

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: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/20/2019 1:59 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/20/2019	Time: 1:59 pm
	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 UNIVERSITY OF IOWA HOSP & CLINICS (16-0058) 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)

CFO, UI HEALTH CARE
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	-1,707,661	267,876	0	0	1.00
2.00	Subprovider - IPF	0	55,608	42		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	-1,652,053	267,918	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: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/20/2019 1:59 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 200 HAWKINS DRIVE			PO Box:				1.00		
2.00	City: IOWA CITY			State: IA		Zip Code: 52242-1009		County: JOHNSON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		UNIVERSITY OF IOWA HOSP & CLINICS	160058	26980	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		UIHC PSYCHIATRIC HOSPITAL	16S058	26980	4	07/01/1988	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		UIHC DIALYSIS CENTER	162306	26980		07/01/1982			
18.01	Renal Dialysis		UIHC MUSCATINE DIALYSIS CENTER	163504	99916		06/01/1996			
18.02	Renal Dialysis		UIHC GRINNELL DIALYSIS CENTER	163507	99916		05/01/1997			
18.03	Renal Dialysis		UIHC NORTH LIBERTY DIALYSIS CENTER	163509	26980		06/01/1998			
18.04	Renal Dialysis		UIHC WASHINGTON DIALYSIS CENTER	163510	26980		06/01/1999			
19.00	Other									
							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)						10			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			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,728	9,101	1,195	1,229	55,516	230	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/20/2019 1:59 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1		60.06	
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1		60.07	
		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	61.00
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	

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		N	63.00		
			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 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	461.08	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)	PEDIATRICS	2000	0.00	36.12	0.000000 65.00
65.01		FAMILY MEDICINE	1350	0.00	14.87	0.000000 65.01
65.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.60	0.000000 65.02
65.03		INTERNAL MEDICINE	1400	0.00	63.51	0.000000 65.03
65.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	3.82	0.000000 65.04
			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	543.44	0.000000 66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	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)	PEDIATRICS	2000	0.00	15.96	0.000000
67.01		FAMILY MEDICINE	1350	0.00	0.04	0.000000
67.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	59.27	0.000000
67.03		INTERNAL MEDICINE	1400	0.00	1.11	0.000000
67.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	41.58	0.000000
					1.00	2.00
	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)			Y	N	0
	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
						1.00
	Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
	TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00
					V	XIX
					1.00	2.00
	Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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		V 1.00		XIX 2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		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		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		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.	N				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 1.00		Losses 2.00		Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		1,467,442		0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/20/2019 1:59 pm
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		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.	03/04/2009		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.	03/18/2009		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.	03/04/2009		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.	02/27/2009		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.	03/04/2009		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00
		1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y	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.	Y		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
		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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/20/2019 1:59 pm	
								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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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	166.00	
								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)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning 1.00	Ending 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)					10/03/2018	12/31/2018	170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/20/2019 1:59 pm
			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)	N		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	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.	Y		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.	Y		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		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/18/2019	Y
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		N
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		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0058

Period:
From 07/01/2018
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		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?		N		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.		N		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	TAYLOR	BEARDSHEAR		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF IOWA HOSP & CLINICS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	319-356-7950	TAYLOR-BEARDSHEAR@UIOWA.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		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.	SENIOR FINANCIAL ANALYST	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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	497	181,392	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)		497	181,392	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 MEDICAL INTENSIVE CARE UNIT	31.01	26	9,490	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	17	6,205	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	88	32,120	0.00	0	12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	35.01	28	10,220	0.00	0	12.01
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		716	261,327	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	73	26,645		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
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)		789			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)		7	2,555			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: 16-0058

Period:
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To 06/30/2019Worksheet S-3
Part I
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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)	50,816	4,496	145,298			1.00
2.00	HMO and other (see instructions)	17,826	53,571				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	50,816	4,496	145,298			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSIVE CARE UNIT	3,318	322	8,234			8.01
9.00	CORONARY CARE UNIT	3,391	167	7,293			9.00
10.00	BURN INTENSIVE CARE UNIT	1,502	381	5,305			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,360	415	11,343			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	333	12,473			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	0	134	7,103			12.01
13.00	NURSERY		14,950	18,620			13.00
14.00	Total (see instructions)	63,387	21,198	215,669	596.35	8,437.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,852	7,744	26,302	9.49	144.27	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)			203			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				605.84	8,581.35	27.00
28.00	Observation Bed Days		0	6,832			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	230	1,876			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			402			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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

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	10,336	958	32,758	1.00
2.00	HMO and other (see instructions)			2,711	6,606		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	10,336	958	32,758	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	274	0	1,476	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
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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

		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	546,917,234	41,706,194	588,623,428	18,653,772.00	31.56	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	13,467,921	13,467,921	69,935.00	192.58	4.00
4.01	Physicians - Part A - Teaching		0	22,044,014	22,044,014	146,119.00	150.86	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	30,265,204	9,646,700	39,911,904	1,343,123.00	29.72	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		36,091,330	-2,419,186	33,672,144	1,074,369.00	31.34	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	7,290,542	7,290,542	102,161.00	71.36	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		217,425,975	0	217,425,975			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		14,417,354	0	14,417,354			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	2,251,144	2,251,144			22.00
22.01	Physician Part A - Teaching		0	4,067,646	4,067,646			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		17,660,751	0	17,660,751			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	78,839,063	18,022,414	96,861,477	2,661,237.00	36.40	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

		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.)		0	7,498,354	7,498,354	29,257.88	256.28	28.00
29.00	Maintenance & Repairs	6.00	8,956,496	299,382	9,255,878	328,752.00	28.15	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	1,383,497	18,245	1,401,742	76,799.00	18.25	31.00
32.00	Housekeeping	9.00	14,234,864	90,637	14,325,501	799,519.00	17.92	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,590,070	-4,823,840	6,766,230	329,983.00	20.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,334,003	4,334,003	220,491.00	19.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,750,584	-935,673	8,814,911	218,371.00	40.37	38.00
39.00	Central Services and Supply	14.00	6,963,132	-250,782	6,712,350	283,980.00	23.64	39.00
40.00	Pharmacy	15.00	3,018,373	224,604	3,242,977	67,865.00	47.79	40.00
41.00	Medical Records & Medical Records Library	16.00	5,785,951	2,528,479	8,314,430	305,111.00	27.25	41.00
42.00	Social Service	17.00	11,621,495	541,217	12,162,712	380,947.00	31.93	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/20/2019 1:59 pm

	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)	516,652,030	17,513,834	534,165,864	17,193,787.88	31.07	1.00
2.00	Excluded area salaries (see instructions)	36,091,330	-2,419,186	33,672,144	1,074,369.00	31.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	480,560,700	19,933,020	500,493,720	16,119,418.88	31.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	7,290,542	7,290,542	102,161.00	71.36	4.00
5.00	Subtotal wage-related costs (see inst.)	217,425,975	2,251,144	219,677,119	0.00	43.89	5.00
6.00	Total (sum of lines 3 thru 5)	697,986,675	29,474,706	727,461,381	16,221,579.88	44.85	6.00
7.00	Total overhead cost (see instructions)	152,143,525	27,547,040	179,690,565	5,702,312.88	31.51	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/20/2019 1:59 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	52,864,107	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,436,300	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)	124,643,202	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	7,714,203	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,538,392	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)	4,899,884	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,531,237	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	39,882,973	17.00
18.00	Medicare Taxes - Employers Portion Only	9,984,259	18.00
19.00	Unemployment Insurance	631,455	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	696,859	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	255,822,871	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/20/2019 1:59 pm

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	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
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0058

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

Worksheet S-5

Date/Time Prepared:
11/20/2019 1:59 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	147	0	1	0	5	31	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	4.00	5.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	59	0	3	5			6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	44.49	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
							Y/N	
							1.00	
ESRD PPS								
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02
						Prior to 1/1	After 12/31	
						1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list						190	11.00
12.00	Number of patients transplanted during the cost reporting period						87	12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00
16.00	Number of EPO units furnished relating to the home dialysis department							16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
PHYSICIAN PAYMENT METHOD								
21.00	Enter "X" if method(s) is applicable						X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.		
		1.00	2.00	3.00	4.00	5.00		
ESAs								
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	13,689	0	1,434	0	22.00	
22.01		ARANESP	423,286	0	35,995	0	22.01	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0058

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

Worksheet S-5

Date/Time Prepared:
11/20/2019 1:59 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	162306	44,628	23.00
23.01	UIHC MUSCATINE DIALYSIS CENTER	163504	4,675	23.01
23.02	UIHC GRINNELL DIALYSIS CENTER	163507	1,529	23.02
23.03	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	3,206	23.03
23.04	UIHC WASHINGTON DIALYSIS CENTER	163510	2,081	23.04

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0058

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

Worksheet S-10

Date/Time Prepared:
11/20/2019 1:59 pm

				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)			0.251561	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			160,332,175	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			52,509,181	5.00
6.00	Medicaid charges			954,970,136	6.00
7.00	Medicaid cost (line 1 times line 6)			240,233,242	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)			27,391,886	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			4,428,498	9.00
10.00	Stand-alone CHIP charges			23,436,649	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			5,895,747	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			1,467,249	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)			28,859,135	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)	43,599,592	6,036,357	49,635,949	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,967,957	6,036,357	17,004,314	21.00
22.00	Payments received from patients for amounts previously written off as charity care	100,048	731,935	831,983	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,867,909	5,304,422	16,172,331	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)			59,683,694	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,001,153	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,540,236	27.01
28.00	Non-Medicare bad debt expense (see instructions)			58,143,458	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			15,165,709	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			31,338,040	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			60,197,175	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

