,031,590	97,069,724			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 9:27 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	8,437,914	0	0	0	0	1.00	
2.00	Land Improvements	7,953,249	3,390,922	0	3,390,922	0	2.00	
3.00	Buildings and Fixtures	56,812,576	345,837,222	0	345,837,222	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	139,668,449	11,162,202	0	11,162,202	0	5.00	
6.00	Movable Equipment	137,397,933	79,585,563	0	79,585,563	0	6.00	
7.00	HIT designated Assets	26,960,052	0	0	0	16,298	7.00	
8.00	Subtotal (sum of lines 1-7)	377,230,173	439,975,909	0	439,975,909	16,298	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	377,230,173	439,975,909	0	439,975,909	16,298	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,437,914	0					1.00
2.00	Land Improvements	11,344,171	0					
3.00	Buildings and Fixtures	402,649,798	0					
4.00	Building Improvements	0	0					
5.00	Fixed Equipment	150,830,651	0					
6.00	Movable Equipment	216,983,496	0					
7.00	HIT designated Assets	26,943,754	0					
8.00	Subtotal (sum of lines 1-7)	817,189,784	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	817,189,784	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 9:27 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum 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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 9:27 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	600,206,288	0	600,206,288	0.734476	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	216,983,496	0	216,983,496	0.265524	0	2.00
3.00	Total (sum of lines 1-2)	817,189,784	0	817,189,784	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	-70	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,890,899	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,890,829	0	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	0	322,014	0	0	321,944	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,890,899	2.00
3.00	Total (sum of lines 1-2)	0	322,014	0	0	24,212,843	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0239

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 9:27 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-4,663	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-55,088,162			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	927,607			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,114,024	CAFETERIA	11.00	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	B	-486	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-26,421	CAFETERIA	11.00	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0239

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 9:27 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01 MISC REV - EMP BEN	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02 MISC REV - ADMIN	B	-627,102	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC REV - PLANT	B	-25,962	OPERATION OF PLANT	7.00	0	33.03
33.04 MISC REV	B	-8,323	SOCIAL SERVICE	17.00	0	33.04
33.05 MISC REV - PARAMED XRAY ED	B	-44,869	PARAMEDICAL ED PROGRAM XRAY	23.00	0	33.05
33.06 MISC REV - PASTORAL ED	B	0	PASTORAL EDUCATION PROGRAM	23.01	0	33.06
33.07 MISC REV - PARAMED EMT ED	B	-175,981	PARAMED EDUC EMT PROGRAM	23.02	0	33.07
33.08 MISC REV - NICU	B	-16,340	NEONATAL INTENSIVE CARE	34.01	0	33.08
33.09 MISC REV - XRAYS	B	-7,777	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 MISC REV - REF LAB	B	-4,783,564	LABORATORY	60.00	0	33.10
33.11 MISC REV	B	-5,076	ELECTROCARDIOLOGY	69.00	0	33.11
33.12 MISC REV	B	-88,783	EMERGENCY	91.00	0	33.12
33.14 MISC REVENUE	B	-863,667	AMBULANCE SERVICES	95.00	0	33.14
33.16 MISC REV - PHARM	B	-279,452	PHARMACY	15.00	0	33.16
33.17 MISC REV	B	-16,185	OPERATING ROOM	50.00	0	33.17
33.18 MISC REV	B	-4,175	RESPIRATORY THERAPY	65.00	0	33.18
33.19 MISC REV	B	0	PHYSICAL THERAPY	66.00	0	33.19
34.01 INTEREST - ADMIN	A	-10,855,940	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02 INTEREST - SURG	A	-4,775	OPERATING ROOM	50.00	0	34.02
35.01 PATIENT PHONE - BLD & FIXT	A	-70	CAP REL COSTS-BLDG & FIXT	1.00	9	35.01
35.03 PATIENT PHONE - EMP BEN	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.03
35.04 PATIENT PHONE - ADMIN	A	-133,110	ADMINISTRATIVE & GENERAL	5.00	0	35.04
35.05 PATIENT PHONE - PLANT	A	0	OPERATION OF PLANT	7.00	0	35.05
35.06 PATIENT PHONE - HOUSEKEEP	A	0	HOUSEKEEPING	9.00	0	35.06
37.01 LOBBYING	A	-52,975	ADMINISTRATIVE & GENERAL	5.00	0	37.01
39.01 TAXES - PROV ASSESS	A	-12,241,583	ADMINISTRATIVE & GENERAL	5.00	0	39.01
41.02 PB TO CLINIC	A	-1,404,600	OPERATING ROOM	50.00	0	41.02
41.03 PB TO CLINIC	A	0	GI LAB	76.00	0	41.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-87,946,458				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: 14-0239

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 9:27 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	0.00			0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MNGMT FEE & SHARED SVCS	37,770,070	36,842,463	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			37,770,070	36,842,463	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		
	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	B	MERCYHEALTH	100.00	MERCYHEALTH	100.00	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: 14-0239

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 9:27 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	0	0		1.00
2.00	927,607	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	927,607			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	HOME OFFICE		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: 14-0239