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

Worksheet A

Date/Time Prepared:
11/20/2019 1:59 pm

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	0	0	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP		46,400,788	46,400,788	867,578	47,268,366	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		0	0	0	0	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG		244,023	244,023	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD		241,032	241,032	0	241,032	1.04
1.05	00105	CAP REL COSTS-IRL		4,728,048	4,728,048	-509,928	4,218,120	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		48,016,143	48,016,143	294,481	48,310,624	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		2,218,513	2,218,513	0	2,218,513	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	78,839,063	278,295,352	357,134,415	-17,658,759	339,475,656	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	8,754,780	50,671,617	59,426,397	-1,059,649	58,366,748	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	36,916	711,551	748,467	1,111	749,578	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	164,800	3,781,169	3,945,969	579,414	4,525,383	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,383,497	816,975	2,200,472	71,646	2,272,118	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	13,848,463	9,859,290	23,707,753	347,488	24,055,241	9.01
9.04	00904	HOUSEKEEPING-CDD	2,666	157,305	159,971	81	160,052	9.04
9.05	00905	HOUSEKEEPING-IRL	383,735	340,562	724,297	116,987	841,284	9.05
10.00	01000	DIETARY	11,590,070	14,659,334	26,249,404	-11,959,029	14,290,375	10.00
11.00	01100	CAFETERIA	0	0	0	10,841,120	10,841,120	11.00
13.00	01300	NURSING ADMINISTRATION	9,750,584	7,505,357	17,255,941	-1,126,786	16,129,155	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,963,132	3,645,127	10,608,259	208,690	10,816,949	14.00
15.00	01500	PHARMACY	3,018,373	3,005,810	6,024,183	360,603	6,384,786	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,785,951	2,880,032	8,665,983	582,241	9,248,224	16.00
17.00	01700	SOCIAL SERVICE	11,621,495	5,870,717	17,492,212	1,458,309	18,950,521	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	30,265,204	8,997,176	39,262,380	38,004	39,300,384	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,095,608	1,690,911	2,786,519	146,088	2,932,607	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	87,690	40,611	128,301	2,638	130,939	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	697,303	293,131	990,434	592,173	1,582,607	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	559,717	559,717	59,968	619,685	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	37,517	14,086	51,603	1,128	52,731	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	144,349	144,349	15,465	159,814	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	297,130	297,130	31,834	328,964	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	97,381	97,381	10,432	107,813	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,366,321	31,648,868	94,015,189	-1,561,272	92,453,917	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	5,981,161	3,497,741	9,478,902	142,899	9,621,801	31.01
32.00	03200	CORONARY CARE UNIT	5,766,660	3,164,626	8,931,286	90,923	9,022,209	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,029,973	1,934,542	4,964,515	34,533	4,999,048	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,442,877	5,115,183	13,558,060	46,736	13,604,796	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,743,493	7,455,956	24,199,449	-8,125,111	16,074,338	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,195,317	3,838,833	11,034,150	142,477	11,176,627	35.01
40.00	04000	SUBPROVIDER - IPF	8,435,764	3,745,287	12,181,051	-33,025	12,148,026	40.00
43.00	04300	NURSERY	0	0	0	10,703,059	10,703,059	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,518,965	123,778,550	163,297,515	-64,809,492	98,488,023	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,527,942	2,213,530	5,741,472	-873,927	4,867,545	52.00
53.00	05300	ANESTHESIOLOGY	2,477,111	4,964,236	7,441,347	74,509	7,515,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,900,645	23,542,572	34,443,217	-8,511,886	25,931,331	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,711,421	3,520,243	7,231,664	910,508	8,142,172	55.00
55.01	03630	ULTRA SOUND	2,172,195	1,064,141	3,236,336	829,321	4,065,657	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,810,704	2,792,855	4,603,559	809,521	5,413,080	55.02
57.00	05700	CT SCAN	1,507,147	1,368,538	2,875,685	2,332,212	5,207,897	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,962,544	1,693,977	3,656,521	705,593	4,362,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,247,161	23,425,800	26,672,961	-20,627,998	6,044,963	59.00
60.00	06000	LABORATORY	13,500,601	38,813,167	52,313,768	-5,922,636	46,391,132	60.00
60.01	06001	ANATOMICAL LABORATORY	2,389,571	2,167,326	4,556,897	-55,684	4,501,213	60.01
60.02	03140	CARDIOLOGY	5,647,023	7,112,331	12,759,354	-4,229,782	8,529,572	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,698,620	3,131,844	4,830,464	3,406,647	8,237,111	63.00
65.00	06500	RESPIRATORY THERAPY	8,033,590	8,441,838	16,475,428	-3,541,163	12,934,265	65.00
66.00	06600	PHYSICAL THERAPY	5,652,526	2,412,498	8,065,024	-643,034	7,421,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,703,722	718,079	2,421,801	195,609	2,617,410	67.00
69.00	06900	ELECTROCARDIOLOGY	375,375	428,006	803,381	11,291	814,672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,624,825	1,462,791	4,087,616	78,952	4,166,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,227	1,239,686	1,262,913	31,131,801	32,394,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	74,997,782	74,997,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,501,874	188,342,491	206,844,365	314,173	207,158,538	73.00
74.00	07400	RENAL DIALYSIS	4,595,209	3,619,477	8,214,686	713,153	8,927,839	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

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

Worksheet A

Date/Time Prepared:
11/20/2019 1:59 pm

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	
76.00	03950	IVF/CULTURE LAB	1,805,671	1,049,768	2,855,439	54,312	2,909,751	76.00
76.02	03952	URODYNAMICS	82,070	87,830	169,900	2,469	172,369	76.02
76.03	03953	SPINE TREATMENT CENTER	435,095	186,424	621,519	13,018	634,537	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	2,749,314	3,678,261	6,427,575	-551,356	5,876,219	76.05
76.06	03580	RECREATIONAL THERAPY	530,434	231,705	762,139	100,839	862,978	76.06
76.07	03957	CDC - REHAB	268,333	118,755	387,088	8,071	395,159	76.07
76.08	03958	DIABETES EDUCATION	343,211	143,008	486,219	42,133	528,352	76.08
76.97	07697	CARDIAC REHABILITATION	436,840	230,840	667,680	89,227	756,907	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	324,616	141,837	466,453	9,764	476,217	76.98
76.99	07699	LITHOTRIPSY	403,566	1,834,215	2,237,781	-880,575	1,357,206	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	860,989	3,422,828	4,283,817	25,898	4,309,715	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	618,947	435,403	1,054,350	18,617	1,072,967	90.01
90.02	09002	DERMATOLOGY CLINIC	874,306	672,364	1,546,670	26,298	1,572,968	90.02
90.03	09003	ORAL SURGERY CLINIC	1,074,811	831,098	1,905,909	32,329	1,938,238	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	5,926,859	3,278,431	9,205,290	777,637	9,982,927	90.04
90.05	09005	NEUROLOGY CLINIC	1,479,651	799,144	2,278,795	44,506	2,323,301	90.05
90.06	09006	OB-GYN CLINIC	2,471,095	1,360,173	3,831,268	55,736	3,887,004	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	4,143,910	2,603,293	6,747,203	20,484	6,767,687	90.07
90.08	09008	ORTHOPAEDICS CLINIC	3,417,865	1,854,524	5,272,389	-87,686	5,184,703	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,448,170	2,800,240	5,248,410	-116,492	5,131,918	90.09
90.10	09010	PEDIATRIC CLINIC	6,816,018	3,549,966	10,365,984	82,268	10,448,252	90.10
90.11	09011	SURGERY CLINIC	2,024,743	1,259,509	3,284,252	399,132	3,683,384	90.11
90.12	09012	UROLOGY CLINIC	1,034,334	598,334	1,632,668	24,165	1,656,833	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,385,397	1,893,686	4,279,083	54,208	4,333,291	90.13
90.14	09014	CANCER CLINIC	7,056,229	4,066,267	11,122,496	314,701	11,437,197	90.14
90.15	09015	FAMILY CARE CLINIC	1,224,335	697,123	1,921,458	31,804	1,953,262	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,176,595	867,554	2,044,149	17,042	2,061,191	90.16
90.19	09019	BURN CLINIC	225,882	167,987	393,869	6,589	400,458	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	839,920	589,783	1,429,703	35,358	1,465,061	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	114,588	64,447	179,035	18,392	197,427	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	310,225	259,914	570,139	18,478	588,617	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	1,538,134	1,007,689	2,545,823	213,229	2,759,052	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	1,008,468	824,860	1,833,328	269,693	2,103,021	90.56
90.57	09057	IRL-OPHTHALMOLOGY	501,368	563,182	1,064,550	107,144	1,171,694	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	188,419	220,495	408,914	15,802	424,716	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	314,333	322,313	636,646	9,131	645,777	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	841,332	609,886	1,451,218	46,737	1,497,955	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	463,716	599,642	1,063,358	-26,949	1,036,409	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	770	770	-658	112	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	314,010	231,788	545,798	17,349	563,147	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	466,081	313,064	779,145	87,695	866,840	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	8,536	3,437	11,973	-1,272	10,701	90.72
90.76	09076	IRL - PROCEDURE SUITES	1,209,412	1,570,721	2,780,133	4,710	2,784,843	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	10,579	19,915	30,494	-8,099	22,395	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	806,520	574,580	1,381,100	34,522	1,415,622	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	149,700	101,001	250,701	20,605	271,306	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	3,296	9,459	12,755	-3,915	8,840	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	19,743	32,212	51,955	3,987	55,942	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	126,571	192,302	318,873	56,011	374,884	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	3,309	1,752	5,061	425	5,486	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5,164	3,223	8,387	-975	7,412	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	864,521	970,256	1,834,777	8,025	1,842,802	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	419,042	319,042	738,084	457,375	1,195,459	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	7,769	7,769	4,681	12,450	90.97
91.00	09100	EMERGENCY	15,558,507	6,084,981	21,643,488	-3,917,994	17,725,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,150,679	1,428,976	4,579,655	-132,714	4,446,941	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	338,308	182,598	520,906	10,176	531,082	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	279,539	799,227	1,078,766	-193,507	885,259	94.00
95.00	09500	AMBULANCE SERVICES	1,618,754	2,012,359	3,631,113	48,691	3,679,804	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,244,443	4,791,620	6,036,063	-282,991	5,753,072	105.00
106.00	10600	HEART ACQUISITION	295,466	827,696	1,123,162	18,298	1,141,460	106.00
107.00	10700	LIVER ACQUISITION	319,985	1,696,948	2,016,933	261,601	2,278,534	107.00
108.00	10800	LUNG ACQUISITION	227,649	1,420,536	1,648,185	18,072	1,666,257	108.00
109.00	10900	PANCREAS ACQUISITION	0	610,393	610,393	18,734	629,127	109.00
113.00	11300	INTEREST EXPENSE		14,319,351	14,319,351	0	14,319,351	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

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

Worksheet A

Date/Time Prepared:
11/20/2019 1:59 pm

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	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	524,070,014	1,085,287,003	1,609,357,017	-8,868,802	1,600,488,215	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VENDING/PATIENT ART	1,335,515	1,177,304	2,512,819	1,507,277	4,020,096	190.01
190.02	19002 PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003 PHARMACY HOME GOING DRUGS	10,240,374	95,926,359	106,166,733	813,184	106,979,917	190.03
190.04	19004 OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005 CLINICAL RESEARCH UNIT	0	0	0	6,414	6,414	190.05
190.06	19006 PATIENT EDUCATION SERVICE	472,840	190,625	663,465	88,118	751,583	190.06
190.07	19007 NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008 HOSPITAL PHYSICIANS - ER, FCC	0	0	0	3,884,784	3,884,784	190.08
190.09	19009 CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010 IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011 CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012 MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013 OTHER NON-ALLOWABLE	34,760	359,628	394,388	141,108	535,496	190.13
190.14	19014 EPIC REMOTE HOSTING	29,111	19,390	48,501	872	49,373	190.14
190.15	19015 RENTAL PROPERTIES	0	187,763	187,763	0	187,763	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 UICOM	10,734,620	20,065,454	30,800,074	312,558	31,112,632	194.00
194.01	07951 OUTREACH	0	0	0	2,114,487	2,114,487	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	546,917,234	1,203,213,526	1,750,130,760	0	1,750,130,760	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

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

Worksheet A

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	-1,018,392	46,249,974	1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	0	241,032	1.04
1.05	00105	CAP REL COSTS-IRL	-6,632	4,211,488	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	48,310,624	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,218,513	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-128,203,811	211,271,845	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-1,952,711	56,414,037	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	749,578	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	-35,875	4,489,508	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,272,118	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	61,320	24,116,561	9.01
9.04	00904	HOUSEKEEPING-CDD	0	160,052	9.04
9.05	00905	HOUSEKEEPING-IRL	0	841,284	9.05
10.00	01000	DIETARY	-124,189	14,166,186	10.00
11.00	01100	CAFETERIA	-10,859,197	-18,077	11.00
13.00	01300	NURSING ADMINISTRATION	-41,625	16,087,530	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,816,949	14.00
15.00	01500	PHARMACY	0	6,384,786	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,629,262	11,877,486	16.00
17.00	01700	SOCIAL SERVICE	-372,962	18,577,559	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,847,516	51,147,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,818,129	19,750,736	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	130,939	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	120,555	1,703,162	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	40,631	660,316	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	-4,110	48,621	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	31,557	191,371	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	29,019	357,983	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	3,174	110,987	23.08
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-204,561	92,249,356	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	9,621,801	31.01
32.00	03200	CORONARY CARE UNIT	-4,987	9,017,222	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-51,633	4,947,415	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-5,784	13,599,012	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	16,074,338	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-16,745	11,159,882	35.01
40.00	04000	SUBPROVIDER - IPF	-707,639	11,440,387	40.00
43.00	04300	NURSERY	0	10,703,059	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-181,757	98,306,266	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-74	4,867,471	52.00
53.00	05300	ANESTHESIOLOGY	1,513	7,517,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,892	25,903,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,142,172	55.00
55.01	03630	ULTRA SOUND	-1,469	4,064,188	55.01
55.02	05501	RADIOLOGY - PET SCAN	-3,075	5,410,005	55.02
57.00	05700	CT SCAN	-709	5,207,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,362,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,044,963	59.00
60.00	06000	LABORATORY	741,503	47,132,635	60.00
60.01	06001	ANATOMICAL LABORATORY	487,393	4,988,606	60.01
60.02	03140	CARDIOLOGY	-405,404	8,124,168	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,237,111	63.00
65.00	06500	RESPIRATORY THERAPY	-10,128	12,924,137	65.00
66.00	06600	PHYSICAL THERAPY	-139,137	7,282,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,617,410	67.00
69.00	06900	ELECTROCARDIOLOGY	-30,854	783,818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-55,500	4,111,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,394,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,997,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	207,158,538	73.00
74.00	07400	RENAL DIALYSIS	-11,468	8,916,371	74.00
76.00	03950	IVF/CULTURE LAB	-520	2,909,231	76.00
76.02	03952	URODYNAMICS	0	172,369	76.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

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

Worksheet A

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.03	03953	SPINE TREATMENT CENTER	0	634,537	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	-102,653	5,773,566	76.05
76.06	03580	RECREATIONAL THERAPY	0	862,978	76.06
76.07	03957	CDC - REHAB	-2,697	392,462	76.07
76.08	03958	DIABETES EDUCATION	-132	528,220	76.08
76.97	07697	CARDIAC REHABILITATION	-7,280	749,627	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	476,217	76.98
76.99	07699	LITHOTRIPSY	0	1,357,206	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-36,750	4,272,965	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	1,072,967	90.01
90.02	09002	DERMATOLOGY CLINIC	264,591	1,837,559	90.02
90.03	09003	ORAL SURGERY CLINIC	418,404	2,356,642	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	600,724	10,583,651	90.04
90.05	09005	NEUROLOGY CLINIC	164,114	2,487,415	90.05
90.06	09006	OB-GYN CLINIC	71,202	3,958,206	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	971,226	7,738,913	90.07
90.08	09008	ORTHOPAEDICS CLINIC	518,468	5,703,171	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	686,343	5,818,261	90.09
90.10	09010	PEDIATRIC CLINIC	390,541	10,838,793	90.10
90.11	09011	SURGERY CLINIC	1,141,830	4,825,214	90.11
90.12	09012	UROLOGY CLINIC	9,777	1,666,610	90.12
90.13	09013	PSYCHIATRIC CLINIC	-178,479	4,154,812	90.13
90.14	09014	CANCER CLINIC	-21,172	11,416,025	90.14
90.15	09015	FAMILY CARE CLINIC	41,604	1,994,866	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,061,191	90.16
90.19	09019	BURN CLINIC	0	400,458	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	1,465,061	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	197,427	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	588,617	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	-11,698	2,747,354	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	-27,452	2,075,569	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,171,694	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	424,716	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	645,777	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,497,955	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	1,036,409	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	112	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	563,147	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	866,840	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	10,701	90.72
90.76	09076	IRL - PROCEDURE SUITES	-6,496	2,778,347	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	22,395	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,415,622	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	271,306	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	8,840	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	55,942	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	374,884	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	5,486	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	7,412	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	-108,988	1,733,814	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	1,195,459	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	12,450	90.97
91.00	09100	EMERGENCY	-6,605,227	11,120,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-1,510	4,445,431	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	-1,924	529,158	93.99
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	885,259	94.00
95.00	09500	AMBULANCE SERVICES	-2,692,127	987,677	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	52,248	5,805,320	105.00
106.00	10600	HEART ACQUISITION	21,139	1,162,599	106.00
107.00	10700	LIVER ACQUISITION	66,171	2,344,705	107.00
108.00	10800	LUNG ACQUISITION	75,267	1,741,524	108.00
109.00	10900	PANCREAS ACQUISITION	3,712	632,839	109.00
113.00	11300	INTEREST EXPENSE	-14,319,351	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-130,293,843	1,470,194,372	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,632,738	1,632,738	190.00
190.01	19001	VENDING/PATIENT ART	-1,769,875	2,250,221	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	-35,516	106,944,401	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	6,414	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	751,583	190.06
190.07	19007	NON-ALLOWABLE	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	3,884,784	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	743,513	1,279,009	190.13
190.14	19014	EPIC REMOTE HOSTING	0	49,373	190.14
190.15	19015	RENTAL PROPERTIES	0	187,763	190.15
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	UICOM	-5,526,984	25,585,648	194.00
194.01	07951	OUTREACH	0	2,114,487	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-135,249,967	1,614,880,793	200.00

RECLASSIFICATIONS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/20/2019 1:59 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,957,695		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
TOTALS			0	31,957,695		
AC - A133 NURSING AGENCY STAFF RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,400		1.00
2.00	NURSING ADMINISTRATION	13.00	0	518		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	270,387		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,407,988		4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	305		5.00
6.00	CORONARY CARE UNIT	32.00	0	1,038		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	0	268		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,425		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	93,459		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	17,719		10.00
11.00	SUBPROVIDER - IPF	40.00	0	45,196		11.00
12.00	OPERATING ROOM	50.00	0	1,876,599		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	259,396		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,665		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	899,013		15.00
16.00	CARDIOLOGY	60.02	0	138,272		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	63,764		17.00
18.00	RENAL DIALYSIS	74.00	0	1,699,698		18.00
19.00	LITHOTRIPSY	76.99	0	89,879		19.00
20.00	ANESTHESIA PAIN CLINIC	90.01	0	5,933		20.00
21.00	IRL-CARDIOLOGY CLINIC	90.50	0	84,902		21.00
22.00	EMERGENCY	91.00	0	10,693		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	296,572		23.00
24.00	UICOM	194.00	0	2,628		24.00
25.00	RENAL DIALYSIS	74.00	5,175	0		25.00
TOTALS			5,175	7,295,717		

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AD - A123 BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,347,679		1.00
	TOTALS		0	3,347,679		
	AE - A124 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	182,869	97,776		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	37,522	20,194		2.00
3.00	OTHER NON-ALLOWABLE	190.13	91,154	48,908		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
	TOTALS		311,545	166,878		
	AF - A125 RADIOLOGY ADMIN RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	11,944	26,060		1.00
2.00	PARAMEDICAL EDUC - RAD TECH	23.04	18,847	41,121		2.00
3.00	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	4,860	10,605		3.00
4.00	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	10,005	21,829		4.00
5.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	3,279	7,153		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	243,504	531,285		6.00
7.00	ULTRA SOUND	55.01	108,974	237,762		7.00
8.00	RADIOLOGY - PET SCAN	55.02	155,011	338,207		8.00
9.00	CT SCAN	57.00	96,830	211,266		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	123,122	268,631		10.00
11.00	ULTRA SOUND	55.01	0	199,127		11.00
12.00	RADIOLOGY - PET SCAN	55.02	0	261,839		12.00
13.00	CT SCAN	57.00	0	1,124,092		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	274,989		14.00
	TOTALS		776,376	3,553,966		
	AG - A84 UIHC FUNDED FACULTY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,485,479		1.00
2.00	SOCIAL SERVICE	17.00	0	125,609		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	306,225		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	26,575		4.00
5.00	OPERATING ROOM	50.00	0	124,358		5.00
6.00	PHYSICAL THERAPY	66.00	0	90,255		6.00
7.00	PEDIATRIC CLINIC	90.10	0	27,476		7.00
8.00	PSYCHIATRIC CLINIC	90.13	0	144,469		8.00
9.00	CANCER CLINIC	90.14	0	20,057		9.00
10.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	9,547		10.00
11.00	EMERGENCY	91.00	0	6,876,127		11.00
12.00	KIDNEY ACQUISITION	105.00	0	67,527		12.00
13.00	VENDING/PATIENT ART	190.01	0	263,148		13.00
14.00	PHARMACY HOME GOING DRUGS	190.03	0	28,375		14.00
15.00	UICOM	194.00	0	2,368,634		15.00
	TOTALS		0	13,963,861		
	AH - A127 REHAB THERAPY ADMIN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	33,865	14,405		1.00
2.00	OCCUPATIONAL THERAPY	67.00	174,108	74,059		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	96,330	40,975		3.00
4.00	RECREATIONAL THERAPY	76.06	59,553	25,331		4.00
5.00	PATIENT EDUCATION SERVICE	190.06	51,843	22,053		5.00
	TOTALS		415,699	176,823		
	AI - A173 DIALYSIS CRRT RECLASS					
1.00	RENAL DIALYSIS	74.00	75,587	24,188		1.00
	TOTALS		75,587	24,188		
	AK - A130 VACA SICK RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	223,436	0		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	24,812	0		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	105	0		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	467	0		4.00