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 9:27 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	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	52,996,893	51,504,674	1,492,219	211,500	29,383	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	4,417	4,417	0	211,500	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	89,300	89,300	0	179,000	0	4.00
5.00	34.01	AGGREGATE-NEONATAL INTENSIVE CARE	15,000	15,000	0	197,500	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	445,365	62,791	382,574	246,400	1,057	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,468,832	1,468,832	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,631,021	1,464,771	166,250	239,400	665	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	41,000	41,000	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	82,786	76,670	6,116	211,500	21	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	5,738	0	5,738	211,500	77	11.00
12.00	90.02	AGGREGATE-ANTENATAL TEST CENTER	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	111,538	0	111,538	200,300	1,058	13.00
200.00			56,891,890	54,727,455	2,164,435		32,261	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	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,987,742	149,387	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	34.01	AGGREGATE-NEONATAL INTENSIVE CARE	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	125,214	6,261	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	76,539	3,827	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	2,135	107	0	0	0	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	7,830	392	0	0	0	11.00
12.00	90.02	AGGREGATE-ANTENATAL TEST CENTER	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	101,883	5,094	0	0	0	13.00
200.00			3,301,343	165,068	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	0.00		0	0	0	0		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	2,987,742	0	51,504,674		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	4,417		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	89,300		4.00
5.00	34.01	AGGREGATE-NEONATAL INTENSIVE CARE	0	0	0	15,000		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	125,214	257,360	320,151		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	1,468,832		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	76,539	89,711	1,554,482		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	41,000		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	2,135	3,981	80,651		10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	7,830	0	0		11.00
12.00	90.02	AGGREGATE-ANTENATAL TEST CENTER	0	0	0	0		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	101,883	9,655	9,655		13.00
200.00			0	3,301,343	360,707	55,088,162		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	321,944	321,944			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	23,890,899	23,890,899			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,659,282	4,176	31,895	15,695,353	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,400,662	103,771	11,011,956	255,954	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	10,904,768	38,773	1,412,307	225,039	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	368,995	1,716	6,299	28,070	8.00
9.00	00900	HOUSEKEEPING	3,432,109	3,392	49,153	391,984	9.00
10.00	01000	DIETARY	1,355,845	4,011	24,437	117,158	10.00
11.00	01100	CAFETERIA	1,093,388	10,354	63,074	264,634	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,008,362	2,100	37,102	561,667	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,624,331	5,984	485,931	223,115	14.00
15.00	01500	PHARMACY	6,722,312	3,376	351,660	711,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,412,961	2,062	0	151,633	16.00
17.00	01700	SOCIAL SERVICE	539,135	605	0	42,341	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	2,492,052	874	0	180,501	22.00
23.00	02300	PARAMEDICAL ED PROGRAM XRAY	269,198	249	108	36,290	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	160,417	207	0	18,346	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	1,086,134	3,866	217,574	103,555	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,622,719	29,984	1,662,960	3,218,602	30.00
31.00	03100	INTENSIVE CARE UNIT	4,732,504	3,798	261,788	566,899	31.00
34.01	03401	NEONATAL INTENSIVE CARE	8,158,167	4,996	306,803	1,096,944	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	1,338,643	1,554	18,496	151,539	34.02
40.00	04000	SUBPROVIDER - IPF	1,605,456	4,144	65,832	211,425	40.00
43.00	04300	NURSERY	3,352,182	2,660	129,992	386,378	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,707,731	19,573	1,840,464	1,410,334	50.00
51.00	05100	RECOVERY ROOM	1,365,422	1,603	9,350	175,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,045,907	4,649	207,108	590,971	52.00
53.00	05300	ANESTHESIOLOGY	2,747,405	427	131,111	82,024	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,532,739	6,958	1,437,300	711,860	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	726,543	5,402	1,155,475	70,563	55.00
56.00	05600	RADIOISOTOPE	644,457	676	1,338	40,775	56.00
57.00	05700	CT SCAN	1,201,311	695	145,096	146,510	57.00
58.00	05800	MRI	945,331	2,119	145,653	104,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	10,212,788	8,260	604,565	722,022	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	425,792	0	2,003	52,447	64.00
65.00	06500	RESPIRATORY THERAPY	2,852,658	2,090	218,695	367,501	65.00
66.00	06600	PHYSICAL THERAPY	2,017,330	2,242	9,660	257,416	66.00
69.00	06900	ELECTROCARDIOLOGY	1,824,945	3,609	213,631	182,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	922,656	1,769	121,857	91,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,713,325	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,205,359	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,302,120	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	7,601,855	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	540,722	776	1,914	0	74.00
76.00	03340	GI LAB	1,754,952	10,861	437,543	119,265	76.00
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	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09003	PAIN CENTER	841,670	1,833	170,900	106,345	90.01
90.02	09001	ANTENATAL TEST CENTER	811,560	862	203,565	100,465	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	211,573	272	0	27,601	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	435,088	1,130	23,854	42,056	90.04
90.05	09005	GENETIC SERVICES	328,010	349	19,082	40,957	90.05
90.06	09006	HBP	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	90.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	
90.09	09009	MULFORD	0	908	0	0	908	90.09
90.10	09010	ALPINE	0	336	0	0	336	90.10
90.11	09011	ROSCOE	0	477	0	0	477	90.11
90.12	09012	BYRON	0	181	0	0	181	90.12
90.13	09013	WINNEBAGO	0	213	0	0	213	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	173	0	0	173	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	223	0	0	223	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	9,397,057	5,904	620,950	1,079,409	11,103,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	658,814	1,003	9,633	142,518	811,968	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	273,527,585	318,225	23,868,114	15,609,381	273,415,109	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	103	86	0	0	189	192.00
193.01	19301	BELOIT HEART STANDBY	48,858	0	0	6,383	55,241	193.01
194.00	07950	GUEST CENTER	393,177	880	11,996	9,939	415,992	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	3,186,371	654	6,632	21,460	3,215,117	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	460,454	1,827	4,157	20,887	487,325	194.04
194.05	07956	RETAIL PHARMACY	895,046	272	0	27,303	922,621	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	278,511,594	321,944	23,890,899	15,695,353	278,511,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	41,772,343					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,219,885	0	14,800,772			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	71,476	0	144,908	621,464		8.00
9.00	00900	HOUSEKEEPING	684,029	0	286,470	0	4,847,137	9.00
10.00	01000	DIETARY	264,930	0	338,817	0	116,004	10.00
11.00	01100	CAFETERIA	252,578	0	874,554	0	299,430	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,342,641	0	177,399	0	60,738	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	765,676	0	505,423	3,610	173,047	14.00
15.00	01500	PHARMACY	1,374,334	0	285,160	0	97,633	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	629,333	0	174,191	0	59,640	16.00
17.00	01700	SOCIAL SERVICE	102,708	0	51,092	0	17,493	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	471,724	0	73,849	0	25,284	22.00
23.00	02300	PARAMEDICAL ED PROGRAM XRAY	53,966	0	21,028	0	7,200	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	31,579	0	17,486	0	5,987	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	248,992	0	326,518	0	111,793	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,917,025	0	2,532,633	216,609	867,128	30.00
31.00	03100	INTENSIVE CARE UNIT	981,937	0	320,773	23,623	109,826	31.00
34.01	03401	NEONATAL INTENSIVE CARE	1,688,072	0	421,980	17,868	144,478	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	266,479	0	131,243	3,320	44,935	34.02
40.00	04000	SUBPROVIDER - IPF	332,934	0	350,056	4,538	119,852	40.00
43.00	04300	NURSERY	683,071	0	224,642	13,544	76,913	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,642,871	0	1,653,284	96,425	566,052	50.00
51.00	05100	RECOVERY ROOM	273,905	0	135,399	8,610	46,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,031,986	0	392,670	53,913	134,442	52.00
53.00	05300	ANESTHESIOLOGY	522,460	0	36,060	0	12,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,533,140	0	587,722	28,241	201,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	345,484	0	456,255	2,227	156,213	55.00
56.00	05600	RADIOISOTOPE	121,264	0	57,116	43	19,555	56.00
57.00	05700	CT SCAN	263,546	0	58,705	0	20,100	57.00
58.00	05800	MRI	211,349	0	179,016	3,742	61,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,037,569	0	697,658	5,926	238,865	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	84,738	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	607,151	0	176,562	4	60,451	65.00
66.00	06600	PHYSICAL THERAPY	403,477	0	189,363	52	64,834	66.00
69.00	06900	ELECTROCARDIOLOGY	392,518	0	304,877	0	104,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,811	0	149,454	36	51,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,831,294	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,977,174	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,464,901	0	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	1,341,340	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	95,885	0	65,538	493	22,439	74.00
76.00	03340	GI LAB	409,824	0	917,419	14,521	314,106	76.00
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	09003	PAIN CENTER	197,755	0	154,865	5,286	53,023	90.01
90.02	09001	ANTENATAL TEST CENTER	196,997	0	72,845	4,191	24,941	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	42,250	0	22,952	23	7,858	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	88,600	0	95,406	0	32,665	90.04
90.05	09005	GENETIC SERVICES	68,532	0	29,506	46	10,102	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	160	0	76,721	0	0	90.09
90.10	09010	ALPINE	59	0	28,418	0	0	90.10
90.11	09011	ROSCOE	84	0	40,299	0	0	90.11
90.12	09012	BYRON	32	0	15,311	0	0	90.12
90.13	09013	WINNEBAGO	38	0	17,988	0	0	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	31	0	14,641	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	39	0	18,853	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	1,959,170	0	498,674	113,234	170,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	143,271	0	84,753	52	29,018	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,873,074	0	14,486,552	620,177	4,739,555	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33	0	7,279	0	2,492	192.00
193.01	19301	BELOIT HEART STANDBY	9,747	0	0	0	0	193.01
194.00	07950	GUEST CENTER	73,401	0	74,351	1,287	25,456	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	567,304	0	55,247	0	18,916	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	85,988	0	154,335	0	52,841	194.04
194.05	07956	RETAIL PHARMACY	162,796	0	23,008	0	7,877	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	41,772,343	0	14,800,772	621,464	4,847,137	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	2,221,202					10.00
11.00	01100	CAFETERIA	0	2,858,012				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	78,688	0	9,268,697		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,594	0	289,278	6,161,989	14.00
15.00	01500	PHARMACY	0	106,510	0	359,977	32,168	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	35,189	0	118,948	975	16.00
17.00	01700	SOCIAL SERVICE	0	10,619	0	35,917	952	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	6,122	0	0	0	22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	0	49,260	0	17,071	1,940	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	19,612	0	0	0	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	0	23,305	0	78,758	8,183	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,926,869	699,644	0	2,425,054	6,436	30.00
31.00	03100	INTENSIVE CARE UNIT	234,709	109,180	0	373,780	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	0	197,524	0	712,045	1,771	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	41,389	25,734	0	86,984	0	34.02
40.00	04000	SUBPROVIDER - IPF	0	46,430	0	158,478	0	40.00
43.00	04300	NURSERY	0	76,099	0	220,021	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	214,205	0	723,943	1,031	50.00
51.00	05100	RECOVERY ROOM	0	28,665	0	104,897	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	107,895	0	371,435	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,654	0	49,550	816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,816	0	475,930	4,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,141	0	77,486	332	55.00
56.00	05600	RADIOISOTOPE	0	7,487	0	25,300	39	56.00
57.00	05700	CT SCAN	0	28,344	0	95,767	602	57.00
58.00	05800	MRI	0	17,103	0	57,802	7,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	179,036	0	605,110	759,880	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,692	0	29,403	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	74,694	0	252,445	278	65.00
66.00	06600	PHYSICAL THERAPY	0	43,680	0	147,607	1,051	66.00
69.00	06900	ELECTROCARDIOLOGY	0	32,941	0	111,309	44,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,933	0	67,391	9,967	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,450,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,780,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	100	0	339	2,784	74.00
76.00	03340	GI LAB	0	28,424	0	96,077	0	76.00
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	09003	PAIN CENTER	0	25,273	0	85,392	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0	19,331	0	65,327	4,781	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	3,794	0	12,834	219	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	7,508	0	25,366	0	90.04
90.05	09005	GENETIC SERVICES	0	9,354	0	31,631	915	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	18,235	215,068	0	746,963	2,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	22,241	0	75,154	4,840	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,221,202	2,840,889	0	9,210,769	6,130,262	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	0	361	0	1,252	0	193.01
194.00	07950	GUEST CENTER	0	1,967	0	6,673	1,339	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	0	2,971	0	10,059	8,967	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	0	6,986	0	23,594	20,268	194.04
194.05	07956	RETAIL PHARMACY	0	4,838	0	16,350	1,153	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	2,221,202	2,858,012	0	9,268,697	6,161,989	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 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	10,044,628					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,584,932				16.00
17.00	01700	SOCIAL SERVICE	0	0	800,862			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	PARAMDICAL ED PROGRAM XRAY	0	0	0			23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	0	0			23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	54,005	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,306	233,031	682,078	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	40,376	65,135	0	0	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	32,503	240,094	10,445	0	0	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	13,713	14,960	2,970	0	0	34.02
40.00	04000	SUBPROVIDER - IPF	3	16,468	99,532	0	0	40.00
43.00	04300	NURSERY	0	54,298	5,837	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,396	246,560	0	0	0	50.00
51.00	05100	RECOVERY ROOM	6,902	30,049	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,776	104,619	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	145,635	52,640	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,366	269,311	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,309	23,467	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,348	45,946	0	0	0	56.00
57.00	05700	CT SCAN	9,202	284,442	0	0	0	57.00
58.00	05800	MRI	1,486	98,079	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	103	523,607	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,756	113,525	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	521	119,990	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,337	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,051	122,781	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66	41,762	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	606,487	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	249,017	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,556,132	338,208	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	4,171,837	269,042	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	674	6,343	0	0	0	74.00
76.00	03340	GI LAB	16,096	46,340	0	0	0	76.00
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	09003	PAIN CENTER	12,390	35,121	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	26	54,269	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	493	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	30,300	10,502	0	0	0	90.04
90.05	09005	GENETIC SERVICES	0	1,262	0	0	0	90.05
90.06	09006	HBP	0	129	0	0	0	90.06
90.07	09007	MAIN	0	696	0	0	0	90.07
90.08	09008	RMB	0	386	0	0	0	90.08
90.09	09009	MULFORD	0	100	0	0	0	90.09
90.10	09010	ALPINE	0	85	0	0	0	90.10
90.11	09011	ROSCOE	0	111	0	0	0	90.11
90.12	09012	BYRON	0	25	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.13	09013	WINNEBAGO	0	61	0	0	0	90.13
90.14	09014	PERRYVILLE	0	470	0	0	0	90.14
90.15	09015	BELVIDERE	0	53	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	124	0	0	0	90.16
90.17	09017	MCFARLAND	0	8	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	43	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	150	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	116	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	23	0	0	0	90.22
91.00	09100	EMERGENCY	200,004	225,819	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,809	3,348	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,675,091	4,584,932	800,862	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	0	0	0	0	0	193.01
194.00	07950	GUEST CENTER	0	0	0	0	0	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	252	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	0	0	0	0	0	194.04
194.05	07956	RETAIL PHARMACY	369,285	0	0	0	0	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	10,044,628	4,584,932	800,862	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			INTERNS & RESIDENTS		PARAMDICAL ED PROGRAM XRAY	PASTORAL EDUCATION PROGRAM	PARAMED EDUC EMT PROGRAM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	23.02	
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		3,250,406				22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY			456,310			23.00
23.01	02301	PASTORAL EDUCATION PROGRAM				253,634		23.01
23.02	02302	PARAMED EDUC EMT PROGRAM					2,262,683	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,250,406	0	160,077	60,103	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	17,683	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	0	0	0	46,295	120,295	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	0	0	0	5,047	0	34.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	14,548	0	40.00
43.00	04300	NURSERY	0	0	0	9,984	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	314,654	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	60,103	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	456,310	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	45,961	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	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340	GI LAB	0	0	0	0	0	76.00
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	09003	PAIN CENTER	0	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES	0	0	0	0	0	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			INTERNS & RESIDENTS		PARAMDICAL ED PROGRAM XRAY	PASTORAL EDUCATION PROGRAM	PARAMED EDUC EMT PROGRAM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	23.02	
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	0	0	0	0	1,661,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,250,406	456,310	253,634	2,262,683	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	0	0	0	0	0	193.01
194.00	07950	GUEST CENTER	0	0	0	0	0	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	0	0	0	0	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0	0	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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	3,250,406	456,310	253,634	2,262,683	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	PARAMDICAL ED PROGRAM XRAY				23.00
23.01	02301	PASTORAL EDUCATION PROGRAM				23.01
23.02	02302	PARAMED EDUC EMT PROGRAM				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,665,664	-3,250,406	49,415,258	30.00
31.00	03100	INTENSIVE CARE UNIT	7,842,011	0	7,842,011	31.00
34.01	03401	NEONATAL INTENSIVE CARE	13,200,190	0	13,200,190	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	2,147,006	0	2,147,006	34.02
40.00	04000	SUBPROVIDER - IPF	3,029,696	0	3,029,696	40.00
43.00	04300	NURSERY	5,235,621	0	5,235,621	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,531,523	0	21,531,523	50.00
51.00	05100	RECOVERY ROOM	2,187,101	0	2,187,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,148,474	0	8,148,474	52.00
53.00	05300	ANESTHESIOLOGY	3,795,128	0	3,795,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,447,102	0	12,447,102	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,047,897	0	3,047,897	55.00
56.00	05600	RADIOISOTOPE	970,344	0	970,344	56.00
57.00	05700	CT SCAN	2,254,320	0	2,254,320	57.00
58.00	05800	MRI	1,834,988	0	1,834,988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	16,595,389	0	16,595,389	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	726,356	0	726,356	64.00
65.00	06500	RESPIRATORY THERAPY	4,779,001	0	4,779,001	65.00
66.00	06600	PHYSICAL THERAPY	3,172,049	0	3,172,049	66.00
69.00	06900	ELECTROCARDIOLOGY	3,344,197	0	3,344,197	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,678,657	0	1,678,657	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,601,861	0	29,601,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,212,350	0	15,212,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,661,361	0	14,661,361	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	13,384,074	0	13,384,074	73.01
74.00	07400	RENAL DIALYSIS	738,007	0	738,007	74.00
76.00	03340	GI LAB	4,165,428	0	4,165,428	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	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	09003	PAIN CENTER	1,689,853	0	1,689,853	90.01
90.02	09001	ANTENATAL TEST CENTER	1,559,160	0	1,559,160	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	329,869	0	329,869	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	792,475	0	792,475	90.04
90.05	09005	GENETIC SERVICES	539,746	0	539,746	90.05
90.06	09006	HBP	129	0	129	90.06
90.07	09007	MAIN	696	0	696	90.07
90.08	09008	RMB	386	0	386	90.08
90.09	09009	MULFORD	77,889	0	77,889	90.09
90.10	09010	ALPINE	28,898	0	28,898	90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
90.11	09011	ROSCOE	40,971	0	40,971		90.11
90.12	09012	BYRON	15,549	0	15,549		90.12
90.13	09013	WINNEBAGO	18,300	0	18,300		90.13
90.14	09014	PERRYVILLE	470	0	470		90.14
90.15	09015	BELVIDERE	53	0	53		90.15
90.16	09016	SPRINGBROOK	124	0	124		90.16
90.17	09017	MCFARLAND	8	0	8		90.17
90.18	09018	CHERRYVALLEY	14,888	0	14,888		90.18
90.19	09019	KLECKNER	0	0	0		90.19
90.20	09020	GALLERIA	19,265	0	19,265		90.20
90.21	09021	RIVERSIDE MOB	116	0	116		90.21
90.22	09022	MULFORD-LENOX	23	0	23		90.22
91.00	09100	EMERGENCY	16,915,319	0	16,915,319		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,176,454	0	1,176,454		95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	271,616,436	-3,250,406	268,366,030		118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,993	0	9,993		192.00
193.01	19301	BELOIT HEART STANDBY	66,601	0	66,601		193.01
194.00	07950	GUEST CENTER	600,466	0	600,466		194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0		194.01
194.02	07951	COMMUNITY SERVICES	3,878,833	0	3,878,833		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0		194.03
194.04	07952	AUXILIARY	831,337	0	831,337		194.04
194.05	07956	RETAIL PHARMACY	1,507,928	0	1,507,928		194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0		194.08
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	278,511,594	-3,250,406	275,261,188		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	4,176	31,895	36,071	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,788,690	103,771	11,011,956	12,904,417	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,451	38,773	1,412,307	1,454,531	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,716	6,299	8,015	8.00
9.00	00900	HOUSEKEEPING	2,015	3,392	49,153	54,560	9.00
10.00	01000	DIETARY	1,680	4,011	24,437	30,128	10.00
11.00	01100	CAFETERIA	4,337	10,354	63,074	77,765	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,639	2,100	37,102	48,841	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	372,127	5,984	485,931	864,042	14.00
15.00	01500	PHARMACY	850,040	3,376	351,660	1,205,076	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	756	2,062	0	2,818	16.00
17.00	01700	SOCIAL SERVICE	395	605	0	1,000	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	874	0	874	22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	2,674	249	108	3,031	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	70	207	0	277	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	6,731	3,866	217,574	228,171	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	64,221	29,984	1,662,960	1,757,165	30.00
31.00	03100	INTENSIVE CARE UNIT	8,128	3,798	261,788	273,714	31.00
34.01	03401	NEONATAL INTENSIVE CARE	16,630	4,996	306,803	328,429	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	499	1,554	18,496	20,549	34.02
40.00	04000	SUBPROVIDER - IPF	7,186	4,144	65,832	77,162	40.00
43.00	04300	NURSERY	3,915	2,660	129,992	136,567	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,548	19,573	1,840,464	1,869,585	50.00
51.00	05100	RECOVERY ROOM	0	1,603	9,350	10,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,332	4,649	207,108	239,089	52.00
53.00	05300	ANESTHESIOLOGY	646	427	131,111	132,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,697	6,958	1,437,300	1,450,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,442	5,402	1,155,475	1,162,319	55.00
56.00	05600	RADIOISOTOPE	77	676	1,338	2,091	56.00
57.00	05700	CT SCAN	34,792	695	145,096	180,583	57.00
58.00	05800	MRI	67,710	2,119	145,653	215,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	17,219	8,260	604,565	630,044	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	731	0	2,003	2,734	64.00
65.00	06500	RESPIRATORY THERAPY	67,794	2,090	218,695	288,579	65.00
66.00	06600	PHYSICAL THERAPY	1,977	2,242	9,660	13,879	66.00
69.00	06900	ELECTROCARDIOLOGY	29,173	3,609	213,631	246,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,063	1,769	121,857	225,689	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	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	776	1,914	2,690	74.00
76.00	03340	GI LAB	199,650	10,861	437,543	648,054	76.00
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	09003	PAIN CENTER	11,269	1,833	170,900	184,002	90.01
90.02	09001	ANTENATAL TEST CENTER	3,273	862	203,565	207,700	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	581	272	0	853	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	53,317	1,130	23,854	78,301	90.04
90.05	09005	GENETIC SERVICES	312	349	19,082	19,743	90.05
90.06	09006	HBP	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	90.08
90.09	09009	MULFORD	0	908	0	908	90.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	
90.10	09010	ALPINE	0	336	0	336	0	90.10
90.11	09011	ROSCOE	0	477	0	477	0	90.11
90.12	09012	BYRON	0	181	0	181	0	90.12
90.13	09013	WINNEBAGO	0	213	0	213	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	173	0	173	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	223	0	223	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	17,279	5,904	620,950	644,133	2,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
95.00	09500	AMBULANCE SERVICES	349	1,003	9,633	10,985	328	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,796,415	318,225	23,868,114	27,982,754	35,873	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	86	0	86	0	192.00
193.01	19301	BELOIT HEART STANDBY	1,646	0	0	1,646	15	193.01
194.00	07950	GUEST CENTER	0	880	11,996	12,876	23	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	73	654	6,632	7,359	49	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	605	1,827	4,157	6,589	48	194.04
194.05	07956	RETAIL PHARMACY	0	272	0	272	63	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	3,798,739	321,944	23,890,899	28,011,582	36,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	12,905,006					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	685,797	0	2,140,846			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,081	0	20,960	51,121		8.00
9.00	00900	HOUSEKEEPING	211,319	0	41,436	0	308,217	9.00
10.00	01000	DIETARY	81,846	0	49,008	0	7,376	10.00
11.00	01100	CAFETERIA	78,030	0	126,499	0	19,040	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	414,787	0	25,660	0	3,862	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	236,543	0	73,106	297	11,004	14.00
15.00	01500	PHARMACY	424,578	0	41,247	0	6,208	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	194,422	0	25,196	0	3,792	16.00
17.00	01700	SOCIAL SERVICE	31,730	0	7,390	0	1,112	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	145,731	0	10,682	0	1,608	22.00
23.00	02300	PARAMEDICAL ED PROGRAM XRAY	16,672	0	3,042	0	458	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	9,756	0	2,529	0	381	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	76,922	0	47,229	0	7,109	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,828,104	0	366,328	17,819	55,137	30.00
31.00	03100	INTENSIVE CARE UNIT	303,353	0	46,398	1,943	6,984	31.00
34.01	03401	NEONATAL INTENSIVE CARE	521,502	0	61,037	1,470	9,187	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	82,324	0	18,984	273	2,857	34.02
40.00	04000	SUBPROVIDER - IPF	102,854	0	50,634	373	7,621	40.00
43.00	04300	NURSERY	211,024	0	32,493	1,114	4,891	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	816,471	0	239,138	7,932	35,994	50.00
51.00	05100	RECOVERY ROOM	84,618	0	19,585	708	2,948	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	318,815	0	56,797	4,435	8,549	52.00
53.00	05300	ANESTHESIOLOGY	161,405	0	5,216	0	785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,638	0	85,011	2,323	12,795	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	106,732	0	65,995	183	9,933	55.00
56.00	05600	RADIOISOTOPE	37,462	0	8,261	4	1,243	56.00
57.00	05700	CT SCAN	81,418	0	8,491	0	1,278	57.00
58.00	05800	MRI	65,293	0	25,894	308	3,897	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	629,473	0	100,912	487	15,189	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	26,178	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	187,569	0	25,539	0	3,844	65.00
66.00	06600	PHYSICAL THERAPY	124,647	0	27,390	4	4,123	66.00
69.00	06900	ELECTROCARDIOLOGY	121,262	0	44,099	0	6,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,037	0	21,618	3	3,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,183,615	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	610,815	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	452,557	0	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	414,385	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	29,622	0	9,480	41	1,427	74.00
76.00	03340	GI LAB	126,608	0	132,699	1,194	19,973	76.00
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	09003	PAIN CENTER	61,093	0	22,400	435	3,372	90.01
90.02	09001	ANTENATAL TEST CENTER	60,859	0	10,537	345	1,586	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	13,052	0	3,320	2	500	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	27,371	0	13,800	0	2,077	90.04
90.05	09005	GENETIC SERVICES	21,172	0	4,268	4	642	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	49	0	11,097	0	0	90.09
90.10	09010	ALPINE	18	0	4,111	0	0	90.10
90.11	09011	ROSCOE	26	0	5,829	0	0	90.11
90.12	09012	BYRON	10	0	2,215	0	0	90.12
90.13	09013	WINNEBAGO	12	0	2,602	0	0	90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MC FARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRY VALLEY	9	0	2,118	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	12	0	2,727	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	605,253	0	72,130	9,314	10,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	44,261	0	12,259	4	1,845	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,627,192	0	2,095,396	51,015	301,376	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10	0	1,053	0	158	192.00