RECLASSIFICATIONS

Provider CCN: 16-0058

Period:
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To 06/30/2019

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	3,921	0	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	39,248	0	6.00
7.00	HOUSEKEEPING-CDD	9.04	8	0	7.00
8.00	HOUSEKEEPING-IRL	9.05	1,088	0	8.00
9.00	DIETARY	10.00	32,847	0	9.00
10.00	NURSING ADMINISTRATION	13.00	27,634	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	19,734	0	11.00
12.00	PHARMACY	15.00	8,554	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	16,398	0	13.00
14.00	SOCIAL SERVICE	17.00	32,936	0	14.00
15.00	I&R SERVICES-OTHER PRGM	22.00	3,105	0	15.00
	COSTS APPRVD				
16.00	PARAMEDICAL EDUC - DIETARY	23.01	249	0	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	1,976	0	17.00
18.00	PARAMED ED PRGM-PASTORAL	23.05	106	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	176,751	0	19.00
20.00	MEDICAL INTENSIVE CARE UNIT	31.01	16,951	0	20.00
21.00	CORONARY CARE UNIT	32.00	16,343	0	21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	8,587	0	22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	23,928	0	23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	47,452	0	24.00
25.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	20,392	0	25.00
26.00	SUBPROVIDER - IPF	40.00	23,908	0	26.00
27.00	OPERATING ROOM	50.00	112,000	0	27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	9,998	0	28.00
29.00	ANESTHESIOLOGY	53.00	7,020	0	29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	30,893	0	30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	10,518	0	31.00
32.00	ULTRA SOUND	55.01	6,156	0	32.00
33.00	RADIOLOGY - PET SCAN	55.02	5,132	0	33.00
34.00	CT SCAN	57.00	4,271	0	34.00
35.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,562	0	35.00
36.00	CARDIAC CATHETERIZATION	59.00	9,203	0	36.00
37.00	LABORATORY	60.00	38,262	0	37.00
38.00	ANATOMICAL LABORATORY	60.01	6,772	0	38.00
39.00	CARDIOLOGY	60.02	16,004	0	39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	4,814	0	40.00
41.00	RESPIRATORY THERAPY	65.00	22,768	0	41.00
42.00	PHYSICAL THERAPY	66.00	16,020	0	42.00
43.00	OCCUPATIONAL THERAPY	67.00	4,828	0	43.00
44.00	ELECTROCARDIOLOGY	69.00	1,064	0	44.00
45.00	ELECTROENCEPHALOGRAPHY	70.00	7,439	0	45.00
46.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	66	0	46.00
47.00	DRUGS CHARGED TO PATIENTS	73.00	52,436	0	47.00
48.00	RENAL DIALYSIS	74.00	13,023	0	48.00
49.00	IVF/CULTURE LAB	76.00	5,117	0	49.00
50.00	URODYNAMICS	76.02	233	0	50.00
51.00	SPINE TREATMENT CENTER	76.03	1,233	0	51.00
52.00	DIGESTIVE DISEASE CENTER	76.05	7,792	0	52.00
53.00	RECREATIONAL THERAPY	76.06	1,503	0	53.00
54.00	CDC - REHAB	76.07	760	0	54.00
55.00	DIABETES EDUCATION	76.08	973	0	55.00
56.00	CARDIAC REHABILITATION	76.97	1,238	0	56.00
57.00	HYPERBARIC OXYGEN THERAPY	76.98	920	0	57.00
58.00	LITHOTRIPSY	76.99	1,144	0	58.00
59.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,440	0	59.00
60.00	ANESTHESIA PAIN CLINIC	90.01	1,754	0	60.00
61.00	DERMATOLOGY CLINIC	90.02	2,478	0	61.00
62.00	ORAL SURGERY CLINIC	90.03	3,046	0	62.00
63.00	INTERNAL MEDICINE CLINIC	90.04	16,797	0	63.00
64.00	NEUROLOGY CLINIC	90.05	4,193	0	64.00
65.00	OB-GYN CLINIC	90.06	7,003	0	65.00
66.00	OPHTHALMOLOGY CLINIC	90.07	11,744	0	66.00
67.00	ORTHOPAEDICS CLINIC	90.08	9,687	0	67.00
68.00	OTOLARYNGOLOGY CLINIC	90.09	6,938	0	68.00
69.00	PEDIATRIC CLINIC	90.10	19,317	0	69.00
70.00	SURGERY CLINIC	90.11	5,738	0	70.00
71.00	UROLOGY CLINIC	90.12	2,931	0	71.00
72.00	PSYCHIATRIC CLINIC	90.13	6,760	0	72.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
73.00	CANCER CLINIC	90.14	19,998	0	73.00
74.00	FAMILY CARE CLINIC	90.15	3,470	0	74.00
75.00	ORTHO SPORTS MED CLINIC	90.16	3,335	0	75.00
76.00	BURN CLINIC	90.19	640	0	76.00
77.00	IRL-CARDIOLOGY CLINIC	90.50	2,380	0	77.00
78.00	IRL - ANESTHESIA PAIN CLINIC	90.51	325	0	78.00
79.00	IRL-DERMATOLOGY CLINIC	90.52	879	0	79.00
80.00	IRL-INTERNAL MEDICINE CLINIC	90.54	4,359	0	80.00
81.00	IRL-OB/GYN CLINIC	90.56	2,858	0	81.00
82.00	IRL-OPHTHALMOLOGY	90.57	1,421	0	82.00
83.00	IRL - ORTHOPAEDICS CLINIC	90.58	534	0	83.00
84.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	891	0	84.00
85.00	IRL-PEDIATRICS CLINIC	90.60	2,384	0	85.00
86.00	IRL-UROLOGY CLINIC	90.62	1,314	0	86.00
87.00	IRL-GASTROENTEROLOGY CLINIC	90.68	890	0	87.00
88.00	IRL-DIABETES CENTER CLINIC	90.70	1,321	0	88.00
89.00	IRL-ANTICOAGULATION CLINIC	90.72	24	0	89.00
90.00	IRL - PROCEDURE SUITES	90.76	3,428	0	90.00
91.00	IRL- GASTROENTEROLOGY	90.77	30	0	91.00
	BREATH TESTIN				
92.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	2,286	0	92.00
93.00	IRL EAST- PEDIATRICS CLINIC	90.81	424	0	93.00
94.00	IRL EAST-DERMATOLOGY CLINIC	90.82	9	0	94.00
95.00	IRL EAST-SURGERY CLINIC	90.83	56	0	95.00
96.00	IRL EAST-NEUROLOGY CLINIC	90.84	359	0	96.00
97.00	IRL EAST-DIABETES CENTER CLINIC	90.85	9	0	97.00
98.00	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	15	0	98.00
99.00	QUAD CITIES - CANCER CENTER	90.95	2,450	0	99.00
100.00	NORTH DODGE - OB/GYN CLINIC	90.96	1,188	0	100.00
101.00	EMERGENCY	91.00	44,094	0	101.00
102.00	OBSERVATION BEDS (DISTINCT PART)	92.01	8,929	0	102.00
103.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	959	0	103.00
104.00	HOME PROGRAM DIALYSIS	94.00	792	0	104.00
105.00	AMBULANCE SERVICES	95.00	4,588	0	105.00
106.00	KIDNEY ACQUISITION	105.00	3,527	0	106.00
107.00	HEART ACQUISITION	106.00	837	0	107.00
108.00	LIVER ACQUISITION	107.00	907	0	108.00
109.00	LUNG ACQUISITION	108.00	645	0	109.00
110.00	VENDING/PATIENT ART	190.01	3,785	0	110.00
111.00	PHARMACY HOME GOING DRUGS	190.03	29,022	0	111.00
112.00	PATIENT EDUCATION SERVICE	190.06	1,340	0	112.00
113.00	OTHER NON-ALLOWABLE	190.13	99	0	113.00
114.00	EPIC REMOTE HOSTING	190.14	83	0	114.00
115.00	UICOM	194.00	30,423	0	115.00
	TOTALS		1,464,231	0	
	AL - A131 TRANSCRIPTION SERVICES RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	127,560	1.00
	TOTALS		0	127,560	
	AM - A999 UICMS OUTREACH RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,642	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01		211	2.00
	TOTALS		0	8,853	
	AN - A97 FELLOW STIPEND RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	9,634,756	0	1.00
	TOTALS		9,634,756	0	
	AO - A134 RENAL DIALYSIS ADMIN RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	34,753	15,175	1.00
2.00	RENAL DIALYSIS	74.00	140,166	399,613	2.00
	TOTALS		174,919	414,788	
	AP - A135 STAFF TRANS TIME STUDY RECLASS				
1.00	SOCIAL SERVICE	17.00	232,172	92,363	1.00
2.00	INTERNAL MEDICINE CLINIC	90.04	541,201	211,712	2.00
3.00	SURGERY CLINIC	90.11	313,948	114,740	3.00
4.00	LIVER ACQUISITION	107.00	3,091	0	4.00
5.00	PANCREAS ACQUISITION	109.00	6,316	2,437	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			1,096,728	421,252	
AQ - A136 PED DIALYSIS OTHER EXP RECLASS					
1.00	HOME PROGRAM DIALYSIS	94.00	133,270	196,206	1.00
TOTALS			133,270	196,206	
AR - A138 PHARMACY TIME STUDY RECLASS					
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	680,236	263,900	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
TOTALS			680,236	263,900	
AS - A139 WESTLAWN PLANT OP RECLASS					
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196	1.00
2.00		0.00	0	0	2.00
TOTALS			0	230,196	
AT - A118 STAFF TRANS TIME STUDY RECLASS					
1.00	INTERNAL MEDICINE CLINIC	90.04	13,890	0	1.00
2.00	SURGERY CLINIC	90.11	14,154	0	2.00
3.00	KIDNEY ACQUISITION	105.00	55,986	0	3.00
4.00	HEART ACQUISITION	106.00	2,737	0	4.00
5.00	LIVER ACQUISITION	107.00	36,270	0	5.00
6.00	LUNG ACQUISITION	108.00	19,963	0	6.00
7.00	PANCREAS ACQUISITION	109.00	35	0	7.00
TOTALS			143,035	0	
AU - A137 ORG 03 VPMA RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	14,447,789	5,437,906	1.00
TOTALS			14,447,789	5,437,906	
AV - A106 FACULTY TIME RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	13,092,697	0	1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	22,044,014	0	2.00
3.00	COSTS APPRVD				
3.00	LABORATORY	60.00	603,344	0	3.00
4.00	ANATOMICAL LABORATORY	60.01	352,244	0	4.00
TOTALS			36,092,299	0	
AW - A140 ARNP TO NONALLOWABLE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,836	1.00
2.00	NURSING ADMINISTRATION	13.00	0	7,120	2.00
3.00	SOCIAL SERVICE	17.00	0	219,046	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	30,580	4.00
5.00	CORONARY CARE UNIT	32.00	0	4,987	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	49,734	6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	5,784	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	15,503	8.00
9.00	SUBPROVIDER - IPF	40.00	0	707,639	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	74	10.00
11.00	ANESTHESIOLOGY	53.00	0	29,586	11.00
12.00	CT SCAN	57.00	0	709	12.00
13.00	CARDIOLOGY	60.02	0	404,015	13.00
14.00	RENAL DIALYSIS	74.00	0	2,086	14.00
15.00	DIGESTIVE DISEASE CENTER	76.05	0	96,275	15.00
16.00	CDC - REHAB	76.07	0	2,697	16.00
17.00	DIABETES EDUCATION	76.08	0	132	17.00
18.00	INTERNAL MEDICINE CLINIC	90.04	0	80,256	18.00
19.00	ORTHOPAEDICS CLINIC	90.08	0	45,719	19.00
20.00	PEDIATRIC CLINIC	90.10	0	7,913	20.00
21.00	IRL-OB/GYN CLINIC	90.56	0	25,476	21.00
22.00	IRL - PROCEDURE SUITES	90.76	0	6,496	22.00
23.00	QUAD CITIES - CANCER CENTER	90.95	0	71,965	23.00
24.00	EMERGENCY	91.00	0	400,856	24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,510	25.00
26.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	1,923	26.00

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00	KIDNEY ACQUISITION	105.00	0	90,135	27.00
28.00	VENDING/PATIENT ART	190.01	0	2,547	28.00
29.00	UICOM	194.00	0	2,721,692	29.00
	TOTALS		0	5,039,291	
AX - A175 SFCH LL2 RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	67	59	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	38,870	34,269	2.00
3.00	ULTRA SOUND	55.01	3,761	3,316	3.00
4.00	DIGESTIVE DISEASE CENTER	76.05	273,430	241,065	4.00
	TOTALS		316,128	278,709	
AY - A155 OR TO A AND P RECOVERY RECLASS					
1.00	OPERATING ROOM	50.00	0	2,928,768	1.00
	TOTALS		0	2,928,768	
AZ - A174 LITHOTRIPSY REC TIME RECLASS					
1.00	OPERATING ROOM	50.00	34,835	91,009	1.00
	TOTALS		34,835	91,009	
BA - A147 INSURANCE EXPENSE RECLASS					
1.00	CAP REL COSTS-GENERAL HOSP	1.01	0	867,578	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	294,481	2.00
	TOTALS		0	1,162,059	
BC - A151 PHARMACY RESIDENT RECLASS					
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	3,065	122	1.00
2.00	PHARMACY	15.00	303,492	72,632	2.00
3.00	PARAMEDICAL EDUC - PHARMACY	23.02	97,275	0	3.00
	TOTALS		403,832	72,754	
BD - A152 DIETARY EXP TO CAFE RECLASS					
1.00	CAFETERIA	11.00	4,334,003	6,507,117	1.00
2.00	VENDING/PATIENT ART	190.01	522,977	944,129	2.00
	TOTALS		4,856,980	7,451,246	
BE - AXXX INTERIM TXP ADMIN TIME STUDY					
1.00	KIDNEY ACQUISITION	105.00	0	9,384	1.00
2.00	HEART ACQUISITION	106.00	0	1,043	2.00
3.00	LIVER ACQUISITION	107.00	0	3,910	3.00
4.00	LUNG ACQUISITION	108.00	0	521	4.00
5.00	SURGERY CLINIC	90.11	0	40,142	5.00
	TOTALS		0	55,000	
BH - A157 TISSUE TYPING RECLASS					
1.00	LABORATORY	60.00	0	130,600	1.00
	TOTALS		0	130,600	
BI - A158 TXP SUPPORT SRVC RECLASS					
1.00	LIVER ACQUISITION	107.00	0	18,563	1.00
2.00	HEART ACQUISITION	106.00	0	6,188	2.00
3.00	LUNG ACQUISITION	108.00	0	9,625	3.00
4.00	PANCREAS ACQUISITION	109.00	0	4,813	4.00
5.00	KIDNEY ACQUISITION	105.00	0	81,444	5.00
	TOTALS		0	120,633	
BJ - A168 EXP MATCHING REV RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	988,249	580,779	1.00
2.00	NURSERY	43.00	7,253,536	3,449,523	2.00
3.00	OPERATING ROOM	50.00	157,293	136,027	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	48	27	4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,241	2,634	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	265,806	134,470	6.00
7.00	CANCER CLINIC	90.14	82,061	42,271	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	180	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
	TOTALS		8,752,234	4,345,911	
BK - A169 2BT RECLASS					
1.00	CLINICAL RESEARCH UNIT	190.05	4,390	2,024	1.00
	TOTALS		4,390	2,024	
BM - A167 REV CODE 206 TELEMETRY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	808,610	390,432	1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	36,808	17,773	2.00
3.00	CORONARY CARE UNIT	32.00	10,243	4,946	3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	75,679	36,542	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	17,198	8,304	5.00

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Increases					
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	2.00	3.00	4.00	5.00	
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	9,130	4,409	6.00
	TOTALS		957,668	462,406	
BU - A170 RENAL DIALYSIS DRUG OVERHEAD					
1.00	RENAL DIALYSIS	74.00	24,456	449,613	1.00
	TOTALS		24,456	449,613	
BV - A171 OPEB GASB45 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,147,963	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	238,523	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	1,006	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	4,490	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	37,693	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	377,300	6.00
7.00	HOUSEKEEPING-CDD	9.04	0	73	7.00
8.00	HOUSEKEEPING-IRL	9.05	0	10,455	8.00
9.00	DIETARY	10.00	0	315,770	9.00
10.00	NURSING ADMINISTRATION	13.00	0	265,654	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	189,710	11.00
12.00	PHARMACY	15.00	0	82,235	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	157,638	13.00
14.00	SOCIAL SERVICE	17.00	0	316,627	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	29,850	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	0	2,389	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	18,998	17.00
18.00	PARAMED ED PRGM-PASTORAL	23.05	0	1,022	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	1,699,165	19.00
20.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	162,956	20.00
21.00	CORONARY CARE UNIT	32.00	0	157,112	21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	0	82,551	22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	230,025	23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	456,175	24.00
25.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	196,036	25.00
26.00	SUBPROVIDER - IPF	40.00	0	229,832	26.00
27.00	OPERATING ROOM	50.00	0	1,076,690	27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	0	96,118	28.00
29.00	ANESTHESIOLOGY	53.00	0	67,489	29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	296,987	30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	101,117	31.00
32.00	ULTRA SOUND	55.01	0	59,181	32.00
33.00	RADIOLOGY - PET SCAN	55.02	0	49,332	33.00
34.00	CT SCAN	57.00	0	41,062	34.00
35.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	53,469	35.00
36.00	CARDIAC CATHETERIZATION	59.00	0	88,469	36.00
37.00	LABORATORY	60.00	0	367,823	37.00
38.00	ANATOMICAL LABORATORY	60.01	0	65,104	38.00
39.00	CARDIOLOGY	60.02	0	153,853	39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46,279	40.00
41.00	RESPIRATORY THERAPY	65.00	0	218,874	41.00
42.00	PHYSICAL THERAPY	66.00	0	154,003	42.00
43.00	OCCUPATIONAL THERAPY	67.00	0	46,418	43.00
44.00	ELECTROCARDIOLOGY	69.00	0	10,227	44.00
45.00	ELECTROENCEPHALOGRAPHY	70.00	0	71,513	45.00
46.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	633	46.00
47.00	DRUGS CHARGED TO PATIENTS	73.00	0	504,082	47.00
48.00	RENAL DIALYSIS	74.00	0	125,196	48.00
49.00	IVF/CULTURE LAB	76.00	0	49,195	49.00
50.00	URODYNAMICS	76.02	0	2,236	50.00
51.00	SPINE TREATMENT CENTER	76.03	0	11,854	51.00
52.00	DIGESTIVE DISEASE CENTER	76.05	0	74,905	52.00
53.00	RECREATIONAL THERAPY	76.06	0	14,452	53.00
54.00	CDC - REHAB	76.07	0	7,311	54.00
55.00	DIABETES EDUCATION	76.08	0	9,351	55.00
56.00	CARDIAC REHABILITATION	76.97	0	11,902	56.00
57.00	HYPERBARIC OXYGEN THERAPY	76.98	0	8,844	57.00
58.00	LITHOTRIPSY	76.99	0	10,995	58.00
59.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	23,458	59.00
60.00	ANESTHESIA PAIN CLINIC	90.01	0	16,863	60.00