193.01	19301	BELOIT HEART STANDBY	3,011	0	0	0	0	193.01
194.00	07950	GUEST CENTER	22,676	0	10,754	106	1,619	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	175,259	0	7,991	0	1,203	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	26,565	0	22,324	0	3,360	194.04
194.05	07956	RETAIL PHARMACY	50,293	0	3,328	0	501	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	12,905,006	0	2,140,846	51,121	308,217	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	168,628					10.00
11.00	01100	CAFETERIA	0	301,943				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,313	0	502,756		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,043	0	15,691	1,210,239	14.00
15.00	01500	PHARMACY	0	11,253	0	19,526	6,318	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,718	0	6,452	191	16.00
17.00	01700	SOCIAL SERVICE	0	1,122	0	1,948	187	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	647	0	0	0	22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	0	5,204	0	926	381	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	2,072	0	0	0	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	0	2,462	0	4,272	1,607	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,284	73,916	0	131,541	1,264	30.00
31.00	03100	INTENSIVE CARE UNIT	17,818	11,535	0	20,275	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	0	20,868	0	38,623	348	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	3,142	2,719	0	4,718	0	34.02
40.00	04000	SUBPROVIDER - IPF	0	4,905	0	8,596	0	40.00
43.00	04300	NURSERY	0	8,040	0	11,934	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,630	0	39,268	203	50.00
51.00	05100	RECOVERY ROOM	0	3,028	0	5,690	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,399	0	20,147	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,548	0	2,688	160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,877	0	25,816	822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,339	0	4,203	65	55.00
56.00	05600	RADIOISOTOPE	0	791	0	1,372	8	56.00
57.00	05700	CT SCAN	0	2,994	0	5,195	118	57.00
58.00	05800	MRI	0	1,807	0	3,135	1,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	18,915	0	32,823	149,242	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	918	0	1,595	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,891	0	13,693	55	65.00
66.00	06600	PHYSICAL THERAPY	0	4,615	0	8,007	206	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,480	0	6,038	8,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,106	0	3,655	1,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	677,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	349,753	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	11	0	18	547	74.00
76.00	03340	GI LAB	0	3,003	0	5,211	0	76.00
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	09003	PAIN CENTER	0	2,670	0	4,632	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0	2,042	0	3,543	939	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	401	0	696	43	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	793	0	1,376	0	90.04
90.05	09005	GENETIC SERVICES	0	988	0	1,716	180	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	1,384	22,721	0	40,517	479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,350	0	4,077	950	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,628	300,134	0	499,613	1,204,008	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	0	38	0	68	0	193.01
194.00	07950	GUEST CENTER	0	208	0	362	263	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	0	314	0	546	1,761	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	0	738	0	1,280	3,981	194.04
194.05	07956	RETAIL PHARMACY	0	511	0	887	226	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	168,628	301,943	0	502,756	1,210,239	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 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	1,715,843					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	236,938				16.00
17.00	01700	SOCIAL SERVICE	0	0	44,586			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	PARAMDICAL ED PROGRAM XRAY	0	0	0			23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	0	0			23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	9,225	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,359	12,042	37,974			30.00
31.00	03100	INTENSIVE CARE UNIT	6,897	3,366	0			31.00
34.01	03401	NEONATAL INTENSIVE CARE	5,552	12,407	581			34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	2,343	773	165			34.02
40.00	04000	SUBPROVIDER - IPF	0	851	5,541			40.00
43.00	04300	NURSERY	0	2,806	325			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,125	12,741	0			50.00
51.00	05100	RECOVERY ROOM	1,179	1,553	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,307	5,406	0			52.00
53.00	05300	ANESTHESIOLOGY	24,878	2,720	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,483	13,916	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,078	1,213	0			55.00
56.00	05600	RADIOISOTOPE	1,084	2,374	0			56.00
57.00	05700	CT SCAN	1,572	14,698	0			57.00
58.00	05800	MRI	254	5,068	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	18	27,057	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	1,667	5,866	0			64.00
65.00	06500	RESPIRATORY THERAPY	89	6,200	0			65.00
66.00	06600	PHYSICAL THERAPY	0	1,826	0			66.00
69.00	06900	ELECTROCARDIOLOGY	1,034	6,345	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11	2,158	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,357	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,868	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	778,284	17,476	0			73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	712,643	13,902	0			73.01
74.00	07400	RENAL DIALYSIS	115	328	0			74.00
76.00	03340	GI LAB	2,750	2,395	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			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	09003	PAIN CENTER	2,117	1,815	0			90.01
90.02	09001	ANTENATAL TEST CENTER	4	2,804	0			90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	25	0			90.03
90.04	09004	SPECIAL SURGICAL SERVICES	5,176	543	0			90.04
90.05	09005	GENETIC SERVICES	0	65	0			90.05
90.06	09006	HBP	0	7	0			90.06
90.07	09007	MAIN	0	36	0			90.07
90.08	09008	RMB	0	20	0			90.08
90.09	09009	MULFORD	0	5	0			90.09
90.10	09010	ALPINE	0	4	0			90.10
90.11	09011	ROSCOE	0	6	0			90.11
90.12	09012	BYRON	0	1	0			90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.13	09013	WINNEBAGO	0	3	0			90.13
90.14	09014	PERRYVILLE	0	24	0			90.14
90.15	09015	BELVIDERE	0	3	0			90.15
90.16	09016	SPRINGBROOK	0	6	0			90.16
90.17	09017	MCFARLAND	0	0	0			90.17
90.18	09018	CHERRYVALLEY	0	2	0			90.18
90.19	09019	KLECKNER	0	0	0			90.19
90.20	09020	GALLERIA	0	8	0			90.20
90.21	09021	RIVERSIDE MOB	0	6	0			90.21
90.22	09022	MULFORD-LENOX	0	1	0			90.22
91.00	09100	EMERGENCY	34,165	11,669	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	309	173	0			95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,652,718	236,938	44,586	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.01	19301	BELOIT HEART STANDBY	0	0	0			193.01
194.00	07950	GUEST CENTER	0	0	0			194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0			194.01
194.02	07951	COMMUNITY SERVICES	43	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0			194.03
194.04	07952	AUXILIARY	0	0	0			194.04
194.05	07956	RETAIL PHARMACY	63,082	0	0			194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0			194.08
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)	1,715,843	236,938	44,586	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			INTERNS & RESIDENTS		PARAMDICAL ED PROGRAM XRAY	PASTORAL EDUCATION PROGRAM	PARAMED EDUC EMT PROGRAM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	23.02	
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		159,957				22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY			29,798			23.00
23.01	02301	PASTORAL EDUCATION PROGRAM				15,057		23.01
23.02	02302	PARAMED EDUC EMT PROGRAM					377,235	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.01	03401	NEONATAL INTENSIVE CARE						34.01
34.02	03402	PEDIATRIC INTENSIVE CARE						34.02
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
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
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS						73.01
74.00	07400	RENAL DIALYSIS						74.00
76.00	03340	GI LAB						76.00
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	09003	PAIN CENTER						90.01
90.02	09001	ANTENATAL TEST CENTER						90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC						90.03
90.04	09004	SPECIAL SURGICAL SERVICES						90.04
90.05	09005	GENETIC SERVICES						90.05
90.06	09006	HBP						90.06
90.07	09007	MAIN						90.07
90.08	09008	RMB						90.08
90.09	09009	MULFORD						90.09
90.10	09010	ALPINE						90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			INTERNS & RESIDENTS		PARAMDICAL ED PROGRAM XRAY	PASTORAL EDUCATION PROGRAM	PARAMED EDUC EMT PROGRAM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
90.11	09011	ROSCOE			23.00	23.01	23.02	90.11
90.12	09012	BYRON						90.12
90.13	09013	WINNEBAGO						90.13
90.14	09014	PERRYVILLE						90.14
90.15	09015	BELVIDERE						90.15
90.16	09016	SPRINGBROOK						90.16
90.17	09017	MCFARLAND						90.17
90.18	09018	CHERRYVALLEY						90.18
90.19	09019	KLECKNER						90.19
90.20	09020	GALLERIA						90.20
90.21	09021	RIVERSIDE MOB						90.21
90.22	09022	MULFORD-LENOX						90.22
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES						95.00
99.10	09910	CORF						99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY						99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.01	19301	BELOIT HEART STANDBY						193.01
194.00	07950	GUEST CENTER						194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER						194.01
194.02	07951	COMMUNITY SERVICES						194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT						194.03
194.04	07952	AUXILIARY						194.04
194.05	07956	RETAIL PHARMACY						194.05
194.08	07955	DIALYSIS RENTED SPACE						194.08
200.00		Cross Foot Adjustments	0	159,957	29,798	15,057	377,235	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	159,957	29,798	15,057	377,235	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	PARAMDICAL ED PROGRAM XRAY				23.00
23.01	02301	PASTORAL EDUCATION PROGRAM				23.01
23.02	02302	PARAMED EDUC EMT PROGRAM				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,461,290	0	4,461,290	30.00
31.00	03100	INTENSIVE CARE UNIT	693,588	0	693,588	31.00
34.01	03401	NEONATAL INTENSIVE CARE	1,002,528	0	1,002,528	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	139,196	0	139,196	34.02
40.00	04000	SUBPROVIDER - IPF	259,024	0	259,024	40.00
43.00	04300	NURSERY	410,083	0	410,083	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,063,333	0	3,063,333	50.00
51.00	05100	RECOVERY ROOM	130,667	0	130,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	673,304	0	673,304	52.00
53.00	05300	ANESTHESIOLOGY	331,773	0	331,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,092,274	0	2,092,274	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,354,222	0	1,354,222	55.00
56.00	05600	RADIOISOTOPE	54,784	0	54,784	56.00
57.00	05700	CT SCAN	296,684	0	296,684	57.00
58.00	05800	MRI	322,819	0	322,819	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	1,605,822	0	1,605,822	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	39,079	0	39,079	64.00
65.00	06500	RESPIRATORY THERAPY	534,305	0	534,305	65.00
66.00	06600	PHYSICAL THERAPY	185,289	0	185,289	66.00
69.00	06900	ELECTROCARDIOLOGY	444,526	0	444,526	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,699	0	322,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,892,720	0	1,892,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	973,436	0	973,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,248,317	0	1,248,317	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	1,140,930	0	1,140,930	73.01
74.00	07400	RENAL DIALYSIS	44,279	0	44,279	74.00
76.00	03340	GI LAB	942,161	0	942,161	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	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	09003	PAIN CENTER	282,781	0	282,781	90.01
90.02	09001	ANTENATAL TEST CENTER	290,590	0	290,590	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	18,956	0	18,956	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	129,534	0	129,534	90.04
90.05	09005	GENETIC SERVICES	48,872	0	48,872	90.05
90.06	09006	HBP	7	0	7	90.06
90.07	09007	MAIN	36	0	36	90.07
90.08	09008	RMB	20	0	20	90.08
90.09	09009	MULFORD	12,059	0	12,059	90.09
90.10	09010	ALPINE	4,469	0	4,469	90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.11	09011	ROSCOE	6,338	0	6,338	90.11
90.12	09012	BYRON	2,407	0	2,407	90.12
90.13	09013	WINNEBAGO	2,830	0	2,830	90.13
90.14	09014	PERRYVILLE	24	0	24	90.14
90.15	09015	BELVIDERE	3	0	3	90.15
90.16	09016	SPRINGBROOK	6	0	6	90.16
90.17	09017	MCFARLAND	0	0	0	90.17
90.18	09018	CHERRYVALLEY	2,302	0	2,302	90.18
90.19	09019	KLECKNER	0	0	0	90.19
90.20	09020	GALLERIA	2,970	0	2,970	90.20
90.21	09021	RIVERSIDE MOB	6	0	6	90.21
90.22	09022	MULFORD-LENOX	1	0	1	90.22
91.00	09100	EMERGENCY	1,455,106	0	1,455,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	77,541	0	77,541	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,995,990	0	26,995,990	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,307	0	1,307	192.00
193.01	19301	BELOIT HEART STANDBY	4,778	0	4,778	193.01
194.00	07950	GUEST CENTER	48,887	0	48,887	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	194,525	0	194,525	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	194.03
194.04	07952	AUXILIARY	64,885	0	64,885	194.04
194.05	07956	RETAIL PHARMACY	119,163	0	119,163	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	194.08
200.00		Cross Foot Adjustments	582,047	0	582,047	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,011,582	0	28,011,582	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	975,086					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		19,886,511				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,649	26,549	110,455,961			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	314,292	9,166,230	1,801,276	-41,772,343	236,739,251	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	117,432	1,175,588	1,583,710	0	12,580,887	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,196	5,243	197,539	0	405,080	8.00
9.00	00900	HOUSEKEEPING	10,272	40,914	2,758,586	0	3,876,638	9.00
10.00	01000	DIETARY	12,149	20,341	824,498	0	1,501,451	10.00
11.00	01100	CAFETERIA	31,359	52,502	1,862,363	0	1,431,450	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,361	30,883	3,952,726	0	7,609,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,123	404,483	1,570,172	0	4,339,361	14.00
15.00	01500	PHARMACY	10,225	292,718	5,007,163	0	7,788,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,246	0	1,067,120	0	3,566,656	16.00
17.00	01700	SOCIAL SERVICE	1,832	0	297,974	0	582,081	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	2,648	0	1,270,274	0	2,673,427	22.00
23.00	02300	PARAMEDICAL ED PROGRAM XRAY	754	90	255,394	0	305,845	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	627	0	129,113	0	178,970	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	11,708	181,106	728,767	0	1,411,129	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,813	1,384,229	22,650,875	0	33,534,265	30.00
31.00	03100	INTENSIVE CARE UNIT	11,502	217,909	3,989,550	0	5,564,989	31.00
34.01	03401	NEONATAL INTENSIVE CARE	15,131	255,379	7,719,740	0	9,566,910	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	4,706	15,396	1,066,452	0	1,510,232	34.02
40.00	04000	SUBPROVIDER - IPF	12,552	54,798	1,487,903	0	1,886,857	40.00
43.00	04300	NURSERY	8,055	108,204	2,719,131	0	3,871,212	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,282	1,531,981	9,925,221	0	14,978,102	50.00
51.00	05100	RECOVERY ROOM	4,855	7,783	1,238,182	0	1,552,316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,080	172,394	4,158,956	0	5,848,635	52.00
53.00	05300	ANESTHESIOLOGY	1,293	109,135	577,246	0	2,960,967	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,074	1,196,392	5,009,710	0	8,688,857	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,360	961,804	496,589	0	1,957,983	55.00
56.00	05600	RADIOISOTOPE	2,048	1,114	286,952	0	687,246	56.00
57.00	05700	CT SCAN	2,105	120,776	1,031,065	0	1,493,612	57.00
58.00	05800	MRI	6,419	121,240	736,728	0	1,197,789	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	25,016	503,233	5,081,224	0	11,547,635	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,667	369,099	0	480,242	64.00
65.00	06500	RESPIRATORY THERAPY	6,331	182,039	2,586,290	0	3,440,944	65.00
66.00	06600	PHYSICAL THERAPY	6,790	8,041	1,811,564	0	2,286,648	66.00
69.00	06900	ELECTROCARDIOLOGY	10,932	177,824	1,283,343	0	2,224,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,359	101,432	645,935	0	1,138,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	21,713,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,205,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,302,120	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	7,601,855	73.01
74.00	07400	RENAL DIALYSIS	2,350	1,593	0	0	543,412	74.00
76.00	03340	GI LAB	32,896	364,206	839,328	0	2,322,621	76.00
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	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09003	PAIN CENTER	5,553	142,255	748,399	0	1,120,748	90.01
90.02	09001	ANTENATAL TEST CENTER	2,612	169,445	707,021	0	1,116,452	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	823	0	194,244	0	239,446	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	3,421	19,856	295,970	0	502,128	90.04
90.05	09005	GENETIC SERVICES	1,058	15,884	288,232	0	388,398	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
90.09	09009	MULFORD	2,751	0	0	0	908	90.09
90.10	09010	ALPINE	1,019	0	0	0	336	90.10
90.11	09011	ROSCOE	1,445	0	0	0	477	90.11
90.12	09012	BYRON	549	0	0	0	181	90.12
90.13	09013	WINNEBAGO	645	0	0	0	213	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	525	0	0	0	173	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	676	0	0	0	223	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	17,881	516,872	7,596,339	0	11,103,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,039	8,018	1,002,969	0	811,968	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	963,819	19,867,546	109,850,932	-41,772,343	231,642,766	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	261	0	0	0	189	192.00
193.01	19301	BELOIT HEART STANDBY	0	0	44,922	0	55,241	193.01
194.00	07950	GUEST CENTER	2,666	9,985	69,944	0	415,992	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	1,981	5,520	151,024	0	3,215,117	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	5,534	3,460	146,991	0	487,325	194.04
194.05	07956	RETAIL PHARMACY	825	0	192,148	0	922,621	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	321,944	23,890,899	15,695,353		41,772,343	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.330170	1.201362	0.142096		0.176449	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			36,071		12,905,006	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000327		0.054511	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: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 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	0				6.00
7.00	00700	OPERATION OF PLANT	0	530,713			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,196	843,950		8.00
9.00	00900	HOUSEKEEPING	0	10,272	0	507,635	9.00
10.00	01000	DIETARY	0	12,149	0	12,149	213,538 10.00
11.00	01100	CAFETERIA	0	31,359	0	31,359	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	6,361	0	6,361	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,123	4,902	18,123	0 14.00
15.00	01500	PHARMACY	0	10,225	0	10,225	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,246	0	6,246	0 16.00
17.00	01700	SOCIAL SERVICE	0	1,832	0	1,832	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	2,648	0	2,648	0 22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY	0	754	0	754	0 23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	627	0	627	0 23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	0	11,708	0	11,708	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	90,813	294,156	90,813	185,242 30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,502	32,080	11,502	22,564 31.00
34.01	03401	NEONATAL INTENSIVE CARE	0	15,131	24,265	15,131	0 34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	0	4,706	4,508	4,706	3,979 34.02
40.00	04000	SUBPROVIDER - IPF	0	12,552	6,162	12,552	0 40.00
43.00	04300	NURSERY	0	8,055	18,393	8,055	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	59,282	130,945	59,282	0 50.00
51.00	05100	RECOVERY ROOM	0	4,855	11,692	4,855	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,080	73,214	14,080	0 52.00
53.00	05300	ANESTHESIOLOGY	0	1,293	0	1,293	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,074	38,352	21,074	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,360	3,024	16,360	0 55.00
56.00	05600	RADIOISOTOPE	0	2,048	58	2,048	0 56.00
57.00	05700	CT SCAN	0	2,105	0	2,105	0 57.00
58.00	05800	MRI	0	6,419	5,082	6,419	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	25,016	8,048	25,016	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	6,331	5	6,331	0 65.00
66.00	06600	PHYSICAL THERAPY	0	6,790	71	6,790	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,932	0	10,932	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,359	49	5,359	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	0 73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.01
74.00	07400	RENAL DIALYSIS	0	2,350	669	2,350	0 74.00
76.00	03340	GI LAB	0	32,896	19,720	32,896	0 76.00
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	09003	PAIN CENTER	0	5,553	7,179	5,553	0 90.01
90.02	09001	ANTENATAL TEST CENTER	0	2,612	5,691	2,612	0 90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	823	31	823	0 90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	3,421	0	3,421	0 90.04
90.05	09005	GENETIC SERVICES	0	1,058	63	1,058	0 90.05
90.06	09006	HBP	0	0	0	0	0 90.06
90.07	09007	MAIN	0	0	0	0	0 90.07
90.08	09008	RMB	0	0	0	0	0 90.08
90.09	09009	MULFORD	0	2,751	0	0	0 90.09
90.10	09010	ALPINE	0	1,019	0	0	0 90.10
90.11	09011	ROSCOE	0	1,445	0	0	0 90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 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	
90.12	09012 BYRON	0	549	0	0	0	90.12
90.13	09013 WINNEBAGO	0	645	0	0	0	90.13
90.14	09014 PERRYVILLE	0	0	0	0	0	90.14
90.15	09015 BELVIDERE	0	0	0	0	0	90.15
90.16	09016 SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017 MCFARLAND	0	0	0	0	0	90.17
90.18	09018 CHERRYVALLEY	0	525	0	0	0	90.18
90.19	09019 KLECKNER	0	0	0	0	0	90.19
90.20	09020 GALLERIA	0	676	0	0	0	90.20
90.21	09021 RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022 MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100 EMERGENCY	0	17,881	153,772	17,881	1,753	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	3,039	71	3,039	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	519,446	842,202	496,368	213,538	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	261	0	261	0	192.00
193.01	19301 BELOIT HEART STANDBY	0	0	0	0	0	193.01
194.00	07950 GUEST CENTER	0	2,666	1,748	2,666	0	194.00
194.01	07954 OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951 COMMUNITY SERVICES	0	1,981	0	1,981	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952 AUXILIARY	0	5,534	0	5,534	0	194.04
194.05	07956 RETAIL PHARMACY	0	825	0	825	0	194.05
194.08	07955 DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	0	14,800,772	621,464	4,847,137	2,221,202	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	27.888467	0.736375	9.548469	10.401905	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,140,846	51,121	308,217	168,628	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.033905	0.060573	0.607163	0.789686	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: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			CAFETERIA (FTE'S)	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	142,377					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	3,920	0	2,841,758			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,264	0	88,692	38,773,279		14.00
15.00	01500	PHARMACY	5,306	0	110,368	202,414	18,303,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,753	0	36,469	6,133	0	16.00
17.00	01700	SOCIAL SERVICE	529	0	11,012	5,993	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	305	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PROGRAM XRAY	2,454	0	5,234	12,208	0	23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	977	0	0	0	0	23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	1,161	0	24,147	51,493	98,407	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,854	0	743,514	40,500	281,174	30.00
31.00	03100	INTENSIVE CARE UNIT	5,439	0	114,600	0	73,573	31.00
34.01	03401	NEONATAL INTENSIVE CARE	9,840	0	218,311	11,144	59,227	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	1,282	0	26,669	0	24,988	34.02
40.00	04000	SUBPROVIDER - IPF	2,313	0	48,589	0	5	40.00
43.00	04300	NURSERY	3,791	0	67,458	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,671	0	221,959	6,490	172,007	50.00
51.00	05100	RECOVERY ROOM	1,428	0	32,161	0	12,577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,375	0	113,881	0	77,945	52.00
53.00	05300	ANESTHESIOLOGY	730	0	15,192	5,137	265,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,015	0	145,919	26,334	111,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,103	0	23,757	2,092	11,497	55.00
56.00	05600	RADIOISOTOPE	373	0	7,757	246	11,567	56.00
57.00	05700	CT SCAN	1,412	0	29,362	3,788	16,767	57.00
58.00	05800	MRI	852	0	17,722	46,123	2,707	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,919	0	185,525	4,781,404	187	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	433	0	9,015	0	17,777	64.00
65.00	06500	RESPIRATORY THERAPY	3,721	0	77,399	1,751	949	65.00
66.00	06600	PHYSICAL THERAPY	2,176	0	45,256	6,612	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,641	0	34,127	281,853	11,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	993	0	20,662	62,714	121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,713,325	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,205,359	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,302,120	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	7,601,855	73.01
74.00	07400	RENAL DIALYSIS	5	0	104	17,518	1,228	74.00
76.00	03340	GI LAB	1,416	0	29,457	0	29,330	76.00
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	09003	PAIN CENTER	1,259	0	26,181	0	22,577	90.01
90.02	09001	ANTENATAL TEST CENTER	963	0	20,029	30,085	48	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	189	0	3,935	1,375	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	374	0	7,777	0	55,213	90.04
90.05	09005	GENETIC SERVICES	466	0	9,698	5,757	0	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			CAFETERIA (FTE'S)	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	
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	10,714	0	229,017	15,344	364,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	1,108	0	23,042	30,452	3,297	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,524	0	2,823,997	38,573,644	17,629,806	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	18	0	384	0	0	193.01
194.00	07950	GUEST CENTER	98	0	2,046	8,425	0	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	148	0	3,084	56,421	459	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	348	0	7,234	127,533	0	194.04
194.05	07956	RETAIL PHARMACY	241	0	5,013	7,256	672,906	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	2,858,012	0	9,268,697	6,161,989	10,044,628	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.073551	0.000000	3.261607	0.158924	0.548792	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	301,943	0	502,756	1,210,239	1,715,843	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.120729	0.000000	0.176917	0.031213	0.093746	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: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (VISITS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & 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	1,346,195,511					16.00
17.00	01700	SOCIAL SERVICE	0	7,821				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	PARAMDICAL ED PROGRAM XRAY	0	0				23.00
23.01	02301	PASTORAL EDUCATION PROGRAM	0	0				23.01
23.02	02302	PARAMED EDUC EMT PROGRAM	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,417,831	6,661	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,123,698	0	0	0	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	70,491,568	102	0	0	0	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	4,392,219	29	0	0	0	34.02
40.00	04000	SUBPROVIDER - IPF	4,834,900	972	0	0	0	40.00
43.00	04300	NURSERY	15,941,951	57	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,389,879	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,822,485	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,716,050	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,455,082	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,069,685	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,889,789	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13,489,669	0	0	0	0	56.00
57.00	05700	CT SCAN	83,512,176	0	0	0	0	57.00
58.00	05800	MRI	28,796,053	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	153,730,845	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	33,330,991	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,229,023	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,374,872	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	36,048,562	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,261,215	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	178,125,585	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,111,173	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,297,784	0	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	78,990,726	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,862,298	0	0	0	0	74.00
76.00	03340	GI LAB	13,605,457	0	0	0	0	76.00
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	09003	PAIN CENTER	10,311,424	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	15,933,319	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	144,612	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	3,083,418	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES	370,555	0	0	0	0	90.05
90.06	09006	HBP	37,811	0	0	0	0	90.06
90.07	09007	MAIN	204,346	0	0	0	0	90.07
90.08	09008	RMB	113,249	0	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (VISITS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.09	09009	MULFORD	29,361	0	0	0	0	90.09
90.10	09010	ALPINE	24,979	0	0	0	0	90.10
90.11	09011	ROSCOE	32,712	0	0	0	0	90.11
90.12	09012	BYRON	7,262	0	0	0	0	90.12
90.13	09013	WINNEBAGO	17,888	0	0	0	0	90.13
90.14	09014	PERRYVILLE	138,046	0	0	0	0	90.14
90.15	09015	BELVIDERE	15,517	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	36,283	0	0	0	0	90.16
90.17	09017	MCFARLAND	2,338	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	12,520	0	0	0	0	90.18
90.19	09019	KLECKNER	1	0	0	0	0	90.19
90.20	09020	GALLERIA	44,062	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	34,010	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	6,802	0	0	0	0	90.22
91.00	09100	EMERGENCY	66,300,462	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	982,968	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,346,195,511	7,821	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	BELOIT HEART STANDBY	0	0	0	0	0	193.01
194.00	07950	GUEST CENTER	0	0	0	0	0	194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0	0	194.01
194.02	07951	COMMUNITY SERVICES	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0	0	194.03
194.04	07952	AUXILIARY	0	0	0	0	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0	0	194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0	0	194.08
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)	4,584,932	800,862	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003406	102.398926	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	236,938	44,586	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000176	5.700806	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: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		INTERNS & RESIDENTS	PARAMDICAL ED PROGRAM XRAY (ASSIGNED TIME)	PASTORAL EDUCATION PROGRAM (ASSIGNED TIME)	PARAMED EDUC EMT PROGRAM (TIME SPENT)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		22.00	23.00	23.01	23.02	
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	100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	100			22.00
23.00	02300	PARAMDICAL ED PROGRAM XRAY		100		23.00
23.01	02301	PASTORAL EDUCATION PROGRAM		32,516		23.01
23.02	02302	PARAMED EDUC EMT PROGRAM			640	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100	0	17	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
34.01	03401	NEONATAL INTENSIVE CARE	0	0	34	34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	0	0	0	34.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	89	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	17	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	13	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03340	GI LAB	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	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	09003	PAIN CENTER	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	90.04
90.05	09005	GENETIC SERVICES	0	0	0	90.05
90.06	09006	HBP	0	0	0	90.06
90.07	09007	MAIN	0	0	0	90.07
90.08	09008	RMB	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0239