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
11/20/2019 1:59 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
61.00	DERMATOLOGY CLINIC	90.02	0	23,820	61.00
62.00	ORAL SURGERY CLINIC	90.03	0	29,283	62.00
63.00	INTERNAL MEDICINE CLINIC	90.04	0	161,477	63.00
64.00	NEUROLOGY CLINIC	90.05	0	40,313	64.00
65.00	OB-GYN CLINIC	90.06	0	67,325	65.00
66.00	OPHTHALMOLOGY CLINIC	90.07	0	112,900	66.00
67.00	ORTHOPAEDICS CLINIC	90.08	0	93,119	67.00
68.00	OTOLARYNGOLOGY CLINIC	90.09	0	66,700	68.00
69.00	PEDIATRIC CLINIC	90.10	0	185,702	69.00
70.00	SURGERY CLINIC	90.11	0	55,164	70.00
71.00	UROLOGY CLINIC	90.12	0	28,180	71.00
72.00	PSYCHIATRIC CLINIC	90.13	0	64,990	72.00
73.00	CANCER CLINIC	90.14	0	192,246	73.00
74.00	FAMILY CARE CLINIC	90.15	0	33,357	74.00
75.00	ORTHO SPORTS MED CLINIC	90.16	0	32,056	75.00
76.00	BURN CLINIC	90.19	0	6,154	76.00
77.00	IRL-CARDIOLOGY CLINIC	90.50	0	22,884	77.00
78.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	3,122	78.00
79.00	IRL-DERMATOLOGY CLINIC	90.52	0	8,452	79.00
80.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	41,906	80.00
81.00	IRL-OB/GYN CLINIC	90.56	0	27,476	81.00
82.00	IRL-OPHTHALMOLOGY	90.57	0	13,660	82.00
83.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	5,133	83.00
84.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	8,564	84.00
85.00	IRL-PEDIATRICS CLINIC	90.60	0	22,922	85.00
86.00	IRL-UROLOGY CLINIC	90.62	0	12,634	86.00
87.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	8,555	87.00
88.00	IRL-DIABETES CENTER CLINIC	90.70	0	12,698	88.00
89.00	IRL-ANTICOAGULATION CLINIC	90.72	0	233	89.00
90.00	IRL - PROCEDURE SUITES	90.76	0	32,950	90.00
91.00	IRL- GASTROENTEROLOGY	90.77	0	288	91.00
92.00	BREATH TESTIN				
	IRL EAST-FAMILY PRACTICE	90.80	0	21,974	92.00
	CLINIC				
93.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	4,079	93.00
94.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	90	94.00
95.00	IRL EAST-SURGERY CLINIC	90.83	0	538	95.00
96.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	3,448	96.00
97.00	IRL EAST-DIABETES CENTER	90.85	0	90	97.00
	CLINIC				
98.00	IRL EAST-GASTROENTEROLOGY	90.86	0	141	98.00
	CLINIC				
99.00	QUAD CITIES - CANCER CENTER	90.95	0	23,554	99.00
100.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	11,417	100.00
101.00	EMERGENCY	91.00	0	423,890	101.00
102.00	OBSERVATION BEDS (DISTINCT	92.01	0	85,840	102.00
	PART)				
103.00	PARTIAL HOSPITALIZATION	93.99	0	9,217	103.00
	PROGRAM				
104.00	HOME PROGRAM DIALYSIS	94.00	0	7,616	104.00
105.00	AMBULANCE SERVICES	95.00	0	44,103	105.00
106.00	KIDNEY ACQUISITION	105.00	0	33,905	106.00
107.00	HEART ACQUISITION	106.00	0	8,050	107.00
108.00	LIVER ACQUISITION	107.00	0	8,718	108.00
109.00	LUNG ACQUISITION	108.00	0	6,202	109.00
110.00	VENDING/PATIENT ART	190.01	0	36,386	110.00
111.00	PHARMACY HOME GOING DRUGS	190.03	0	278,998	111.00
112.00	PATIENT EDUCATION SERVICE	190.06	0	12,882	112.00
113.00	OTHER NON-ALLOWABLE	190.13	0	947	113.00
114.00	EPIC REMOTE HOSTING	190.14	0	793	114.00
115.00	UICOM	194.00	0	292,464	115.00
	TOTALS		0	14,076,138	
CH - A135B PHYS TXP TIME STUDY RECLASS					
1.00	KIDNEY ACQUISITION	105.00	194,801	44,025	1.00
2.00	HEART ACQUISITION	106.00	115,934	26,201	2.00
3.00	LIVER ACQUISITION	107.00	185,642	41,955	3.00
4.00	LUNG ACQUISITION	108.00	79,772	18,028	4.00
5.00	PANCREAS ACQUISITION	109.00	4,215	953	5.00
	TOTALS		580,364	131,162	
ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN					
1.00	IMPL. DEV. CHARGED TO	72.00	0	74,997,782	1.00
	PATIENTS				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	74,997,782	
ZB - A119 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,329,212	0	1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	686,610	0	2.00
	COSTS APPRVD				
3.00	ANESTHESIOLOGY	53.00	20,221	0	3.00
4.00	DERMATOLOGY CLINIC	90.02	172,097	0	4.00
5.00	ORAL SURGERY CLINIC	90.03	284,110	0	5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	459,741	0	6.00
7.00	NEUROLOGY CLINIC	90.05	115,488	0	7.00
8.00	OB-GYN CLINIC	90.06	47,452	0	8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	658,258	0	9.00
10.00	ORTHOPAEDICS CLINIC	90.08	375,434	0	10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	489,665	0	11.00
12.00	PEDIATRIC CLINIC	90.10	298,534	0	12.00
13.00	SURGERY CLINIC	90.11	782,039	0	13.00
14.00	UROLOGY CLINIC	90.12	7,041	0	14.00
15.00	FAMILY CARE CLINIC	90.15	29,268	0	15.00
	TOTALS		6,755,170	0	
ZD - A122 IRL ADMIN RECLASS					
1.00	MAINTENANCE & REPAIRS-IRL	6.05	273,998	300,459	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	14,324	15,708	2.00
3.00	HOUSEKEEPING-IRL	9.05	50,293	55,151	3.00
4.00	DIETARY	10.00	293	321	4.00
5.00	PHARMACY	15.00	20,896	22,913	5.00
6.00	SOCIAL SERVICE	17.00	10,366	11,367	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	196,322	215,282	7.00
8.00	LABORATORY	60.00	144,639	158,608	8.00
9.00	CARDIOLOGY	60.02	30,454	33,396	9.00
10.00	OCCUPATIONAL THERAPY	67.00	1,325	1,452	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	1,125,171	1,233,839	11.00
12.00	DIABETES EDUCATION	76.08	16,797	18,419	12.00
13.00	CARDIAC REHABILITATION	76.97	21,248	23,300	13.00
14.00	IRL-CARDIOLOGY CLINIC	90.50	99,275	108,862	14.00
15.00	IRL - ANESTHESIA PAIN CLINIC	90.51	12,432	13,632	15.00
16.00	IRL-DERMATOLOGY CLINIC	90.52	39,589	43,412	16.00
17.00	IRL-INTERNAL MEDICINE CLINIC	90.54	176,513	193,561	17.00
18.00	IRL-OB/GYN CLINIC	90.56	127,301	139,596	18.00
19.00	IRL-OPHTHALMOLOGY	90.57	73,919	81,059	19.00
20.00	IRL - ORTHOPAEDICS CLINIC	90.58	28,394	31,136	20.00
21.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	44,207	48,476	21.00
22.00	IRL-PEDIATRICS CLINIC	90.60	100,769	110,501	22.00
23.00	IRL-UROLOGY CLINIC	90.62	73,837	80,968	23.00
24.00	IRL - FAMILY CARE CLINIC	90.65	53	59	24.00
25.00	IRL-GASTROENTEROLOGY CLINIC	90.68	28,129	30,846	25.00
26.00	IRL-DIABETES CENTER CLINIC	90.70	54,102	59,327	26.00
27.00	IRL - PROCEDURE SUITES	90.76	186,896	204,945	27.00
28.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	95,900	105,162	28.00
29.00	IRL EAST- PEDIATRICS CLINIC	90.81	17,408	19,089	29.00
30.00	IRL EAST-DERMATOLOGY CLINIC	90.82	886	971	30.00
31.00	IRL EAST-SURGERY CLINIC	90.83	3,608	3,956	31.00
32.00	IRL EAST-NEUROLOGY CLINIC	90.84	20,907	22,927	32.00
33.00	IRL EAST-DIABETES CENTER CLINIC	90.85	351	386	33.00
34.00	PHARMACY HOME GOING DRUGS	190.03	360,194	394,980	34.00
	TOTALS		3,450,796	3,784,066	
ZE - A160 IRL RADIOLOGY RECLASS					
1.00	ULTRA SOUND	55.01	71,809	139,235	1.00
2.00	CT SCAN	57.00	290,813	563,878	2.00
3.00	CARDIOLOGY	60.02	41,192	79,871	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	79	154	4.00
5.00	DIABETES EDUCATION	76.08	397	771	5.00

RECLASSIFICATIONS

Provider CCN: 16-0058

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

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Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	CARDIAC REHABILITATION	76.97	24,334	47,183	6.00
7.00	IRL-CARDIOLOGY CLINIC	90.50	23,618	45,795	7.00
8.00	IRL-INTERNAL MEDICINE CLINIC	90.54	5,885	11,410	8.00
9.00	IRL-OB/GYN CLINIC	90.56	73,637	142,781	9.00
10.00	IRL-OPHTHALMOLOGY	90.57	21,232	41,169	10.00
11.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	318	617	11.00
12.00	IRL-PEDIATRICS CLINIC	90.60	159	308	12.00
13.00	IRL-UROLOGY CLINIC	90.62	18,370	35,618	13.00
14.00	IRL-DIABETES CENTER CLINIC	90.70	7,396	14,340	14.00
15.00	IRL - PROCEDURE SUITES	90.76	19,801	38,394	15.00
16.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	318	617	16.00
17.00	IRL EAST-DERMATOLOGY CLINIC	90.82	79	154	17.00
18.00	IRL EAST-NEUROLOGY CLINIC	90.84	22,346	43,328	18.00
	TOTALS		621,783	1,205,623	
ZH - A162 IRL COLLECTION SERVICES RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,635,880	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	TOTALS		0	5,635,880	
ZI - A163 CYNTHIA GEYER RECLASS					
1.00	I&R SERVICES-OTHER PRGM	22.00	39,900	15,517	1.00
	COSTS APPRVD				
	TOTALS		39,900	15,517	
ZJ - A96 PATH LAB RECLASS					
1.00	LABORATORY	60.00	118,011	0	1.00
2.00	ANATOMICAL LABORATORY	60.01	80,472	0	2.00
	TOTALS		198,483	0	
ZL - A165 AMBUL CARE PHYS ETC RECLASS					
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,549,017	2,335,767	1.00
	TOTALS		1,549,017	2,335,767	
ZM - A166 SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	548,133	214,345	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

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00		0.00	0	0		12.00
	TOTALS		548,133	214,345		
	ZN - A78 TRANSFER RECLASS					
1.00	OUTREACH	194.01	0	2,114,487		1.00
	TOTALS		0	2,114,487		
	Z0 - A500 FUND 500/510 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,152,887		1.00
	TOTALS		0	2,152,887		
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS					
1.00	QUAD CITIES - CANCER CENTER	90.95	0	60,477		1.00
2.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	444,770		2.00
3.00	NORTH DODGE - REI CLINIC	90.97	0	4,681		3.00
	TOTALS		0	509,928		
500.00	Grand Total: Increases		94,545,814	197,351,073		500.00

RECLASSIFICATIONS

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

Worksheet A-6

Date/Time Prepared:
11/20/2019 1:59 pm

		Decreases					11/20/2019 1:59 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	620	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	293,412	0		2.00	
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	89,519	0		3.00	
4.00	CORONARY CARE UNIT	32.00	0	97,721	0		4.00	
5.00	BURN INTENSIVE CARE UNIT	33.00	0	67,158	0		5.00	
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	230,669	0		6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	29,582	0		7.00	
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	81,981	0		8.00	
9.00	OPERATING ROOM	50.00	0	13,481,611	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	198,078	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,647,179	0		11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,296	0		12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,443	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	6,142,476	0		14.00	
15.00	LABORATORY	60.00	0	28,344	0		15.00	
16.00	CARDIOLOGY	60.02	0	2,591,075	0		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	3,829,746	0		17.00	
18.00	PHYSICAL THERAPY	66.00	0	218,983	0		18.00	
19.00	OCCUPATIONAL THERAPY	67.00	0	103,382	0		19.00	
20.00	RENAL DIALYSIS	74.00	0	153,028	0		20.00	
21.00	SPINE TREATMENT CENTER	76.03	0	69	0		21.00	
22.00	DIGESTIVE DISEASE CENTER	76.05	0	691,276	0		22.00	
23.00	LITHOTRIPSY	76.99	0	672,190	0		23.00	
24.00	OPHTHALMOLOGY CLINIC	90.07	0	88,382	0		24.00	
25.00	ORTHOPAEDICS CLINIC	90.08	0	34,306	0		25.00	
26.00	OTOLARYNGOLOGY CLINIC	90.09	0	103,038	0		26.00	
27.00	PEDIATRIC CLINIC	90.10	0	25,694	0		27.00	
28.00	UROLOGY CLINIC	90.12	0	127	0		28.00	
29.00	FAMILY CARE CLINIC	90.15	0	138	0		29.00	
30.00	ORTHO SPORTS MED CLINIC	90.16	0	237	0		30.00	
31.00	BURN CLINIC	90.19	0	205	0		31.00	
32.00	IRL-CARDIOLOGY CLINIC	90.50	0	475	0		32.00	
33.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	4,189	0		33.00	
34.00	IRL-OB/GYN CLINIC	90.56	0	1,257	0		34.00	
35.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	2,926	0		35.00	
36.00	IRL-PEDIATRICS CLINIC	90.60	0	438	0		36.00	
37.00	IRL-DIABETES CENTER CLINIC	90.70	0	2,942	0		37.00	
38.00	IRL - PROCEDURE SUITES	90.76	0	51,780	0		38.00	
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	10,825	0		39.00	
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	963,898	0		40.00	
	TOTALS		0	31,957,695				
	AC - A133 NURSING AGENCY STAFF RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	10,400	0	0		1.00	
2.00	NURSING ADMINISTRATION	13.00	518	0	0		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	270,387	0	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	1,407,988	0	0		4.00	
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	305	0	0		5.00	
6.00	CORONARY CARE UNIT	32.00	1,038	0	0		6.00	
7.00	BURN INTENSIVE CARE UNIT	33.00	268	0	0		7.00	
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,425	0	0		8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	93,459	0	0		9.00	
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	17,719	0	0		10.00	
11.00	SUBPROVIDER - IPF	40.00	45,196	0	0		11.00	
12.00	OPERATING ROOM	50.00	1,876,599	0	0		12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	259,396	0	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	19,665	0	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	899,013	0	0		15.00	
16.00	CARDIOLOGY	60.02	138,272	0	0		16.00	
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	63,764	0	0		17.00	
18.00	RENAL DIALYSIS	74.00	1,699,698	0	0		18.00	
19.00	LITHOTRIPSY	76.99	89,879	0	0		19.00	
20.00	ANESTHESIA PAIN CLINIC	90.01	5,933	0	0		20.00	
21.00	IRL-CARDIOLOGY CLINIC	90.50	84,902	0	0		21.00	
22.00	EMERGENCY	91.00	10,693	0	0		22.00	
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	296,572	0	0		23.00	
24.00	UICOM	194.00	2,628	0	0		24.00	