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			INTERNS & RESIDENTS	PARAMDICAL ED PROGRAM XRAY (ASSIGNED TIME)	PASTORAL EDUCATION PROGRAM (ASSIGNED TIME)	PARAMED EDUC EMT PROGRAM (TIME SPENT)		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.02		
90.09	09009	MULFORD	0	0	0	0		90.09
90.10	09010	ALPINE	0	0	0	0		90.10
90.11	09011	ROSCOE	0	0	0	0		90.11
90.12	09012	BYRON	0	0	0	0		90.12
90.13	09013	WINNEBAGO	0	0	0	0		90.13
90.14	09014	PERRYVILLE	0	0	0	0		90.14
90.15	09015	BELVIDERE	0	0	0	0		90.15
90.16	09016	SPRINGBROOK	0	0	0	0		90.16
90.17	09017	MCFARLAND	0	0	0	0		90.17
90.18	09018	CHERRYVALLEY	0	0	0	0		90.18
90.19	09019	KLECKNER	0	0	0	0		90.19
90.20	09020	GALLERIA	0	0	0	0		90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0		90.21
90.22	09022	MULFORD-LENOX	0	0	0	0		90.22
91.00	09100	EMERGENCY	0	0	0	470		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	32,516	640		118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.01	19301	BELOIT HEART STANDBY	0	0	0	0		193.01
194.00	07950	GUEST CENTER	0	0	0	0		194.00
194.01	07954	OTHER NONREIMBURSEABLE COST CENTER	0	0	0	0		194.01
194.02	07951	COMMUNITY SERVICES	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERSOT	0	0	0	0		194.03
194.04	07952	AUXILIARY	0	0	0	0		194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0		194.05
194.08	07955	DIALYSIS RENTED SPACE	0	0	0	0		194.08
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)	3,250,406	456,310	253,634	2,262,683		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32,504.060000	4,563.100000	7.800283	3,535.442188		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	159,957	29,798	15,057	377,235		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,599.570000	297.980000	0.463064	589.429688		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 am