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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
25.00	RENAL DIALYSIS	74.00	0	5,175	0	25.00
	TOTALS		7,295,717	5,175		
AD - A123 BLOOD RECLASS						
1.00	LABORATORY	60.00	0	3,347,679	0	1.00
	TOTALS		0	3,347,679		
AE - A124 CLINIC TIME STUDY RECLASS						
1.00	INTERNAL MEDICINE CLINIC	90.04	100,179	53,371	0	1.00
2.00	OB-GYN CLINIC	90.06	12,089	6,503	0	2.00
3.00	OPHTHALMOLOGY CLINIC	90.07	7,384	3,955	0	3.00
4.00	ORTHOPAEDICS CLINIC	90.08	101,549	54,567	0	4.00
5.00	OTOLARYNGOLOGY CLINIC	90.09	56,607	30,485	0	5.00
6.00	UROLOGY CLINIC	90.12	4,287	2,167	0	6.00
7.00	PSYCHIATRIC CLINIC	90.13	11,421	6,121	0	7.00
8.00	CANCER CLINIC	90.14	14,215	7,660	0	8.00
9.00	FAMILY CARE CLINIC	90.15	3,175	1,710	0	9.00
10.00	ORTHO SPORTS MED CLINIC	90.16	639	339	0	10.00
	TOTALS		311,545	166,878		
AF - A125 RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	776,376	1,693,919	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,860,047	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
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
	TOTALS		776,376	3,553,966		
AG - A84 UIHC FUNDED FACULTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,485,479	0	0	1.00
2.00	SOCIAL SERVICE	17.00	125,609	0	0	2.00
3.00	I&R SERVICES-OTHER PRGM	22.00	306,225	0	0	3.00
	COSTS APPRVD					
4.00	ADULTS & PEDIATRICS	30.00	26,575	0	0	4.00
5.00	OPERATING ROOM	50.00	124,358	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	90,255	0	0	6.00
7.00	PEDIATRIC CLINIC	90.10	27,476	0	0	7.00
8.00	PSYCHIATRIC CLINIC	90.13	144,469	0	0	8.00
9.00	CANCER CLINIC	90.14	20,057	0	0	9.00
10.00	IRL-INTERNAL MEDICINE CLINIC	90.54	9,547	0	0	10.00
11.00	EMERGENCY	91.00	6,876,127	0	0	11.00
12.00	KIDNEY ACQUISITION	105.00	67,527	0	0	12.00
13.00	VENDING/PATIENT ART	190.01	263,148	0	0	13.00
14.00	PHARMACY HOME GOING DRUGS	190.03	28,375	0	0	14.00
15.00	UICOM	194.00	2,368,634	0	0	15.00
	TOTALS		13,963,861	0		
AH - A127 REHAB THERAPY ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	415,699	176,823	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
	TOTALS		415,699	176,823		
AI - A173 DIALYSIS CRRT RECLASS						
1.00	CARDIOLOGY	60.02	75,587	24,188	0	1.00
	TOTALS		75,587	24,188		
AK - A130 VACA SICK RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,464,231	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
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
23.00		0.00	0	0	0		23.00
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
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
	TOTALS		0	1,464,231			
	AL - A131 TRANSCRIPTION SERVICES RECLASS						
1.00	ANATOMICAL LABORATORY	60.01	0	127,560	0		1.00
	TOTALS		0	127,560			
	AM - A999 UICMS OUTREACH RECLASS						
1.00	UICOM	194.00	0	8,853	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	8,853			
	AN - A97 FELLOW STIPEND RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,634,756	0		1.00
	TOTALS		0	9,634,756			
	AO - A134 RENAL DIALYSIS ADMIN RECLASS						
1.00	RENAL DIALYSIS	74.00	34,753	15,175	0		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	140,166	399,613	0		2.00
	TOTALS		174,919	414,788			
	AP - A135 STAFF TRANS TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,236	1,602	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	33,404	12,204	0		2.00
3.00	CARDIOLOGY	60.02	349,313	135,001	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	10,368	3,943	0		4.00
5.00	ORTHO PAEDICS CLINIC	90.08	46	24	0		5.00
6.00	ORTHO SPORTS MED CLINIC	90.16	11,138	5,996	0		6.00
7.00	EMERGENCY	91.00	114	14	0		7.00
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	121	49	0		8.00
9.00	KIDNEY ACQUISITION	105.00	407,203	148,685	0		9.00
10.00	HEART ACQUISITION	106.00	99,530	40,425	0		10.00
11.00	LIVER ACQUISITION	107.00	0	1,185	0		11.00
12.00	LUNG ACQUISITION	108.00	68,798	27,923	0		12.00
13.00	PHARMACY HOME GOING DRUGS	190.03	110,391	43,787	0		13.00
14.00	EPIC REMOTE HOSTING	190.14	3	1	0		14.00
15.00	UICOM	194.00	1,063	413	0		15.00
	TOTALS		1,096,728	421,252			
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS						
1.00	RENAL DIALYSIS	74.00	133,270	196,206	0		1.00
	TOTALS		133,270	196,206			
	AR - A138 PHARMACY TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	331	13	0		1.00
2.00	PHARMACY	15.00	108,338	41,781	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	500,421	194,525	0		3.00
4.00	IRL-INTERNAL MEDICINE CLINIC	90.54	1,061	413	0		4.00
5.00	IRL-ANTICOAGULATION CLINIC	90.72	1,023	398	0		5.00
6.00	PHARMACY HOME GOING DRUGS	190.03	69,062	26,770	0		6.00
	TOTALS		680,236	263,900			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AS - A139 WESTLAWN PLANT OP RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0		1.00
2.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	69,060	0		2.00
	TOTALS		0	230,196			
	AT - A118 STAFF TRANS TIME STUDY RECLASS						
1.00	INTERNAL MEDICINE CLINIC	90.04	0	13,890	0		1.00
2.00	SURGERY CLINIC	90.11	0	14,154	0		2.00
3.00	KIDNEY ACQUISITION	105.00	0	55,986	0		3.00
4.00	HEART ACQUISITION	106.00	0	2,737	0		4.00
5.00	LIVER ACQUISITION	107.00	0	36,270	0		5.00
6.00	LUNG ACQUISITION	108.00	0	19,963	0		6.00
7.00	PANCREAS ACQUISITION	109.00	0	35	0		7.00
	TOTALS		0	143,035			
	AU - A137 ORG 03 VPMA RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,885,695	0		1.00
	TOTALS		0	19,885,695			
	AV - A106 FACULTY TIME RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,092,697	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	0	22,044,014	0		2.00
	COSTS APPRVD						
3.00	LABORATORY	60.00	0	603,344	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	0	352,244	0		4.00
	TOTALS		0	36,092,299			
	AW - A140 ARNP TO NONALLOWABLE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,694	1,142	0		1.00
2.00	NURSING ADMINISTRATION	13.00	5,121	1,999	0		2.00
3.00	SOCIAL SERVICE	17.00	156,781	62,265	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	22,851	7,729	0		4.00
5.00	CORONARY CARE UNIT	32.00	3,989	998	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	36,186	13,548	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	4,576	1,208	0		7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	13,581	1,922	0		8.00
9.00	SUBPROVIDER - IPF	40.00	504,610	203,029	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	54	20	0		10.00
11.00	ANESTHESIOLOGY	53.00	23,403	6,183	0		11.00
12.00	CT SCAN	57.00	632	77	0		12.00
13.00	CARDIOLOGY	60.02	291,300	112,715	0		13.00
14.00	RENAL DIALYSIS	74.00	2,006	80	0		14.00
15.00	DIGESTIVE DISEASE CENTER	76.05	69,367	26,908	0		15.00
16.00	CDC - REHAB	76.07	1,954	743	0		16.00
17.00	DIABETES EDUCATION	76.08	95	37	0		17.00
18.00	INTERNAL MEDICINE CLINIC	90.04	57,170	23,086	0		18.00
19.00	ORTHOPAEDICS CLINIC	90.08	32,754	12,965	0		19.00
20.00	PEDIATRIC CLINIC	90.10	5,647	2,266	0		20.00
21.00	IRL-OB/GYN CLINIC	90.56	18,156	7,320	0		21.00
22.00	IRL - PROCEDURE SUITES	90.76	4,627	1,869	0		22.00
23.00	QUAD CITIES - CANCER CENTER	90.95	51,262	20,703	0		23.00
24.00	EMERGENCY	91.00	327,710	73,146	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,314	196	0		25.00
26.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	1,369	554	0		26.00
27.00	KIDNEY ACQUISITION	105.00	65,396	24,739	0		27.00
28.00	VENDING/PATIENT ART	190.01	1,815	732	0		28.00
29.00	UICOM	194.00	2,010,134	711,558	0		29.00
	TOTALS		3,719,554	1,319,737			
	AX - A175 SFCH LL2 RECLASS						
1.00	OPERATING ROOM	50.00	316,128	278,709	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
	TOTALS		316,128	278,709			
	AY - A155 OR TO A AND P RECOVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	2,928,768	0		1.00
	TOTALS		0	2,928,768			
	AZ - A174 LITHOTRIPSY REC TIME RECLASS						
1.00	LITHOTRIPSY	76.99	34,835	91,009	0		1.00
	TOTALS		34,835	91,009			
	BA - A147 INSURANCE EXPENSE RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	1,162,059	12		1.00
2.00		0.00	0	0	12		2.00