		Title XVIII		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,415,258	49,415,258	0	49,415,258 30.00
31.00	03100	INTENSIVE CARE UNIT	7,842,011	7,842,011	0	7,842,011 31.00
34.01	03401	NEONATAL INTENSIVE CARE	13,200,190	13,200,190	0	13,200,190 34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	2,147,006	2,147,006	0	2,147,006 34.02
40.00	04000	SUBPROVIDER - IPF	3,029,696	3,029,696	0	3,029,696 40.00
43.00	04300	NURSERY	5,235,621	5,235,621	0	5,235,621 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,531,523	21,531,523	257,360	21,788,883 50.00
51.00	05100	RECOVERY ROOM	2,187,101	2,187,101	0	2,187,101 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,148,474	8,148,474	0	8,148,474 52.00
53.00	05300	ANESTHESIOLOGY	3,795,128	3,795,128	89,711	3,884,839 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,447,102	12,447,102	0	12,447,102 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,047,897	3,047,897	0	3,047,897 55.00
56.00	05600	RADIOISOTOPE	970,344	970,344	0	970,344 56.00
57.00	05700	CT SCAN	2,254,320	2,254,320	0	2,254,320 57.00
58.00	05800	MRI	1,834,988	1,834,988	0	1,834,988 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0 59.00
60.00	06000	LABORATORY	16,595,389	16,595,389	3,981	16,599,370 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	726,356	726,356	0	726,356 64.00
65.00	06500	RESPIRATORY THERAPY	4,779,001	4,779,001	0	4,779,001 65.00
66.00	06600	PHYSICAL THERAPY	3,172,049	3,172,049	0	3,172,049 66.00
69.00	06900	ELECTROCARDIOLOGY	3,344,197	3,344,197	0	3,344,197 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,678,657	1,678,657	0	1,678,657 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,601,861	29,601,861	0	29,601,861 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,212,350	15,212,350	0	15,212,350 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,661,361	14,661,361	0	14,661,361 73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	13,384,074	13,384,074	0	13,384,074 73.01
74.00	07400	RENAL DIALYSIS	738,007	738,007	0	738,007 74.00
76.00	03340	GI LAB	4,165,428	4,165,428	0	4,165,428 76.00
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	09003	PAIN CENTER	1,689,853	1,689,853	0	1,689,853 90.01
90.02	09001	ANTENATAL TEST CENTER	1,559,160	1,559,160	0	1,559,160 90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	329,869	329,869	0	329,869 90.03
90.04	09004	SPECIAL SURGICAL SERVICES	792,475	792,475	0	792,475 90.04
90.05	09005	GENETIC SERVICES	539,746	539,746	0	539,746 90.05
90.06	09006	HBP	129	129	0	129 90.06
90.07	09007	MAIN	696	696	0	696 90.07
90.08	09008	RMB	386	386	0	386 90.08
90.09	09009	MULFORD	77,889	77,889	0	77,889 90.09
90.10	09010	ALPINE	28,898	28,898	0	28,898 90.10
90.11	09011	ROSCOE	40,971	40,971	0	40,971 90.11
90.12	09012	BYRON	15,549	15,549	0	15,549 90.12
90.13	09013	WINNEBAGO	18,300	18,300	0	18,300 90.13
90.14	09014	PERRYVILLE	470	470	0	470 90.14
90.15	09015	BELVIDERE	53	53	0	53 90.15
90.16	09016	SPRINGBROOK	124	124	0	124 90.16
90.17	09017	MCFARLAND	8	8	0	8 90.17
90.18	09018	CHERRYVALLEY	14,888	14,888	0	14,888 90.18
90.19	09019	KLECKNER	0	0	0	0 90.19
90.20	09020	GALLERIA	19,265	19,265	0	19,265 90.20
90.21	09021	RIVERSIDE MOB	116	116	0	116 90.21
90.22	09022	MULFORD-LENOX	23	23	0	23 90.22
91.00	09100	EMERGENCY	16,915,319	16,915,319	9,655	16,924,974 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,892,585	7,892,585	0	7,892,585 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,176,454	1,176,454	0	1,176,454 95.00
99.10	09910	CORF	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0 99.40
200.00		Subtotal (see instructions)	276,258,615	276,258,615	360,707	276,619,322 200.00
201.00		Less Observation Beds	7,892,585	7,892,585	0	7,892,585 201.00
202.00		Total (see instructions)	268,366,030	268,366,030	360,707	268,726,737 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 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	55,176,684		55,176,684			30.00	
31.00	03100	INTENSIVE CARE UNIT	19,036,423		19,036,423			31.00	
34.01	03401	NEONATAL INTENSIVE CARE	70,491,568		70,491,568			34.01	
34.02	03402	PEDIATRIC INTENSIVE CARE	4,253,097		4,253,097			34.02	
40.00	04000	SUBPROVIDER - IPF	4,834,900		4,834,900			40.00	
43.00	04300	NURSERY	15,941,951		15,941,951			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,205,168	41,184,711	72,389,879	0.297438	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,727,182	5,009,186	8,736,368	0.250344	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,469,954	3,855,037	30,324,991	0.268705	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	6,792,647	8,662,435	15,455,082	0.245559	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,398,957	39,670,728	79,069,685	0.157419	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	180,369	6,709,420	6,889,789	0.442379	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,292,610	11,197,059	13,489,669	0.071932	0.000000	56.00	
57.00	05700	CT SCAN	29,068,421	54,443,755	83,512,176	0.026994	0.000000	57.00	
58.00	05800	MRI	7,288,120	21,507,933	28,796,053	0.063724	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	70,972,779	82,758,066	153,730,845	0.107951	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,426,383	31,904,608	33,330,991	0.021792	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	32,637,819	2,591,204	35,229,023	0.135655	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	7,332,812	3,042,060	10,374,872	0.305743	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,930,045	22,118,516	36,048,561	0.092769	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,928,373	10,332,842	12,261,215	0.136908	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,534,817	58,590,768	178,125,585	0.166185	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,219,409	28,891,763	73,111,172	0.208071	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	80,310,576	18,987,208	99,297,784	0.147650	0.000000	73.00	
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	6,805,943	72,184,782	78,990,725	0.169439	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	1,730,230	132,068	1,862,298	0.396288	0.000000	74.00	
76.00	03340	GI LAB	2,008,738	11,596,719	13,605,457	0.306159	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	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	09003	PAIN CENTER	29,466	10,281,957	10,311,423	0.163882	0.000000	90.01	
90.02	09001	ANTENATAL TEST CENTER	631,777	15,301,542	15,933,319	0.097855	0.000000	90.02	
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	144,612	144,612	2.281062	0.000000	90.03	
90.04	09004	SPECIAL SURGICAL SERVICES	18,416	3,065,002	3,083,418	0.257012	0.000000	90.04	
90.05	09005	GENETIC SERVICES	3,437	367,118	370,555	1.456588	0.000000	90.05	
90.06	09006	HBP	0	37,811	37,811	0.003412	0.000000	90.06	
90.07	09007	MAIN	14	204,332	204,346	0.003406	0.000000	90.07	
90.08	09008	RMB	0	113,249	113,249	0.003408	0.000000	90.08	
90.09	09009	MULFORD	116	29,246	29,362	2.652714	0.000000	90.09	
90.10	09010	ALPINE	229	24,750	24,979	1.156892	0.000000	90.10	
90.11	09011	ROSCOE	116	32,596	32,712	1.252476	0.000000	90.11	
90.12	09012	BYRON	0	7,262	7,262	2.141146	0.000000	90.12	
90.13	09013	WINNEBAGO	0	17,888	17,888	1.023032	0.000000	90.13	
90.14	09014	PERRYVILLE	79	137,967	138,046	0.003405	0.000000	90.14	
90.15	09015	BELVIDERE	0	15,517	15,517	0.003416	0.000000	90.15	
90.16	09016	SPRINGBROOK	0	36,283	36,283	0.003418	0.000000	90.16	
90.17	09017	MCFARLAND	0	2,338	2,338	0.003422	0.000000	90.17	
90.18	09018	CHERRYVALLEY	0	12,520	12,520	1.189137	0.000000	90.18	
90.19	09019	KLECKNER	0	1	1	0.000000	0.000000	90.19	
90.20	09020	GALLERIA	0	44,062	44,062	0.437225	0.000000	90.20	
90.21	09021	RIVERSIDE MOB	115	33,895	34,010	0.003411	0.000000	90.21	
90.22	09022	MULFORD-LENOX	0	6,802	6,802	0.003381	0.000000	90.22	
91.00	09100	EMERGENCY	18,421,866	46,896,001	65,317,867	0.258969	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,107,541	12,816,562	14,924,103	0.528848	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	32,793	950,175	982,968	1.196839	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	720,241,940	625,950,356	1,346,192,296			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	720,241,940	625,950,356	1,346,192,296			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 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
34.01	03401	NEONATAL INTENSIVE CARE			34.01
34.02	03402	PEDIATRIC INTENSIVE CARE			34.02
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.300993		50.00
51.00	05100	RECOVERY ROOM	0.250344		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.268705		52.00
53.00	05300	ANESTHESIOLOGY	0.251363		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157419		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.442379		55.00
56.00	05600	RADIOISOTOPE	0.071932		56.00
57.00	05700	CT SCAN	0.026994		57.00
58.00	05800	MRI	0.063724		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.107977		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.021792		64.00
65.00	06500	RESPIRATORY THERAPY	0.135655		65.00
66.00	06600	PHYSICAL THERAPY	0.305743		66.00
69.00	06900	ELECTROCARDIOLOGY	0.092769		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136908		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166185		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208071		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147650		73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0.169439		73.01
74.00	07400	RENAL DIALYSIS	0.396288		74.00
76.00	03340	GI LAB	0.306159		76.00
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	09003	PAIN CENTER	0.163882		90.01
90.02	09001	ANTENATAL TEST CENTER	0.097855		90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	2.281062		90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0.257012		90.04
90.05	09005	GENETIC SERVICES	1.456588		90.05
90.06	09006	HBP	0.003412		90.06
90.07	09007	MAIN	0.003406		90.07
90.08	09008	RMB	0.003408		90.08
90.09	09009	MULFORD	2.652714		90.09
90.10	09010	ALPINE	1.156892		90.10
90.11	09011	ROSCOE	1.252476		90.11
90.12	09012	BYRON	2.141146		90.12
90.13	09013	WINNEBAGO	1.023032		90.13
90.14	09014	PERRYVILLE	0.003405		90.14
90.15	09015	BELVIDERE	0.003416		90.15
90.16	09016	SPRINGBROOK	0.003418		90.16
90.17	09017	MCFARLAND	0.003422		90.17
90.18	09018	CHERRYVALLEY	1.189137		90.18
90.19	09019	KLECKNER	0.000000		90.19
90.20	09020	GALLERIA	0.437225		90.20
90.21	09021	RIVERSIDE MOB	0.003411		90.21
90.22	09022	MULFORD-LENOX	0.003381		90.22
91.00	09100	EMERGENCY	0.259117		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.528848		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1.196839		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 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	52,665,664		52,665,664	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	7,842,011		7,842,011	0	0 31.00
34.01	03401 NEONATAL INTENSIVE CARE	13,200,190		13,200,190	0	0 34.01
34.02	03402 PEDIATRIC INTENSIVE CARE	2,147,006		2,147,006	0	0 34.02
40.00	04000 SUBPROVIDER - IPF	3,029,696		3,029,696	0	0 40.00
43.00	04300 NURSERY	5,235,621		5,235,621	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	21,531,523		21,531,523	0	0 50.00
51.00	05100 RECOVERY ROOM	2,187,101		2,187,101	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,148,474		8,148,474	0	0 52.00
53.00	05300 ANESTHESIOLOGY	3,795,128		3,795,128	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,447,102		12,447,102	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,047,897		3,047,897	0	0 55.00
56.00	05600 RADIOISOTOPE	970,344		970,344	0	0 56.00
57.00	05700 CT SCAN	2,254,320		2,254,320	0	0 57.00
58.00	05800 MRI	1,834,988		1,834,988	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	06000 LABORATORY	16,595,389		16,595,389	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	726,356		726,356	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	4,779,001	0	4,779,001	0	0 65.00
66.00	06600 PHYSICAL THERAPY	3,172,049	0	3,172,049	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	3,344,197		3,344,197	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,678,657		1,678,657	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	29,601,861		29,601,861	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,212,350		15,212,350	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,661,361		14,661,361	0	0 73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	13,384,074		13,384,074	0	0 73.01
74.00	07400 RENAL DIALYSIS	738,007		738,007	0	0 74.00
76.00	03340 GI LAB	4,165,428		4,165,428	0	0 76.00
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	09003 PAIN CENTER	1,689,853		1,689,853	0	0 90.01
90.02	09001 ANTENATAL TEST CENTER	1,559,160		1,559,160	0	0 90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	329,869		329,869	0	0 90.03
90.04	09004 SPECIAL SURGICAL SERVICES	792,475		792,475	0	0 90.04
90.05	09005 GENETIC SERVICES	539,746		539,746	0	0 90.05
90.06	09006 HBP	129		129	0	0 90.06
90.07	09007 MAIN	696		696	0	0 90.07
90.08	09008 RMB	386		386	0	0 90.08
90.09	09009 MULFORD	77,889		77,889	0	0 90.09
90.10	09010 ALPINE	28,898		28,898	0	0 90.10
90.11	09011 ROSCOE	40,971		40,971	0	0 90.11
90.12	09012 BYRON	15,549		15,549	0	0 90.12
90.13	09013 WINNEBAGO	18,300		18,300	0	0 90.13
90.14	09014 PERRYVILLE	470		470	0	0 90.14
90.15	09015 BELVIDERE	53		53	0	0 90.15
90.16	09016 SPRINGBROOK	124		124	0	0 90.16
90.17	09017 MCFARLAND	8		8	0	0 90.17
90.18	09018 CHERRYVALLEY	14,888		14,888	0	0 90.18
90.19	09019 KLECKNER	0		0	0	0 90.19
90.20	09020 GALLERIA	19,265		19,265	0	0 90.20
90.21	09021 RIVERSIDE MOB	116		116	0	0 90.21
90.22	09022 MULFORD-LENOX	23		23	0	0 90.22
91.00	09100 EMERGENCY	16,915,319		16,915,319	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,411,773		8,411,773	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1,176,454		1,176,454	0	0 95.00
99.10	09910 CORF	0		0	0	0 99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0 99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0 99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0 99.40
200.00	Subtotal (see instructions)	280,028,209	0	280,028,209	0	0 200.00
201.00	Less Observation Beds	8,411,773		8,411,773	0	0 201.00
202.00	Total (see instructions)	271,616,436	0	271,616,436	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 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			6.00	7.00	8.00	9.00	10.00		
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
34.01	03401	NEONATAL INTENSIVE CARE	0		0			34.01	
34.02	03402	PEDIATRIC INTENSIVE CARE	0		0			34.02	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	0		0			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.00	03340	GI LAB	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	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	09003	PAIN CENTER	0	0	0	0.000000	0.000000	90.01	
90.02	09001	ANTENATAL TEST CENTER	0	0	0	0.000000	0.000000	90.02	
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	0.000000	0.000000	90.03	
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	0.000000	0.000000	90.04	
90.05	09005	GENETIC SERVICES	0	0	0	0.000000	0.000000	90.05	
90.06	09006	HBP	0	0	0	0.000000	0.000000	90.06	
90.07	09007	MAIN	0	0	0	0.000000	0.000000	90.07	
90.08	09008	RMB	0	0	0	0.000000	0.000000	90.08	
90.09	09009	MULFORD	0	0	0	0.000000	0.000000	90.09	
90.10	09010	ALPINE	0	0	0	0.000000	0.000000	90.10	
90.11	09011	ROSCOE	0	0	0	0.000000	0.000000	90.11	
90.12	09012	BYRON	0	0	0	0.000000	0.000000	90.12	
90.13	09013	WINNEBAGO	0	0	0	0.000000	0.000000	90.13	
90.14	09014	PERRYVILLE	0	0	0	0.000000	0.000000	90.14	
90.15	09015	BELVIDERE	0	0	0	0.000000	0.000000	90.15	
90.16	09016	SPRINGBROOK	0	0	0	0.000000	0.000000	90.16	
90.17	09017	MCFARLAND	0	0	0	0.000000	0.000000	90.17	
90.18	09018	CHERRYVALLEY	0	0	0	0.000000	0.000000	90.18	
90.19	09019	KLECKNER	0	0	0	0.000000	0.000000	90.19	
90.20	09020	GALLERIA	0	0	0	0.000000	0.000000	90.20	
90.21	09021	RIVERSIDE MOB	0	0	0	0.000000	0.000000	90.21	
90.22	09022	MULFORD-LENOX	0	0	0	0.000000	0.000000	90.22	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 9:27 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
34.01	03401	NEONATAL INTENSIVE CARE			34.01
34.02	03402	PEDIATRIC INTENSIVE CARE			34.02
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
51.00	05100	RECOVERY ROOM	0.000000		51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03340	GI LAB	0.000000		76.00
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	09003	PAIN CENTER	0.000000		90.01
90.02	09001	ANTENATAL TEST CENTER	0.000000		90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0.000000		90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0.000000		90.04
90.05	09005	GENETIC SERVICES	0.000000		90.05
90.06	09006	HBP	0.000000		90.06
90.07	09007	MAIN	0.000000		90.07
90.08	09008	RMB	0.000000		90.08
90.09	09009	MULFORD	0.000000		90.09
90.10	09010	ALPINE	0.000000		90.10
90.11	09011	ROSCOE	0.000000		90.11
90.12	09012	BYRON	0.000000		90.12
90.13	09013	WINNEBAGO	0.000000		90.13
90.14	09014	PERRYVILLE	0.000000		90.14
90.15	09015	BELVIDERE	0.000000		90.15
90.16	09016	SPRINGBROOK	0.000000		90.16
90.17	09017	MCFARLAND	0.000000		90.17
90.18	09018	CHERRYVALLEY	0.000000		90.18
90.19	09019	KLECKNER	0.000000		90.19
90.20	09020	GALLERIA	0.000000		90.20
90.21	09021	RIVERSIDE MOB	0.000000		90.21
90.22	09022	MULFORD-LENOX	0.000000		90.22
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 9:27 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	4,461,290	0	4,461,290	49,925	89.36	30.00
31.00	INTENSIVE CARE UNIT	693,588		693,588	5,121	135.44	31.00
34.01	NEONATAL INTENSIVE CARE	1,002,528		1,002,528	15,870	63.17	34.01
34.02	PEDIATRIC INTENSIVE CARE	139,196		139,196	903	154.15	34.02
40.00	SUBPROVIDER - IPF	259,024	0	259,024	3,251	79.68	40.00
43.00	NURSERY	410,083		410,083	3,811	107.61	43.00
200.00	Total (lines 30 through 199)	6,965,709		6,965,709	78,881		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	14,209	1,269,716				30.00
31.00	INTENSIVE CARE UNIT	2,302	311,783				31.00
34.01	NEONATAL INTENSIVE CARE	0	0				34.01
34.02	PEDIATRIC INTENSIVE CARE	0	0				34.02
40.00	SUBPROVIDER - IPF	713	56,812				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	17,224	1,638,311				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	3,063,333	72,389,879	0.042317	11,556,798	489,049	50.00
51.00	05100	RECOVERY ROOM	130,667	8,736,368	0.014957	1,512,651	22,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	673,304	30,324,991	0.022203	236,484	5,251	52.00
53.00	05300	ANESTHESIOLOGY	331,773	15,455,082	0.021467	2,138,418	45,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,092,274	79,069,685	0.026461	18,434,126	487,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,354,222	6,889,789	0.196555	55,122	10,835	55.00
56.00	05600	RADIOISOTOPE	54,784	13,489,669	0.004061	1,444,960	5,868	56.00
57.00	05700	CT SCAN	296,684	83,512,176	0.003553	13,913,772	49,436	57.00
58.00	05800	MRI	322,819	28,796,053	0.011211	3,001,366	33,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,605,822	153,730,845	0.010446	27,051,165	282,576	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	39,079	33,330,991	0.001172	658,178	771	64.00
65.00	06500	RESPIRATORY THERAPY	534,305	35,229,023	0.015167	9,121,305	138,343	65.00
66.00	06600	PHYSICAL THERAPY	185,289	10,374,872	0.017859	3,987,111	71,206	66.00
69.00	06900	ELECTROCARDIOLOGY	444,526	36,048,561	0.012331	6,791,060	83,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,699	12,261,215	0.026319	535,492	14,094	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,892,720	178,125,585	0.010626	44,494,870	472,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	973,436	73,111,172	0.013314	19,030,560	253,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,248,317	99,297,784	0.012571	33,123,262	416,393	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	1,140,930	78,990,725	0.014444	0	0	73.01
74.00	07400	RENAL DIALYSIS	44,279	1,862,298	0.023777	1,125,737	26,767	74.00
76.00	03340	GI LAB	942,161	13,605,457	0.069249	994,263	68,852	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	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	09003	PAIN CENTER	282,781	10,311,423	0.027424	18,995	521	90.01
90.02	09001	ANTENATAL TEST CENTER	290,590	15,933,319	0.018238	20,753	378	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	18,956	144,612	0.131082	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	129,534	3,083,418	0.042010	18,416	774	90.04
90.05	09005	GENETIC SERVICES	48,872	370,555	0.131889	0	0	90.05
90.06	09006	HBP	7	37,811	0.000185	0	0	90.06
90.07	09007	MAIN	36	204,346	0.000176	14	0	90.07
90.08	09008	RMB	20	113,249	0.000177	0	0	90.08
90.09	09009	MULFORD	12,059	29,362	0.410701	80	33	90.09
90.10	09010	ALPINE	4,469	24,979	0.178910	158	28	90.10
90.11	09011	ROSCOE	6,338	32,712	0.193752	80	16	90.11
90.12	09012	BYRON	2,407	7,262	0.331451	0	0	90.12
90.13	09013	WINNEBAGO	2,830	17,888	0.158207	0	0	90.13
90.14	09014	PERRYVILLE	24	138,046	0.000174	55	0	90.14
90.15	09015	BELVIDERE	3	15,517	0.000193	0	0	90.15
90.16	09016	SPRINGBROOK	6	36,283	0.000165	0	0	90.16
90.17	09017	MCFARLAND	0	2,338	0.000000	0	0	90.17
90.18	09018	CHERRYVALLEY	2,302	12,520	0.183866	0	0	90.18
90.19	09019	KLECKNER	0	1	0.000000	0	0	90.19
90.20	09020	GALLERIA	2,970	44,062	0.067405	0	0	90.20
90.21	09021	RIVERSIDE MOB	6	34,010	0.000176	79	0	90.21
90.22	09022	MULFORD-LENOX	1	6,802	0.000147	0	0	90.22
91.00	09100	EMERGENCY	1,455,106	65,317,867	0.022277	8,899,848	198,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	712,558	14,924,103	0.047745	1,164,493	55,599	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	20,665,298	1,175,474,705		209,329,671	3,234,931	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 9:27 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	220,180	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	17,683	0	31.00			
34.01	03401	NEONATAL INTENSIVE CARE	0	0	0	166,500	0	34.01			
34.02	03402	PEDIATRIC INTENSIVE CARE	0	0	0	5,047	0	34.02			
40.00	04000	SUBPROVIDER - IPF	0	0	0	14,548	0	40.00			
43.00	04300	NURSERY	0	0	0	9,984	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	433,942	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	220,180	49,925	4.41	14,209	30.00			
31.00	03100	INTENSIVE CARE UNIT		17,683	5,121	3.45	2,302	31.00			
34.01	03401	NEONATAL INTENSIVE CARE		166,500	15,870	10.49	0	34.01			
34.02	03402	PEDIATRIC INTENSIVE CARE		5,047	903	5.59	0	34.02			
40.00	04000	SUBPROVIDER - IPF	0	14,548	3,251	4.47	713	40.00			
43.00	04300	NURSERY		9,984	3,811	2.62	0	43.00			
200.00		Total (lines 30 through 199)		433,942	78,881		17,224	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	62,662						30.00		
31.00	03100	INTENSIVE CARE UNIT	7,942						31.00		
34.01	03401	NEONATAL INTENSIVE CARE	0						34.01		
34.02	03402	PEDIATRIC INTENSIVE CARE	0						34.02		
40.00	04000	SUBPROVIDER - IPF	3,187						40.00		
43.00	04300	NURSERY	0						43.00		
200.00		Total (lines 30 through 199)	73,791						200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 9:27 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	314,654	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	60,103	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	456,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	45,961	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	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340	GI LAB	0	0	0	0	0	76.00
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	09003	PAIN CENTER	0	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES	0	0	0	0	0	90.05
90.06	09006	HBP	0	0	0	0	0	90.06
90.07	09007	MAIN	0	0	0	0	0	90.07
90.08	09008	RMB	0	0	0	0	0	90.08
90.09	09009	MULFORD	0	0	0	0	0	90.09
90.10	09010	ALPINE	0	0	0	0	0	90.10
90.11	09011	ROSCOE	0	0	0	0	0	90.11
90.12	09012	BYRON	0	0	0	0	0	90.12
90.13	09013	WINNEBAGO	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	0	0	0	0	1,661,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	35,169	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,573,854	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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	314,654	314,654	72,389,879	0.004347	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	8,736,368	0.000000	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	60,103	60,103	30,324,991	0.001982	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	15,455,082	0.000000	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	456,310	456,310	79,069,685	0.005771	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	6,889,789	0.000000	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	13,489,669	0.000000	56.00	
57.00	05700 CT SCAN	0	0	0	83,512,176	0.000000	57.00	
58.00	05800 MRI	0	0	0	28,796,053	0.000000	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000 LABORATORY	0	0	0	153,730,845	0.000000	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	33,330,991	0.000000	64.00	
65.00	06500 RESPIRATORY THERAPY	0	45,961	45,961	35,229,023	0.001305	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	10,374,872	0.000000	66.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	36,048,561	0.000000	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,261,215	0.000000	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,125,585	0.000000	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,111,172	0.000000	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,297,784	0.000000	73.00	
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	78,990,725	0.000000	73.01	
74.00	07400 RENAL DIALYSIS	0	0	0	1,862,298	0.000000	74.00	
76.00	03340 GI LAB	0	0	0	13,605,457	0.000000	76.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	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	09003 PAIN CENTER	0	0	0	10,311,423	0.000000	90.01	
90.02	09001 ANTENATAL TEST CENTER	0	0	0	15,933,319	0.000000	90.02	
90.03	09002 CHILD PSYCHIATRIC CLINIC	0	0	0	144,612	0.000000	90.03	
90.04	09004 SPECIAL SURGICAL SERVICES	0	0	0	3,083,418	0.000000	90.04	
90.05	09005 GENETIC SERVICES	0	0	0	370,555	0.000000	90.05	
90.06	09006 HBP	0	0	0	37,811	0.000000	90.06	
90.07	09007 MAIN	0	0	0	204,346	0.000000	90.07	
90.08	09008 RMB	0	0	0	113,249	0.000000	90.08	
90.09	09009 MULFORD	0	0	0	29,362	0.000000	90.09	
90.10	09010 ALPINE	0	0	0	24,979	0.000000	90.10	
90.11	09011 ROSCOE	0	0	0	32,712	0.000000	90.11	
90.12	09012 BYRON	0	0	0	7,262	0.000000	90.12	
90.13	09013 WINNEBAGO	0	0	0	17,888	0.000000	90.13	
90.14	09014 PERRYVILLE	0	0	0	138,046	0.000000	90.14	
90.15	09015 BELVIDERE	0	0	0	15,517	0.000000	90.15	
90.16	09016 SPRINGBROOK	0	0	0	36,283	0.000000	90.16	
90.17	09017 MCFARLAND	0	0	0	2,338	0.000000	90.17	
90.18	09018 CHERRYVALLEY	0	0	0	12,520	0.000000	90.18	
90.19	09019 KLECKNER	0	0	0	1	0.000000	90.19	
90.20	09020 GALLERIA	0	0	0	44,062	0.000000	90.20	
90.21	09021 RIVERSIDE MOB	0	0	0	34,010	0.000000	90.21	
90.22	09022 MULFORD-LENOX	0	0	0	6,802	0.000000	90.22	
91.00	09100 EMERGENCY	0	1,661,657	1,661,657	65,317,867	0.025440	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	35,169	35,169	14,924,103	0.002357	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)	0	2,573,854	2,573,854	1,175,474,705		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 am	
				Title XVIII		Hospital		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	0.004347	11,556,798	50,237	6,075,209	26,409	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,512,651	0	564,924	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001982	236,484	469	18,072	36	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,138,418	0	1,244,019	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005771	18,434,126	106,383	8,439,810	48,706	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55,122	0	1,438,140	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,444,960	0	3,615,193	0	56.00	
57.00	05700	CT SCAN	0.000000	13,913,772	0	11,474,448	0	57.00	
58.00	05800	MRI	0.000000	3,001,366	0	3,786,051	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	27,051,165	0	5,429,683	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	658,178	0	4,260,718	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.001305	9,121,305	11,903	441,073	576	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,987,111	0	121,336	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,791,060	0	5,187,778	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	535,492	0	1,647,385	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	44,494,870	0	11,192,646	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,030,560	0	6,464,147	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	33,123,262	0	4,426,851	0	73.00	
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0.000000	0	0	19,740,021	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	1,125,737	0	52,153	0	74.00	
76.00	03340	GI LAB	0.000000	994,263	0	1,899,001	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	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	09003	PAIN CENTER	0.000000	18,995	0	2,219,438	0	90.01	
90.02	09001	ANTENATAL TEST CENTER	0.000000	20,753	0	161,158	0	90.02	
90.03	09002	CHILD PSYCHIATRIC CLINIC	0.000000	0	0	0	0	90.03	
90.04	09004	SPECIAL SURGICAL SERVICES	0.000000	18,416	0	890,526	0	90.04	
90.05	09005	GENETIC SERVICES	0.000000	0	0	8,430	0	90.05	
90.06	09006	HBP	0.000000	0	0	18,558	0	90.06	
90.07	09007	MAIN	0.000000	14	0	102,442	0	90.07	
90.08	09008	RMB	0.000000	0	0	61,761	0	90.08	
90.09	09009	MULFORD	0.000000	80	0	16,618	0	90.09	
90.10	09010	ALPINE	0.000000	158	0	16,381	0	90.10	
90.11	09011	ROSCOE	0.000000	80	0	14,102	0	90.11	
90.12	09012	BYRON	0.000000	0	0	4,244	0	90.12	
90.13	09013	WINNEBAGO	0.000000	0	0	10,926	0	90.13	
90.14	09014	PERRYVILLE	0.000000	55	0	75,238	0	90.14	
90.15	09015	BELVIDERE	0.000000	0	0	9,372	0	90.15	
90.16	09016	SPRINGBROOK	0.000000	0	0	5,216	0	90.16	
90.17	09017	MCFARLAND	0.000000	0	0	1,273	0	90.17	
90.18	09018	CHERRYVALLEY	0.000000	0	0	7,330	0	90.18	
90.19	09019	KLECKNER	0.000000	0	0	0	0	90.19	
90.20	09020	GALLERIA	0.000000	0	0	24,600	0	90.20	
90.21	09021	RIVERSIDE MOB	0.000000	79	0	19,100	0	90.21	
90.22	09022	MULFORD-LENOX	0.000000	0	0	2,841	0	90.22	
91.00	09100	EMERGENCY	0.025440	8,899,848	226,412	5,934,352	150,970	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002357	1,164,493	2,745	1,839,525	4,336	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		209,329,671	398,149	108,962,089	231,033	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 9:27 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	0.297438	6,075,209	0	0	1,806,998	50.00
51.00	05100	RECOVERY ROOM	0.250344	564,924	0	0	141,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.268705	18,072	0	0	4,856	52.00
53.00	05300	ANESTHESIOLOGY	0.245559	1,244,019	0	0	305,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157419	8,439,810	0	0	1,328,586	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.442379	1,438,140	0	0	636,203	55.00
56.00	05600	RADIOISOTOPE	0.071932	3,615,193	0	0	260,048	56.00
57.00	05700	CT SCAN	0.026994	11,474,448	0	0	309,741	57.00
58.00	05800	MRI	0.063724	3,786,051	0	0	241,262	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.107951	5,429,683	0	0	586,140	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.021792	4,260,718	0	0	92,850	64.00
65.00	06500	RESPIRATORY THERAPY	0.135655	441,073	0	0	59,834	65.00
66.00	06600	PHYSICAL THERAPY	0.305743	121,336	0	0	37,098	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092769	5,187,778	0	0	481,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136908	1,647,385	0	0	225,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166185	11,192,646	0	0	1,860,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208071	6,464,147	0	0	1,345,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147650	4,426,851	0	0	653,625	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0.169439	19,740,021	0	241,855	3,344,729	73.01
74.00	07400	RENAL DIALYSIS	0.396288	52,153	0	0	20,668	74.00
76.00	03340	GI LAB	0.306159	1,899,001	0	0	581,396	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	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	09003	PAIN CENTER	0.163882	2,219,438	0	0	363,726	90.01
90.02	09001	ANTENATAL TEST CENTER	0.097855	161,158	0	0	15,770	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	2.281062	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0.257012	890,526	0	0	228,876	90.04
90.05	09005	GENETIC SERVICES	1.456588	8,430	0	0	12,279	90.05
90.06	09006	HBP	0.003412	18,558	0	0	63	90.06
90.07	09007	MAIN	0.003406	102,442	0	0	349	90.07
90.08	09008	RMB	0.003408	61,761	0	0	210	90.08
90.09	09009	MULFORD	2.652714	16,618	0	0	44,083	90.09
90.10	09010	ALPINE	1.156892	16,381	0	0	18,951	90.10
90.11	09011	ROSCOE	1.252476	14,102	0	0	17,662	90.11
90.12	09012	BYRON	2.141146	4,244	0	0	9,087	90.12
90.13	09013	WINNEBAGO	1.023032	10,926	0	0	11,178	90.13
90.14	09014	PERRYVILLE	0.003405	75,238	0	0	256	90.14
90.15	09015	BELVIDERE	0.003416	9,372	0	0	32	90.15
90.16	09016	SPRINGBROOK	0.003418	5,216	0	0	18	90.16
90.17	09017	MCFARLAND	0.003422	1,273	0	0	4	90.17
90.18	09018	CHERRYVALLEY	1.189137	7,330	0	0	8,716	90.18
90.19	09019	KLECKNER	0.000000	0	0	0	0	90.19
90.20	09020	GALLERIA	0.437225	24,600	0	0	10,756	90.20
90.21	09021	RIVERSIDE MOB	0.003411	19,100	0	0	65	90.21
90.22	09022	MULFORD-LENOX	0.003381	2,841	0	0	10	90.22
91.00	09100	EMERGENCY	0.258969	5,934,352	0	0	1,536,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.528848	1,839,525	0	0	972,829	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.196839		0			95.00
200.00		Subtotal (see instructions)		108,962,089	0	241,855	17,574,529	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		108,962,089	0	241,855	17,574,529	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 9:27 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
51.00	05100	RECOVERY ROOM	0	0		51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	40,980		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03340	GI LAB	0	0		76.00
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	09003	PAIN CENTER	0	0		90.01
90.02	09001	ANTENATAL TEST CENTER	0	0		90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0		90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0		90.04
90.05	09005	GENETIC SERVICES	0	0		90.05
90.06	09006	HBP	0	0		90.06
90.07	09007	MAIN	0	0		90.07
90.08	09008	RMB	0	0		90.08
90.09	09009	MULFORD	0	0		90.09
90.10	09010	ALPINE	0	0		90.10
90.11	09011	ROSCOE	0	0		90.11
90.12	09012	BYRON	0	0		90.12
90.13	09013	WINNEBAGO	0	0		90.13
90.14	09014	PERRYVILLE	0	0		90.14
90.15	09015	BELVIDERE	0	0		90.15
90.16	09016	SPRINGBROOK	0	0		90.16
90.17	09017	MCFARLAND	0	0		90.17
90.18	09018	CHERRYVALLEY	0	0		90.18
90.19	09019	KLECKNER	0	0		90.19
90.20	09020	GALLERIA	0	0		90.20
90.21	09021	RIVERSIDE MOB	0	0		90.21
90.22	09022	MULFORD-LENOX	0	0		90.22
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	40,980		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	40,980		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0239

Period:

Worksheet D

Component CCN: 14-S239

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/25/2019 9:27 am

Title XVIII

Subprovider -

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	3,063,333	72,389,879	0.042317	0	0	50.00
51.00	05100 RECOVERY ROOM	130,667	8,736,368	0.014957	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	673,304	30,324,991	0.022203	0	0	52.00
53.00	05300 ANESTHESIOLOGY	331,773	15,455,082	0.021467	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,092,274	79,069,685	0.026461	9,656	256	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,354,222	6,889,789	0.196555	0	0	55.00
56.00	05600 RADIOISOTOPE	54,784	13,489,669	0.004061	0	0	56.00
57.00	05700 CT SCAN	296,684	83,512,176	0.003553	4,844	17	57.00
58.00	05800 MRI	322,819	28,796,053	0.011211	3,752	42	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,605,822	153,730,845	0.010446	96,711	1,010	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	39,079	33,330,991	0.001172	276	0	64.00
65.00	06500 RESPIRATORY THERAPY	534,305	35,229,023	0.015167	8,915	135	65.00
66.00	06600 PHYSICAL THERAPY	185,289	10,374,872	0.017859	3,381	60	66.00
69.00	06900 ELECTROCARDIOLOGY	444,526	36,048,561	0.012331	17,913	221	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	322,699	12,261,215	0.026319	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,892,720	178,125,585	0.010626	6,035	64	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	973,436	73,111,172	0.013314	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,248,317	99,297,784	0.012571	160,277	2,015	73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	1,140,930	78,990,725	0.014444	0	0	73.01
74.00	07400 RENAL DIALYSIS	44,279	1,862,298	0.023777	0	0	74.00
76.00	03340 GI LAB	942,161	13,605,457	0.069249	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	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	09003 PAIN CENTER	282,781	10,311,423	0.027424	0	0	90.01
90.02	09001 ANTENATAL TEST CENTER	290,590	15,933,319	0.018238	0	0	90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	18,956	144,612	0.131082	0	0	90.03
90.04	09004 SPECIAL SURGICAL SERVICES	129,534	3,083,418	0.042010	0	0	90.04
90.05	09005 GENETIC SERVICES	48,872	370,555	0.131889	0	0	90.05
90.06	09006 HBP	7	37,811	0.000185	0	0	90.06
90.07	09007 MAIN	36	204,346	0.000176	0	0	90.07
90.08	09008 RMB	20	113,249	0.000177	0	0	90.08
90.09	09009 MULFORD	12,059	29,362	0.410701	0	0	90.09
90.10	09010 ALPINE	4,469	24,979	0.178910	0	0	90.10
90.11	09011 ROSCOE	6,338	32,712	0.193752	0	0	90.11
90.12	09012 BYRON	2,407	7,262	0.331451	0	0	90.12
90.13	09013 WINNEBAGO	2,830	17,888	0.158207	0	0	90.13
90.14	09014 PERRYVILLE	24	138,046	0.000174	0	0	90.14
90.15	09015 BELVIDERE	3	15,517	0.000193	0	0	90.15
90.16	09016 SPRINGBROOK	6	36,283	0.000165	0	0	90.16
90.17	09017 MCFARLAND	0	2,338	0.000000	0	0	90.17
90.18	09018 CHERRYVALLEY	2,302	12,520	0.183866	0	0	90.18
90.19	09019 KLECKNER	0	1	0.000000	0	0	90.19
90.20	09020 GALLERIA	2,970	44,062	0.067405	0	0	90.20
90.21	09021 RIVERSIDE MOB	6	34,010	0.000176	0	0	90.21
90.22	09022 MULFORD-LENOX	1	6,802	0.000147	0	0	90.22
91.00	09100 EMERGENCY	1,455,106	65,317,867	0.022277	80,552	1,794	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,924,103	0.000000	4,288	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,952,740	1,175,474,705		396,600	5,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 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	314,654	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	60,103	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	456,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	45,961	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	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03340	GI LAB		0	0	0	0	0	76.00
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	09003	PAIN CENTER		0	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER		0	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC		0	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES		0	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES		0	0	0	0	0	90.05
90.06	09006	HBP		0	0	0	0	0	90.06
90.07	09007	MAIN		0	0	0	0	0	90.07
90.08	09008	RMB		0	0	0	0	0	90.08
90.09	09009	MULFORD		0	0	0	0	0	90.09
90.10	09010	ALPINE		0	0	0	0	0	90.10
90.11	09011	ROSCOE		0	0	0	0	0	90.11
90.12	09012	BYRON		0	0	0	0	0	90.12
90.13	09013	WINNEBAGO		0	0	0	0	0	90.13
90.14	09014	PERRYVILLE		0	0	0	0	0	90.14
90.15	09015	BELVIDERE		0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK		0	0	0	0	0	90.16
90.17	09017	MCFARLAND		0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY		0	0	0	0	0	90.18
90.19	09019	KLECKNER		0	0	0	0	0	90.19
90.20	09020	GALLERIA		0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB		0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX		0	0	0	0	0	90.22
91.00	09100	EMERGENCY		0	0	0	0	1,661,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	2,538,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 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	314,654	314,654	72,389,879	0.004347	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	8,736,368	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,103	60,103	30,324,991	0.001982	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	15,455,082	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	456,310	456,310	79,069,685	0.005771	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,889,789	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	13,489,669	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	83,512,176	0.000000	57.00	
58.00	05800	MRI	0	0	0	28,796,053	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	153,730,845	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	33,330,991	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	45,961	45,961	35,229,023	0.001305	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	10,374,872	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,048,561	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,261,215	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,125,585	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,111,172	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,297,784	0.000000	73.00	
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	78,990,725	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	1,862,298	0.000000	74.00	
76.00	03340	GI LAB	0	0	0	13,605,457	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	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	09003	PAIN CENTER	0	0	0	10,311,423	0.000000	90.01	
90.02	09001	ANTENATAL TEST CENTER	0	0	0	15,933,319	0.000000	90.02	
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	144,612	0.000000	90.03	
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	3,083,418	0.000000	90.04	
90.05	09005	GENETIC SERVICES	0	0	0	370,555	0.000000	90.05	
90.06	09006	HBP	0	0	0	37,811	0.000000	90.06	
90.07	09007	MAIN	0	0	0	204,346	0.000000	90.07	
90.08	09008	RMB	0	0	0	113,249	0.000000	90.08	
90.09	09009	MULFORD	0	0	0	29,362	0.000000	90.09	
90.10	09010	ALPINE	0	0	0	24,979	0.000000	90.10	
90.11	09011	ROSCOE	0	0	0	32,712	0.000000	90.11	
90.12	09012	BYRON	0	0	0	7,262	0.000000	90.12	
90.13	09013	WINNEBAGO	0	0	0	17,888	0.000000	90.13	
90.14	09014	PERRYVILLE	0	0	0	138,046	0.000000	90.14	
90.15	09015	BELVIDERE	0	0	0	15,517	0.000000	90.15	
90.16	09016	SPRINGBROOK	0	0	0	36,283	0.000000	90.16	
90.17	09017	MCFARLAND	0	0	0	2,338	0.000000	90.17	
90.18	09018	CHERRYVALLEY	0	0	0	12,520	0.000000	90.18	
90.19	09019	KLECKNER	0	0	0	1	0.000000	90.19	
90.20	09020	GALLERIA	0	0	0	44,062	0.000000	90.20	
90.21	09021	RIVERSIDE MOB	0	0	0	34,010	0.000000	90.21	
90.22	09022	MULFORD-LENOX	0	0	0	6,802	0.000000	90.22	
91.00	09100	EMERGENCY	0	1,661,657	1,661,657	65,317,867	0.025440	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,924,103	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	2,538,685	2,538,685	1,175,474,705			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 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	0.004347	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001982	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005771	9,656	56	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	4,844	0	0	0	0	57.00
58.00	05800	MRI	0.000000	3,752	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	96,711	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	276	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.001305	8,915	12	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,381	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	17,913	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,035	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	160,277	0	144	0	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03340	GI LAB	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09003	PAIN CENTER	0.000000	0	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER	0.000000	0	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0.000000	0	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES	0.000000	0	0	0	0	0	90.05
90.06	09006	HBP	0.000000	0	0	0	0	0	90.06
90.07	09007	MAIN	0.000000	0	0	0	0	0	90.07
90.08	09008	RMB	0.000000	0	0	0	0	0	90.08
90.09	09009	MULFORD	0.000000	0	0	0	0	0	90.09
90.10	09010	ALPINE	0.000000	0	0	0	0	0	90.10
90.11	09011	ROSCOE	0.000000	0	0	0	0	0	90.11
90.12	09012	BYRON	0.000000	0	0	0	0	0	90.12
90.13	09013	WINNEBAGO	0.000000	0	0	0	0	0	90.13
90.14	09014	PERRYVILLE	0.000000	0	0	0	0	0	90.14
90.15	09015	BELVIDERE	0.000000	0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK	0.000000	0	0	0	0	0	90.16
90.17	09017	MCFARLAND	0.000000	0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY	0.000000	0	0	0	0	0	90.18
90.19	09019	KLECKNER	0.000000	0	0	0	0	0	90.19
90.20	09020	GALLERIA	0.000000	0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB	0.000000	0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX	0.000000	0	0	0	0	0	90.22
91.00	09100	EMERGENCY	0.025440	80,552	2,049	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,288	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		396,600	2,117	144	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0239

Period:

Worksheet D

Component CCN: 14-S239

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

11/25/2019 9:27 am

Title XVIII

Subprovider -
IPF

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	0.297438	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.250344	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.268705	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.245559	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157419	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.442379	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.071932	0	0	0	0 56.00
57.00	05700 CT SCAN	0.026994	0	0	0	0 57.00
58.00	05800 MRI	0.063724	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.107951	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.021792	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.135655	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.305743	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.092769	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.136908	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166185	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208071	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147650	144	0	638	21 73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	0.169439	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.396288	0	0	0	0 74.00
76.00	03340 GI LAB	0.306159	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	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	09003 PAIN CENTER	0.163882	0	0	0	0 90.01
90.02	09001 ANTENATAL TEST CENTER	0.097855	0	0	0	0 90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	2.281062	0	0	0	0 90.03
90.04	09004 SPECIAL SURGICAL SERVICES	0.257012	0	0	0	0 90.04
90.05	09005 GENETIC SERVICES	1.456588	0	0	0	0 90.05
90.06	09006 HBP	0.003412	0	0	0	0 90.06
90.07	09007 MAIN	0.003406	0	0	0	0 90.07
90.08	09008 RMB	0.003408	0	0	0	0 90.08
90.09	09009 MULFORD	2.652714	0	0	0	0 90.09
90.10	09010 ALPINE	1.156892	0	0	0	0 90.10
90.11	09011 ROSCOE	1.252476	0	0	0	0 90.11
90.12	09012 BYRON	2.141146	0	0	0	0 90.12
90.13	09013 WINNEBAGO	1.023032	0	0	0	0 90.13
90.14	09014 PERRYVILLE	0.003405	0	0	0	0 90.14
90.15	09015 BELVIDERE	0.003416	0	0	0	0 90.15
90.16	09016 SPRINGBROOK	0.003418	0	0	0	0 90.16
90.17	09017 MCFARLAND	0.003422	0	0	0	0 90.17
90.18	09018 CHERRYVALLEY	1.189137	0	0	0	0 90.18
90.19	09019 KLECKNER	0.000000	0	0	0	0 90.19
90.20	09020 GALLERIA	0.437225	0	0	0	0 90.20
90.21	09021 RIVERSIDE MOB	0.003411	0	0	0	0 90.21
90.22	09022 MULFORD-LENOX	0.003381	0	0	0	0 90.22
91.00	09100 EMERGENCY	0.258969	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.528848	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1.196839		0		95.00
200.00	Subtotal (see instructions)		144	0	638	21 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		144	0	638	21 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0239

Period:

Worksheet D

Component CCN: 14-S239

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/25/2019 9:27 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
51.00	05100	RECOVERY ROOM	0	0		51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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	94		73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03340	GI LAB	0	0		76.00
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	09003	PAIN CENTER	0	0		90.01
90.02	09001	ANTENATAL TEST CENTER	0	0		90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0		90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0		90.04
90.05	09005	GENETIC SERVICES	0	0		90.05
90.06	09006	HBP	0	0		90.06
90.07	09007	MAIN	0	0		90.07
90.08	09008	RMB	0	0		90.08
90.09	09009	MULFORD	0	0		90.09
90.10	09010	ALPINE	0	0		90.10
90.11	09011	ROSCOE	0	0		90.11
90.12	09012	BYRON	0	0		90.12
90.13	09013	WINNEBAGO	0	0		90.13
90.14	09014	PERRYVILLE	0	0		90.14
90.15	09015	BELVIDERE	0	0		90.15
90.16	09016	SPRINGBROOK	0	0		90.16
90.17	09017	MCFARLAND	0	0		90.17
90.18	09018	CHERRYVALLEY	0	0		90.18
90.19	09019	KLECKNER	0	0		90.19
90.20	09020	GALLERIA	0	0		90.20
90.21	09021	RIVERSIDE MOB	0	0		90.21
90.22	09022	MULFORD-LENOX	0	0		90.22
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	94		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	94		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 9:27 am

			Title XIX		Hospital	Cost	
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	4,461,290	0	4,461,290	49,925	89.36	30.00
31.00	INTENSIVE CARE UNIT	693,588		693,588	5,121	135.44	31.00
34.01	NEONATAL INTENSIVE CARE	1,002,528		1,002,528	15,870	63.17	34.01
34.02	PEDIATRIC INTENSIVE CARE	139,196		139,196	903	154.15	34.02
40.00	SUBPROVIDER - IPF	259,024	0	259,024	3,251	79.68	40.00
43.00	NURSERY	410,083		410,083	3,811	107.61	43.00
200.00	Total (lines 30 through 199)	6,965,709		6,965,709	78,881		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	9,592	857,141				30.00
31.00	INTENSIVE CARE UNIT	116	15,711				31.00
34.01	NEONATAL INTENSIVE CARE	1,597	100,882				34.01
34.02	PEDIATRIC INTENSIVE CARE	137	21,119				34.02
40.00	SUBPROVIDER - IPF	149	11,872				40.00
43.00	NURSERY	1,403	150,977				43.00
200.00	Total (lines 30 through 199)	12,994	1,157,702				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 9:27 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)	Cost
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,063,333	0	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	130,667	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	673,304	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	331,773	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,092,274	0	0.000000	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,354,222	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	54,784	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	296,684	0	0.000000	0	0	57.00
58.00	05800 MRI	322,819	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,605,822	0	0.000000	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	39,079	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	534,305	0	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	185,289	0	0.000000	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	444,526	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	322,699	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,892,720	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	973,436	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,248,317	0	0.000000	0	0	73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	1,140,930	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	44,279	0	0.000000	0	0	74.00
76.00	03340 GI LAB	942,161	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	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	09003 PAIN CENTER	282,781	0	0.000000	0	0	90.01
90.02	09001 ANTENATAL TEST CENTER	290,590	0	0.000000	0	0	90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	18,956	0	0.000000	0	0	90.03
90.04	09004 SPECIAL SURGICAL SERVICES	129,534	0	0.000000	0	0	90.04
90.05	09005 GENETIC SERVICES	48,872	0	0.000000	0	0	90.05
90.06	09006 HBP	7	0	0.000000	0	0	90.06
90.07	09007 MAIN	36	0	0.000000	0	0	90.07
90.08	09008 RMB	20	0	0.000000	0	0	90.08
90.09	09009 MULFORD	12,059	0	0.000000	0	0	90.09
90.10	09010 ALPINE	4,469	0	0.000000	0	0	90.10
90.11	09011 ROSCOE	6,338	0	0.000000	0	0	90.11
90.12	09012 BYRON	2,407	0	0.000000	0	0	90.12
90.13	09013 WINNEBAGO	2,830	0	0.000000	0	0	90.13
90.14	09014 PERRYVILLE	24	0	0.000000	0	0	90.14
90.15	09015 BELVIDERE	3	0	0.000000	0	0	90.15
90.16	09016 SPRINGBROOK	6	0	0.000000	0	0	90.16
90.17	09017 MCFARLAND	0	0	0.000000	0	0	90.17
90.18	09018 CHERRYVALLEY	2,302	0	0.000000	0	0	90.18
90.19	09019 KLECKNER	0	0	0.000000	0	0	90.19
90.20	09020 GALLERIA	2,970	0	0.000000	0	0	90.20
90.21	09021 RIVERSIDE MOB	6	0	0.000000	0	0	90.21
90.22	09022 MULFORD-LENOX	1	0	0.000000	0	0	90.22
91.00	09100 EMERGENCY	1,455,106	0	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	712,561	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	20,665,301	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 9:27 am		
					Title XIX		Hospital		Cost		
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	220,180	0	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	0	0	17,683	0	31.00		
34.01	03401	NEONATAL INTENSIVE CARE		0	0	0	166,500	0	34.01		
34.02	03402	PEDIATRIC INTENSIVE CARE		0	0	0	5,047	0	34.02		
40.00	04000	SUBPROVIDER - IPF		0	0	0	14,548	0	40.00		
43.00	04300	NURSERY		0	0	0	9,984	0	43.00		
200.00		Total (lines 30 through 199)		0	0	0	433,942	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	220,180	49,925	4.41	9,592	30.00		
31.00	03100	INTENSIVE CARE UNIT			17,683	5,121	3.45	116	31.00		
34.01	03401	NEONATAL INTENSIVE CARE			166,500	15,870	10.49	1,597	34.01		
34.02	03402	PEDIATRIC INTENSIVE CARE			5,047	903	5.59	137	34.02		
40.00	04000	SUBPROVIDER - IPF		0	14,548	3,251	4.47	149	40.00		
43.00	04300	NURSERY			9,984	3,811	2.62	1,403	43.00		
200.00		Total (lines 30 through 199)			433,942	78,881		12,994	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		42,301						30.00	
31.00	03100	INTENSIVE CARE UNIT		400						31.00	
34.01	03401	NEONATAL INTENSIVE CARE		16,753						34.01	
34.02	03402	PEDIATRIC INTENSIVE CARE		766						34.02	
40.00	04000	SUBPROVIDER - IPF		666						40.00	
43.00	04300	NURSERY		3,676						43.00	
200.00		Total (lines 30 through 199)		64,562						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Title XIX			Hospital		Cost
		Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
		Anesthetist	Post-Stepdown	Post-Stepdown	Post-Stepdown	Post-Stepdown	
		Cost	Adjustments	Adjustments	Adjustments	Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	314,654 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	60,103 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	456,310 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	45,961 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	0 73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03340	GI LAB	0	0	0	0	0 76.00
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	09003	PAIN CENTER	0	0	0	0	0 90.01
90.02	09001	ANTENATAL TEST CENTER	0	0	0	0	0 90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	0	0 90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	0	0 90.04
90.05	09005	GENETIC SERVICES	0	0	0	0	0 90.05
90.06	09006	HBP	0	0	0	0	0 90.06
90.07	09007	MAIN	0	0	0	0	0 90.07
90.08	09008	RMB	0	0	0	0	0 90.08
90.09	09009	MULFORD	0	0	0	0	0 90.09
90.10	09010	ALPINE	0	0	0	0	0 90.10
90.11	09011	ROSCOE	0	0	0	0	0 90.11
90.12	09012	BYRON	0	0	0	0	0 90.12
90.13	09013	WINNEBAGO	0	0	0	0	0 90.13
90.14	09014	PERRYVILLE	0	0	0	0	0 90.14
90.15	09015	BELVIDERE	0	0	0	0	0 90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0 90.16
90.17	09017	MCFARLAND	0	0	0	0	0 90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0 90.18
90.19	09019	KLECKNER	0	0	0	0	0 90.19
90.20	09020	GALLERIA	0	0	0	0	0 90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0 90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0 90.22
91.00	09100	EMERGENCY	0	0	0	0	1,661,657 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,538,685 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Title XIX			Hospital		Cost	
		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	314,654	314,654	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,103	60,103	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	456,310	456,310	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	45,961	45,961	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03340	GI LAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	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	09003	PAIN CENTER	0	0	0	0	0.000000	90.01
90.02	09001	ANTENATAL TEST CENTER	0	0	0	0	0.000000	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0	0	0	0	0.000000	90.04
90.05	09005	GENETIC SERVICES	0	0	0	0	0.000000	90.05
90.06	09006	HBP	0	0	0	0	0.000000	90.06
90.07	09007	MAIN	0	0	0	0	0.000000	90.07
90.08	09008	RMB	0	0	0	0	0.000000	90.08
90.09	09009	MULFORD	0	0	0	0	0.000000	90.09
90.10	09010	ALPINE	0	0	0	0	0.000000	90.10
90.11	09011	ROSCOE	0	0	0	0	0.000000	90.11
90.12	09012	BYRON	0	0	0	0	0.000000	90.12
90.13	09013	WINNEBAGO	0	0	0	0	0.000000	90.13
90.14	09014	PERRYVILLE	0	0	0	0	0.000000	90.14
90.15	09015	BELVIDERE	0	0	0	0	0.000000	90.15
90.16	09016	SPRINGBROOK	0	0	0	0	0.000000	90.16
90.17	09017	MCFARLAND	0	0	0	0	0.000000	90.17
90.18	09018	CHERRYVALLEY	0	0	0	0	0.000000	90.18
90.19	09019	KLECKNER	0	0	0	0	0.000000	90.19
90.20	09020	GALLERIA	0	0	0	0	0.000000	90.20
90.21	09021	RIVERSIDE MOB	0	0	0	0	0.000000	90.21
90.22	09022	MULFORD-LENOX	0	0	0	0	0.000000	90.22
91.00	09100	EMERGENCY	0	1,661,657	1,661,657	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,538,685	2,538,685	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Title XIX			Hospital		Cost	
		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	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03340 GI LAB	0.000000	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09003 PAIN CENTER	0.000000	0	0	0	0	0	90.01
90.02	09001 ANTENATAL TEST CENTER	0.000000	0	0	0	0	0	90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004 SPECIAL SURGICAL SERVICES	0.000000	0	0	0	0	0	90.04
90.05	09005 GENETIC SERVICES	0.000000	0	0	0	0	0	90.05
90.06	09006 HBP	0.000000	0	0	0	0	0	90.06
90.07	09007 MAIN	0.000000	0	0	0	0	0	90.07
90.08	09008 RMB	0.000000	0	0	0	0	0	90.08
90.09	09009 MULFORD	0.000000	0	0	0	0	0	90.09
90.10	09010 ALPINE	0.000000	0	0	0	0	0	90.10
90.11	09011 ROSCOE	0.000000	0	0	0	0	0	90.11
90.12	09012 BYRON	0.000000	0	0	0	0	0	90.12
90.13	09013 WINNEBAGO	0.000000	0	0	0	0	0	90.13
90.14	09014 PERRYVILLE	0.000000	0	0	0	0	0	90.14
90.15	09015 BELVIDERE	0.000000	0	0	0	0	0	90.15
90.16	09016 SPRINGBROOK	0.000000	0	0	0	0	0	90.16
90.17	09017 MCFARLAND	0.000000	0	0	0	0	0	90.17
90.18	09018 CHERRYVALLEY	0.000000	0	0	0	0	0	90.18
90.19	09019 KLECKNER	0.000000	0	0	0	0	0	90.19
90.20	09020 GALLERIA	0.000000	0	0	0	0	0	90.20
90.21	09021 RIVERSIDE MOB	0.000000	0	0	0	0	0	90.21
90.22	09022 MULFORD-LENOX	0.000000	0	0	0	0	0	90.22
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES		0	0	0			95.00
200.00	Total (lines 50 through 199)		0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 am	
				Title XIX		Subprovider - IPF		Cost	
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	314,654	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	60,103	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	456,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	45,961	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	0	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03340	GI LAB		0	0	0	0	0	76.00
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	09003	PAIN CENTER		0	0	0	0	0	90.01
90.02	09001	ANTENATAL TEST CENTER		0	0	0	0	0	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC		0	0	0	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES		0	0	0	0	0	90.04
90.05	09005	GENETIC SERVICES		0	0	0	0	0	90.05
90.06	09006	HBP		0	0	0	0	0	90.06
90.07	09007	MAIN		0	0	0	0	0	90.07
90.08	09008	RMB		0	0	0	0	0	90.08
90.09	09009	MULFORD		0	0	0	0	0	90.09
90.10	09010	ALPINE		0	0	0	0	0	90.10
90.11	09011	ROSCOE		0	0	0	0	0	90.11
90.12	09012	BYRON		0	0	0	0	0	90.12
90.13	09013	WINNEBAGO		0	0	0	0	0	90.13
90.14	09014	PERRYVILLE		0	0	0	0	0	90.14
90.15	09015	BELVIDERE		0	0	0	0	0	90.15
90.16	09016	SPRINGBROOK		0	0	0	0	0	90.16
90.17	09017	MCFARLAND		0	0	0	0	0	90.17
90.18	09018	CHERRYVALLEY		0	0	0	0	0	90.18
90.19	09019	KLECKNER		0	0	0	0	0	90.19
90.20	09020	GALLERIA		0	0	0	0	0	90.20
90.21	09021	RIVERSIDE MOB		0	0	0	0	0	90.21
90.22	09022	MULFORD-LENOX		0	0	0	0	0	90.22
91.00	09100	EMERGENCY		0	0	0	0	1,661,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	2,538,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 9:27 am	
				Title XIX		Subprovider - IPF		Cost	
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		314,654	314,654	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		60,103	60,103	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		456,310	456,310	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	0	0.000000	57.00
58.00	05800	MRI	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		45,961	45,961	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03340	GI LAB	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	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	09003	PAIN CENTER	0		0	0	0	0.000000	90.01
90.02	09001	ANTENATAL TEST CENTER	0		0	0	0	0.000000	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0		0	0	0	0.000000	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	0		0	0	0	0.000000	90.04
90.05	09005	GENETIC SERVICES	0		0	0	0	0.000000	90.05
90.06	09006	HBP	0		0	0	0	0.000000	90.06
90.07	09007	MAIN	0		0	0	0	0.000000	90.07
90.08	09008	RMB	0		0	0	0	0.000000	90.08
90.09	09009	MULFORD	0		0	0	0	0.000000	90.09
90.10	09010	ALPINE	0		0	0	0	0.000000	90.10
90.11	09011	ROSCOE	0		0	0	0	0.000000	90.11
90.12	09012	BYRON	0		0	0	0	0.000000	90.12
90.13	09013	WINNEBAGO	0		0	0	0	0.000000	90.13
90.14	09014	PERRYVILLE	0		0	0	0	0.000000	90.14
90.15	09015	BELVIDERE	0		0	0	0	0.000000	90.15
90.16	09016	SPRINGBROOK	0		0	0	0	0.000000	90.16
90.17	09017	MCFARLAND	0		0	0	0	0.000000	90.17
90.18	09018	CHERRYVALLEY	0		0	0	0	0.000000	90.18
90.19	09019	KLECKNER	0		0	0	0	0.000000	90.19
90.20	09020	GALLERIA	0		0	0	0	0.000000	90.20
90.21	09021	RIVERSIDE MOB	0		0	0	0	0.000000	90.21
90.22	09022	MULFORD-LENOX	0		0	0	0	0.000000	90.22
91.00	09100	EMERGENCY	0		1,661,657	1,661,657	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Total (lines 50 through 199)	0		2,538,685	2,538,685	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0239

Period:

Worksheet D

Component CCN: 14-S239

From 07/01/2018
To 06/30/2019Part IV
Date/Time Prepared:

11/25/2019 9:27 am

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	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340 GI LAB	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	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	09003 PAIN CENTER	0.000000	0	0	0	0	90.01
90.02	09001 ANTENATAL TEST CENTER	0.000000	0	0	0	0	90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 SPECIAL SURGICAL SERVICES	0.000000	0	0	0	0	90.04
90.05	09005 GENETIC SERVICES	0.000000	0	0	0	0	90.05
90.06	09006 HBP	0.000000	0	0	0	0	90.06
90.07	09007 MAIN	0.000000	0	0	0	0	90.07
90.08	09008 RMB	0.000000	0	0	0	0	90.08
90.09	09009 MULFORD	0.000000	0	0	0	0	90.09
90.10	09010 ALPINE	0.000000	0	0	0	0	90.10
90.11	09011 ROSCOE	0.000000	0	0	0	0	90.11
90.12	09012 BYRON	0.000000	0	0	0	0	90.12
90.13	09013 WINNEBAGO	0.000000	0	0	0	0	90.13
90.14	09014 PERRYVILLE	0.000000	0	0	0	0	90.14
90.15	09015 BELVIDERE	0.000000	0	0	0	0	90.15
90.16	09016 SPRINGBROOK	0.000000	0	0	0	0	90.16
90.17	09017 MCFARLAND	0.000000	0	0	0	0	90.17
90.18	09018 CHERRYVALLEY	0.000000	0	0	0	0	90.18
90.19	09019 KLECKNER	0.000000	0	0	0	0	90.19
90.20	09020 GALLERIA	0.000000	0	0	0	0	90.20
90.21	09021 RIVERSIDE MOB	0.000000	0	0	0	0	90.21
90.22	09022 MULFORD-LENOX	0.000000	0	0	0	0	90.22
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 9:27 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)		49,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,925	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)		41,951	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)		14,209	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)		49,415,258	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)		49,415,258	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)		49,415,258	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)		989.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,063,926	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)		14,063,926	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		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	7,842,011	5,121	1,531.34	2,302	3,525,145	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	NEONATAL INTENSIVE CARE	13,200,190	15,870	831.77	0	0	46.01
46.02	PEDIATRIC INTENSIVE CARE	2,147,006	903	2,377.64	0	0	46.02
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)					34,077,827	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,666,898	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)					1,652,103	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,633,080	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,285,183	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,381,715	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)					7,974	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					989.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,892,585	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 9:27 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	4,461,290	49,415,258	0.090282	7,892,585	712,558	90.00
91.00	Nursing School cost	0	49,415,258	0.000000	7,892,585	0	91.00
92.00	Allied health cost	220,180	49,415,258	0.004456	7,892,585	35,169	92.00
93.00	All other Medical Education	0	49,415,258	0.000000	7,892,585	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0239 Component CCN: 14-S239	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 9:27 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)		3,251	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,251	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)		3,251	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)		713	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)		3,029,696	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)		3,029,696	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)		3,029,696	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)		931.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		664,466	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)		664,466	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

Period:

Worksheet D-1

Component CCN: 14-S239

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 9:27 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	46.01
46.02	PEDIATRIC INTENSIVE CARE	0	0	0.00	0	0	46.02
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)					64,052	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					728,518	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)					59,999	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,731	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					67,730	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					660,788	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: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 9:27 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	259,024	3,029,696	0.085495	0	0	90.00
91.00 Nursing School cost	0	3,029,696	0.000000	0	0	91.00
92.00 Allied health cost	14,548	3,029,696	0.004802	0	0	92.00
93.00 All other Medical Education	0	3,029,696	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 9:27 am

Title XIX		Hospital	Cost
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)	49,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,925	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)	41,951	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)	9,592	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)	3,811	15.00
16.00	Nursery days (title V or XIX only)	1,403	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)	52,665,664	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)	52,665,664	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)	52,665,664	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)	1,054.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,118,601	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)	10,118,601	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		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)	5,235,621	3,811	1,373.82	1,403	1,927,469	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	7,842,011	5,121	1,531.34	116	177,635	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
46.01	NEONATAL INTENSIVE CARE	13,200,190	15,870	831.77	1,597	1,328,337	46.01	
46.02	PEDIATRIC INTENSIVE CARE	2,147,006	903	2,377.64	137	325,737	46.02	
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)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						13,877,779	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)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						7,974	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,054.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						8,411,773	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Title XIX		Hospital		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	4,461,290	52,665,664	0.084710	8,411,773	712,561	90.00
91.00	Nursing School cost	0	52,665,664	0.000000	8,411,773	0	91.00
92.00	Allied health cost	220,180	52,665,664	0.004181	8,411,773	35,170	92.00
93.00	All other Medical Education	0	52,665,664	0.000000	8,411,773	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0239 Component CCN: 14-S239	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 9:27 am
		Title XIX	Subprovider - IPF	Cost
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)		3,251	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,251	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)		3,251	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)		149	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)		3,811	15.00
16.00	Nursery days (title V or XIX only)		1,403	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)		3,029,696	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)		3,029,696	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)		3,029,696	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)		931.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		138,858	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)		138,858	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0239

Period:

Worksheet D-1

Component CCN: 14-S239

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

Date/Time Prepared:

11/25/2019 9:27 am

		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	46.01
46.02	PEDIATRIC INTENSIVE CARE	0	0	0.00	0	0	46.02
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					138,858	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0239 Component CCN: 14-S239		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 9:27 am	
		Title XIX		Subprovider - IPF	Cost	
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	259,024	3,029,696	0.085495	0	0	90.00
91.00 Nursing School cost	0	3,029,696	0.000000	0	0	91.00
92.00 Allied health cost	14,548	3,029,696	0.004802	0	0	92.00
93.00 All other Medical Education	0	3,029,696	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 9:27 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	24,954,649		30.00
31.00	03100	INTENSIVE CARE UNIT	8,975,655		31.00
34.01	03401	NEONATAL INTENSIVE CARE	0		34.01
34.02	03402	PEDIATRIC INTENSIVE CARE	0		34.02
40.00	04000	SUBPROVIDER - IPF	0		40.00
43.00	04300	NURSERY	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,556,798	3,478,515	50.00
51.00	05100	RECOVERY ROOM	1,512,651	378,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	236,484	63,544	52.00
53.00	05300	ANESTHESIOLOGY	2,138,418	537,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,434,126	2,901,882	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55,122	24,385	55.00
56.00	05600	RADIOISOTOPE	1,444,960	103,939	56.00
57.00	05700	CT SCAN	13,913,772	375,588	57.00
58.00	05800	MRI	3,001,366	191,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	27,051,165	2,920,904	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	658,178	14,343	64.00
65.00	06500	RESPIRATORY THERAPY	9,121,305	1,237,351	65.00
66.00	06600	PHYSICAL THERAPY	3,987,111	1,219,031	66.00
69.00	06900	ELECTROCARDIOLOGY	6,791,060	630,000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	535,492	73,313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,494,870	7,394,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,030,560	3,959,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,123,262	4,890,650	73.00
73.01	07301	INJECTABLE DRUGS CHARGED TO PATIENTS	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,125,737	446,116	74.00
76.00	03340	GI LAB	994,263	304,403	76.00
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	09003	PAIN CENTER	18,995	3,113	90.01
90.02	09001	ANTENATAL TEST CENTER	20,753	2,031	90.02
90.03	09002	CHILD PSYCHIATRIC CLINIC	0	0	90.03
90.04	09004	SPECIAL SURGICAL SERVICES	18,416	4,733	90.04
90.05	09005	GENETIC SERVICES	0	0	90.05
90.06	09006	HBP	0	0	90.06
90.07	09007	MAIN	14	0	90.07
90.08	09008	RMB	0	0	90.08
90.09	09009	MULFORD	80	212	90.09
90.10	09010	ALPINE	158	183	90.10
90.11	09011	ROSCOE	80	100	90.11
90.12	09012	BYRON	0	0	90.12
90.13	09013	WINNEBAGO	0	0	90.13
90.14	09014	PERRYVILLE	55	0	90.14
90.15	09015	BELVIDERE	0	0	90.15
90.16	09016	SPRINGBROOK	0	0	90.16
90.17	09017	MCFARLAND	0	0	90.17
90.18	09018	CHERRYVALLEY	0	0	90.18
90.19	09019	KLECKNER	0	0	90.19
90.20	09020	GALLERIA	0	0	90.20
90.21	09021	RIVERSIDE MOB	79	0	90.21
90.22	09022	MULFORD-LENOX	0	0	90.22
91.00	09100	EMERGENCY	8,899,848	2,306,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,164,493	615,840	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	209,329,671	34,077,827	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)	209,329,671		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 14-S239		Date/Time Prepared: 11/25/2019 9:27 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
34.01	03401 NEONATAL INTENSIVE CARE		0		34.01
34.02	03402 PEDIATRIC INTENSIVE CARE		0		34.02
40.00	04000 SUBPROVIDER - IPF		1,036,113		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.300993	0	0	50.00
51.00	05100 RECOVERY ROOM	0.250344	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.268705	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.251363	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157419	9,656	1,520	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.442379	0	0	55.00
56.00	05600 RADIOISOTOPE	0.071932	0	0	56.00
57.00	05700 CT SCAN	0.026994	4,844	131	57.00
58.00	05800 MRI	0.063724	3,752	239	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.107977	96,711	10,443	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.021792	276	6	64.00
65.00	06500 RESPIRATORY THERAPY	0.135655	8,915	1,209	65.00
66.00	06600 PHYSICAL THERAPY	0.305743	3,381	1,034	66.00
69.00	06900 ELECTROCARDIOLOGY	0.092769	17,913	1,662	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.136908	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166185	6,035	1,003	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208071	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147650	160,277	23,665	73.00
73.01	07301 INJECTABLE DRUGS CHARGED TO PATIENTS	0.169439	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.396288	0	0	74.00
76.00	03340 GI LAB	0.306159	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	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	09003 PAIN CENTER	0.163882	0	0	90.01
90.02	09001 ANTENATAL TEST CENTER	0.097855	0	0	90.02
90.03	09002 CHILD PSYCHIATRIC CLINIC	2.281062	0	0	90.03
90.04	09004 SPECIAL SURGICAL SERVICES	0.257012	0	0	90.04
90.05	09005 GENETIC SERVICES	1.456588	0	0	90.05
90.06	09006 HBP	0.003412	0	0	90.06
90.07	09007 MAIN	0.003406	0	0	90.07
90.08	09008 RMB	0.003408	0	0	90.08
90.09	09009 MULFORD	2.652714	0	0	90.09
90.10	09010 ALPINE	1.156892	0	0	90.10
90.11	09011 ROSCOE	1.252476	0	0	90.11
90.12	09012 BYRON	2.141146	0	0	90.12
90.13	09013 WINNEBAGO	1.023032	0	0	90.13
90.14	09014 PERRYVILLE	0.003405	0	0	90.14
90.15	09015 BELVIDERE	0.003416	0	0	90.15
90.16	09016 SPRINGBROOK	0.003418	0	0	90.16
90.17	09017 MCFARLAND	0.003422	0	0	90.17
90.18	09018 CHERRYVALLEY	1.189137	0	0	90.18
90.19	09019 KLECKNER	0.000000	0	0	90.19
90.20	09020 GALLERIA	0.437225	0	0	90.20
90.21	09021 RIVERSIDE MOB	0.003411	0	0	90.21
90.22	09022 MULFORD-LENOX	0.003381	0	0	90.22
91.00	09100 EMERGENCY	0.259117	80,552	20,872	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.528848	4,288	2,268	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		396,600	64,052	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)		396,600		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 9:27 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)		7,828,612	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		23,485,835	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)		1,614,622	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		11,468,692	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		274.46	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)		0.66	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)		0.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.31	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)		0.31	12.00
13.00	Total allowable FTE count for the prior year.		0.39	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.		0.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.35	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		0.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.001275	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.001311	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.001275	21.00
22.00	IME payment adjustment (see instructions)		21,826	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		7,994	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)		-0.35	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)		21,826	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		7,994	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		41.13	31.00
32.00	Sum of lines 30 and 31		46.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		27.75	33.00
34.00	Disproportionate share adjustment (see instructions)		2,172,440	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 9:27 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)		0	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000338916		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,867,722	2,803,812		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	974,879	2,097,097		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,071,976			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)	38,195,311			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)			38,203,305	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,910,343	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).			10,855	52.00
53.00	Nursing and Allied Health Managed Care payment			326,624	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).			70,604	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			398,149	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,919,880	59.00
60.00	Primary payer payments			18,370	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,901,510	61.00
62.00	Deductibles billed to program beneficiaries			3,245,762	62.00
63.00	Coinsurance billed to program beneficiaries			79,080	63.00
64.00	Allowable bad debts (see instructions)			597,666	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			388,483	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			348,271	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,965,151	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	MEDI/MEDI BAD DEBT RETROACTIVE ADJ			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)			-143,271	70.93
70.94	HRR adjustment amount (see instructions)			-221,014	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 9:27 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)		38,600,866	71.00	
71.01	Sequestration adjustment (see instructions)		772,017	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		37,603,760	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)		225,089	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,525,285	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	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 9:27 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	7,828,612	7,828,612		7,828,612	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	23,485,835		23,485,835	23,485,835	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	1,614,622	380,385	1,329,212	1,709,597	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	11,468,692	3,229,639	10,964,485	14,194,124	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.001275	0.001275	0.001275		5.00
6.00	IME payment adjustment (see instructions)	22.00	21,826	5,457	16,369	21,826	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,994	2,251	5,743	7,994	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	21,826	5,457	16,369	21,826	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,994	2,251	5,743	7,994	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2775	0.2775	0.2775		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,172,440	543,110	1,629,330	2,172,440	11.00
11.01	Uncompensated care payments	36.00	3,071,976	974,879	2,097,097	3,071,976	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	38,195,311	9,732,443	28,462,868	38,195,311	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	38,203,305	9,734,694	28,468,611	38,203,305	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,910,343	678,150	2,232,193	2,910,343	16.00
17.00	Special add-on payments for new technologies	54.00	0	1,036	-1,036	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			10,413,880	30,699,768	41,113,648	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 9:27 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	2,546,303	590,818	1,955,485	2,546,303	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	110,174	28,428	81,746	110,174	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	0.0005	0.0005	0.0005		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,273	295	978	1,273	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0992	0.0992	0.0992		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	252,593	58,609	193,984	252,593	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,910,343	678,150	2,232,193	2,910,343	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	-143,271	30,517	-173,788	-143,271	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	-221,014	115,579	-336,593	-221,014	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 9:27 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		40,980	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,343,496	2.00
3.00	OPPS payments		17,150,422	3.00
4.00	Outlier payment (see instructions)		72,469	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		231,033	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		40,980	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		241,855	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)		241,855	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)		241,855	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		200,875	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)		40,980	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)		17,453,924	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)		3,134,325	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)		14,360,579	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,651	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)		14,364,230	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,364,230	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)		576,154	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		374,500	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		383,186	36.00
37.00	Subtotal (see instructions)		14,738,730	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,197	38.00
39.00	FORMULA DRIVEN OVERPAYMENT EST		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)		14,737,533	40.00
40.01	Sequestration adjustment (see instructions)		294,751	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,739,681	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-296,899	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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: 14-0239 Component CCN: 14-S239	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 9:27 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		94	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21	2.00
3.00	OPPS payments		276	3.00
4.00	Outlier payment (see instructions)		0	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		94	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		638	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)		638	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)		638	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		544	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)		94	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)		276	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)		0	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)		370	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)		370	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		370	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		370	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)		370	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		270	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		93	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 9:27 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		37,540,460		14,687,481	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	11/06/2018	63,300	11/06/2018	52,200	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)		63,300		52,200	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)		37,603,760		14,739,681	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		225,089		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		296,899	6.02
7.00	Total Medicare program liability (see instructions)		37,828,849		14,442,782	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: 14-0239

Period:

Worksheet E-1

Component CCN: 14-S239

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 9:27 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					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		461,647		270	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)		0		0	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)		461,647		270	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		24,525		93	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		486,172		363	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: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/25/2019 9:27 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: 14-0239 Component CCN: 14-S239	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/25/2019 9:27 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)		616,223	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
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	4.00
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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
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	6.00
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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.906849	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		616,223	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		616,223	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		616,223	18.00
19.00	Deductibles		94,520	19.00
20.00	Subtotal (line 18 minus line 19)		521,703	20.00
21.00	Coinsurance		50,627	21.00
22.00	Subtotal (line 20 minus line 21)		471,076	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		30,329	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		19,714	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		16,717	25.00
26.00	Subtotal (sum of lines 22 and 24)		490,790	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		5,304	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		496,094	31.00
31.01	Sequestration adjustment (see instructions)		9,922	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		461,647	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		24,525	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet E-3
Part VII
Date/Time Prepared:
11/25/2019 9:27 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		13,877,779		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		13,877,779	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		13,877,779	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		13,877,779	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		13,877,779	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0239 Component CCN: 14-S239	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 9:27 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	138,858		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	138,858	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	138,858	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	138,858	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	138,858	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 9:27 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.			0.66	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)			0.66	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.31	6.00
7.00	Enter the lesser of line 5 or line 6			0.31	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.	0.31	0.00	0.31	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.	0.31	0.00	0.31	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	0.31	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.39	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.35	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.35	0.00		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	0.35	0.00		17.00
18.00	Per resident amount	126,771.40	120,486.45		18.00
19.00	Approved amount for resident costs	44,370	0	44,370	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)			0.00	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)			44,370	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,224	6,606		26.00
27.00	Total Inpatient Days (see instructions)	70,033	70,033		27.00
28.00	Ratio of inpatient days to total inpatient days	0.245941	0.094327		28.00
29.00	Program direct GME amount	10,912	4,185		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		591		30.00
31.00	Net Program direct GME amount			14,506	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0239	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 9:27 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)		1,862,298	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)		52,395,416	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)		18,370	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,377,046	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,615,624	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,615,624	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		69,992,670	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.748322	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.251678	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,506	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,855	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,651	50.00

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

Provider CCN: 14-0239

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

Worksheet G

Date/Time Prepared:
11/25/2019 9:27 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	16,507,648	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	37,540	0	0	0	3.00
4.00 Accounts receivable	96,270,604	0	0	0	4.00
5.00 Other receivable	12,749,719	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	16,853,213	0	0	0	7.00
8.00 Prepaid expenses	2,374,586	0	0	0	8.00
9.00 Other current assets	8,000,000	0	0	0	9.00
10.00 Due from other funds	838,890	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	153,632,200	0	0	0	11.00
FIXED ASSETS					
12.00 Land	8,437,914	0	0	0	12.00
13.00 Land improvements	11,344,171	0	0	0	13.00
14.00 Accumulated depreciation	-7,279,711	0	0	0	14.00
15.00 Buildings	412,944,244	0	0	0	15.00
16.00 Accumulated depreciation	-53,334,894	0	0	0	16.00
17.00 Leasehold improvements	263,280	0	0	0	17.00
18.00 Accumulated depreciation	-123,693	0	0	0	18.00
19.00 Fixed equipment	150,830,651	0	0	0	19.00
20.00 Accumulated depreciation	-108,831,470	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	243,927,250	0	0	0	23.00
24.00 Accumulated depreciation	-141,813,485	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)	516,364,257	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	133,351,565	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	16,094,807	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	149,446,372	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	819,442,829	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	18,371,961	0	0	0	37.00
38.00 Salaries, wages, and fees payable	27,906,318	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	22,157,639	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	68,435,918	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	460,615,000	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	97,402,321	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	558,017,321	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	626,453,239	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	192,989,590				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)	192,989,590	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	819,442,829	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0239

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 9:27 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		231,965,260		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		61,359,513				2.00
3.00	Total (sum of line 1 and line 2)		293,324,773		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	FAS 133 VALUATION CHANGE	0		0		0	5.00
6.00	RESTRICTED ASSETS CHANGE	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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		293,324,773		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS	100,335,183		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00	OTHER	0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		100,335,183		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		192,989,590		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	Additions (credit adjustments) (specify)		0				4.00
5.00	FAS 133 VALUATION CHANGE		0				5.00
6.00	RESTRICTED ASSETS CHANGE		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	TRANSFERS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00	OTHER		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: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 9:27 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,123,808		78,123,808	1.00
2.00	SUBPROVIDER - IPF	4,859,610		4,859,610	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)	82,983,418		82,983,418	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,367,927		25,367,927	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	NEONATAL INTENSIVE CARE	103,788,109		103,788,109	14.01
14.02	PEDIATRIC INTENSIVE CARE	4,972,555		4,972,555	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	134,128,591		134,128,591	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	217,112,009		217,112,009	17.00
18.00	Ancillary services	501,784,853	0	501,784,853	18.00
19.00	Outpatient services	0	627,323,603	627,323,603	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				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	718,896,862	627,323,603	1,346,220,465	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		366,458,052		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBTS	20,789,219			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)		20,789,219		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	PHYSICIAN PRACTICE REVENUE	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)		387,247,271		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0239

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 9:27 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,346,220,465	1.00
2.00	Less contractual allowances and discounts on patients' accounts	937,532,121	2.00
3.00	Net patient revenues (line 1 minus line 2)	408,688,344	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	387,247,271	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,441,073	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	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	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	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.)	0	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 OPERATING INCOME	17,012,813	24.00
24.01	OTHER NON-OPERATING INCOME	22,905,627	24.01
24.02	PROVIDER TAX	0	24.02
25.00	Total other income (sum of lines 6-24)	39,918,440	25.00
26.00	Total (line 5 plus line 25)	61,359,513	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	61,359,513	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0239

Period:
From 07/01/2018
To 06/30/2019Worksheet L
Parts I-III
Date/Time Prepared:
11/25/2019 9:27 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,546,303	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	110,174	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)	182.96	3.00
4.00	Number of interns & residents (see instructions)	0.35	4.00
5.00	Indirect medical education percentage (see instructions)	0.05	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)	1,273	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	41.13	8.00
9.00	Sum of lines 7 and 8	46.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.92	10.00
11.00	Disproportionate share adjustment (see instructions)	252,593	11.00
12.00	Total prospective capital payments (see instructions)	2,910,343	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