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
11/20/2019 1:59 pm

	Decreases							11/20/2019 1:59 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	TOTALS		0	1,162,059				
	BC - A151 PHARMACY RESIDENT RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,065	122	0			1.00
2.00	PARAMEDICAL EDUC - PHARMACY	23.02	303,492	72,632	0			2.00
3.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	97,275	0			3.00
	TOTALS		306,557	170,029				
	BD - A152 DIETARY EXP TO CAFE RECLASS							
1.00	DIETARY	10.00	4,856,980	7,451,246	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		4,856,980	7,451,246				
	BE - AXXX INTERIM TXP ADMIN TIME STUDY							
1.00	KIDNEY ACQUISITION	105.00	0	55,000	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
	TOTALS		0	55,000				
	BH - A157 TISSUE TYPING RECLASS							
1.00	SURGERY CLINIC	90.11	0	130,600	0			1.00
	TOTALS		0	130,600				
	BI - A158 TXP SUPPORT SRVC RECLASS							
1.00	KIDNEY ACQUISITION	105.00	0	39,189	0			1.00
2.00	CARDIOLOGY	60.02	0	81,444	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
	TOTALS		0	120,633				
	BJ - A168 EXP MATCHING REV RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,857,937	979,739	0			1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	1,323	747	0			2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	62,995	38,673	0			3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,303	747	0			4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	5,881,429	2,717,727	0			5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	3,593	1,916	0			6.00
7.00	OPERATING ROOM	50.00	339	749	0			7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	497,510	281,140	0			8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	96	117	0			9.00
10.00	CARDIAC CATHETERIZATION	59.00	809	0	0			10.00
11.00	CARDIOLOGY	60.02	41,657	29,544	0			11.00
12.00	LITHOTRIPSY	76.99	750	1,959	0			12.00
13.00	IRL-PEDIATRICS CLINIC	90.60	6,182	24,379	0			13.00
14.00	IRL-UROLOGY CLINIC	90.62	6,266	34,633	0			14.00
15.00	EMERGENCY	91.00	251,076	157,637	0			15.00
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	138,969	76,204	0			16.00
	TOTALS		8,752,234	4,345,911				
	BK - A169 2BT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	4,390	2,024	0			1.00
	TOTALS		4,390	2,024				
	BM - A167 REV CODE 206 TELEMETRY RECLASS							
1.00	NURSING ADMINISTRATION	13.00	957,668	462,406	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
	TOTALS		957,668	462,406				
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD							
1.00	DRUGS CHARGED TO PATIENTS	73.00	24,456	449,613	0			1.00
	TOTALS		24,456	449,613				
	BV - A171 OPEB GASB45 RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,076,138	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00

RECLASSIFICATIONS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/20/2019 1:59 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
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
23.00		0.00	0	0	0		23.00
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
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
11/20/2019 1:59 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
	TOTALS		0	14,076,138			
	CH - A135B PHYS TXP TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	580,364	131,162	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
	TOTALS		580,364	131,162			
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN						
1.00	OPERATING ROOM	50.00	0	55,268,578	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,390	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	609,347	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	47,759	0		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,737	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	14,582,565	0		6.00
7.00	LABORATORY	60.00	0	2,730,298	0		7.00
8.00	CARDIOLOGY	60.02	0	1,184,889	0		8.00
9.00	DIGESTIVE DISEASE CENTER	76.05	0	457,272	0		9.00
10.00	LITHOTRIPSY	76.99	0	91,971	0		10.00
11.00	OPHTHALMOLOGY CLINIC	90.07	0	4,439	0		11.00
12.00	UROLOGY CLINIC	90.12	0	365	0		12.00
13.00	IRL-OB/GYN CLINIC	90.56	0	1,197	0		13.00
14.00	IRL - PROCEDURE SUITES	90.76	0	12,975	0		14.00
	TOTALS		0	74,997,782			
	ZB - A119 CLINIC TIME STUDY RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,329,212	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	686,610	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	20,221	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	0	172,097	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	0	284,110	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	0	459,741	0		6.00
7.00	NEUROLOGY CLINIC	90.05	0	115,488	0		7.00
8.00	OB-GYN CLINIC	90.06	0	47,452	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	0	658,258	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	0	375,434	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	0	489,665	0		11.00
12.00	PEDIATRIC CLINIC	90.10	0	298,534	0		12.00
13.00	SURGERY CLINIC	90.11	0	782,039	0		13.00
14.00	UROLOGY CLINIC	90.12	0	7,041	0		14.00
15.00	FAMILY CARE CLINIC	90.15	0	29,268	0		15.00
	TOTALS		0	6,755,170			

RECLASSIFICATIONS

Provider CCN: 16-0058

Period:
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Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	ZD - A122 IRL ADMIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,450,796	3,784,066	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
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	
23.00		0.00	0	0	0		23.00	
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	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
	TOTALS		3,450,796	3,784,066				
	ZE - A160 IRL RADIOLOGY RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	621,783	1,205,623	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
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	
	TOTALS		621,783	1,205,623				
	ZH - A162 IRL COLLECTION SERVICES RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,815,351	0		1.00	
2.00	IRL-CARDIOLOGY CLINIC	90.50	0	266,981	0		2.00	
3.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	11,119	0		3.00	
4.00	IRL-DERMATOLOGY CLINIC	90.52	0	73,854	0		4.00	
5.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	214,742	0		5.00	
6.00	IRL-OB/GYN CLINIC	90.56	0	241,502	0		6.00	
7.00	IRL-OPHTHALMOLOGY	90.57	0	125,316	0		7.00	
8.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	46,469	0		8.00	
9.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	93,942	0		9.00	
10.00	IRL-PEDIATRICS CLINIC	90.60	0	159,307	0		10.00	
11.00	IRL-UROLOGY CLINIC	90.62	0	208,791	0		11.00	
12.00	IRL - FAMILY CARE CLINIC	90.65	0	770	0		12.00	
13.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	51,071	0		13.00	
14.00	IRL-DIABETES CENTER CLINIC	90.70	0	58,547	0		14.00	
15.00	IRL - PROCEDURE SUITES	90.76	0	416,949	0		15.00	
16.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	141,626	0		16.00	

RECLASSIFICATIONS

Provider CCN: 16-0058

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

Worksheet A-6

Date/Time Prepared:
11/20/2019 1:59 pm

	Decreases								11/20/2019 1:59 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
17.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	20,395	0				17.00
18.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	6,104	0				18.00
19.00	IRL EAST-SURGERY CLINIC	90.83	0	4,171	0				19.00
20.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	53,029	0				20.00
21.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	411	0				21.00
22.00	LABORATORY	60.00	0	656,247	0				22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	837,009	0				23.00
24.00	CARDIOLOGY	60.02	0	71,854	0				24.00
25.00	CARDIAC REHABILITATION	76.97	0	39,978	0				25.00
26.00	DIABETES EDUCATION	76.08	0	4,575	0				26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	3,199	0				27.00
28.00	PHYSICAL THERAPY	66.00	0	1,552	0				28.00
29.00	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0	1,131	0				29.00
30.00	RESPIRATORY THERAPY	65.00	0	1,329	0				30.00
31.00	DIETARY	10.00	0	34	0				31.00
32.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0	8,417	0				32.00
33.00	IRL-ANTICOAGULATION CLINIC	90.72	0	108	0				33.00
TOTALS									
0 5,635,880									
ZI - A163 CYNTHIA GEYER RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	39,900	15,517	0				1.00
TOTALS									
39,900 15,517									
ZJ - A96 PATH LAB RECLASS									
1.00	LABORATORY	60.00		118,011	0				1.00
2.00	ANATOMICAL LABORATORY	60.01		80,472	0				2.00
TOTALS									
0 198,483									
ZL - A165 AMBUL CARE PHYS ETC RECLASS									
1.00	EMERGENCY	91.00	1,549,017	2,335,767	0				1.00
TOTALS									
1,549,017 2,335,767									
ZM - A166 SOCIAL SERVICE RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	10,421	416	0				1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	129	5	0				2.00
3.00	ADULTS & PEDIATRICS	30.00	66,517	26,863	0				3.00
4.00	SUBPROVIDER - IPF	40.00	204,639	82,126	0				4.00
5.00	RENAL DIALYSIS	74.00	6,017	240	0				5.00
6.00	PEDIATRIC CLINIC	90.10	69,136	27,921	0				6.00
7.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	35,694	14,415	0				7.00
8.00	IRL EAST-NEUROLOGY CLINIC	90.84	3,045	1,230	0				8.00
9.00	QUAD CITIES - CANCER CENTER	90.95	55,929	22,527	0				9.00
10.00	EMERGENCY	91.00	65,844	26,509	0				10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,172	143	0				11.00
12.00	HOME PROGRAM DIALYSIS	94.00	29,590	11,950	0				12.00
TOTALS									
548,133 214,345									
ZN - A78 TRANSFER RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,114,487	0				1.00
TOTALS									
0 2,114,487									
ZO - A500 FUND 500/510 RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	2,152,887	0	0				1.00
TOTALS									
2,152,887 0									
ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS									
1.00	CAP REL COSTS-IRL	1.05	0	509,928	9				1.00
2.00		0.00	0	0	0				2.00
3.00		0.00	0	0	0				3.00
TOTALS									
0 509,928									
500.00	Grand Total: Decreases		52,839,620	239,057,267					500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			Acquisitions			11/20/2010 1:00 pm	
			Beginning Balances	Purchases	Donation	Total	Disposals and Retirements
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,923,359	0	0	0	0	1.00
2.00	Land Improvements	61,532,666	4,980,049	0	4,980,049	0	2.00
3.00	Buildings and Fixtures	1,542,240,241	59,500,910	0	59,500,910	3,038,348	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	568,878,589	39,810,039	0	39,810,039	35,684,696	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,195,574,855	104,290,998	0	104,290,998	38,723,044	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,195,574,855	104,290,998	0	104,290,998	38,723,044	10.00
			Ending Balance	Fully Depreciated Assets			
			6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,923,359	0				1.00
2.00	Land Improvements	66,512,715	0				2.00
3.00	Buildings and Fixtures	1,598,702,803	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	573,003,932	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,261,142,809	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,261,142,809	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

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
1.01	CAP REL COSTS-GENERAL HOSP	46,400,788	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	241,032	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	4,728,048	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	48,016,143	0	0	0	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	2,218,513	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	101,848,547	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
1.01	CAP REL COSTS-GENERAL HOSP	0	46,400,788				1.01
1.02	CAP REL COSTS-WESTLAWN	0	0				1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023				1.03
1.04	CAP REL COSTS-CDD	0	241,032				1.04
1.05	CAP REL COSTS-IRL	0	4,728,048				1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	48,016,143				2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,218,513				2.05
3.00	Total (sum of lines 1-2)	0	101,848,547				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/20/2019 1:59 pm

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	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	1,591,398,080	0	1,591,398,080	0.703803	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000525	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	6,015,421	0	6,015,421	0.002660	0	1.03
1.04	CAP REL COSTS-CDD	21,392,308	0	21,392,308	0.009461	0	1.04
1.05	CAP REL COSTS-IRL	68,145,185	0	68,145,185	0.030137	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	548,747,384	0	548,747,384	0.242686	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	24,256,548	0	24,256,548	0.010728	0	2.05
3.00	Total (sum of lines 1-2)	2,261,142,808	0	2,261,142,808	0.000000	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	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	0	0	45,382,396	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	244,023	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	241,032	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	4,211,488	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	48,016,143	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	2,218,513	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	100,313,595	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	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	867,578	0	0	46,249,974	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	241,032	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	4,211,488	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	294,481	0	0	48,310,624	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	0	2,218,513	2.05
3.00	Total (sum of lines 1-2)	0	1,162,059	0	0	101,475,654	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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

Worksheet A-8

Date/Time Prepared:
11/20/2019 1:59 pm

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
1.01	Investment income - CAP REL COSTS-GENERAL HOSP (chapter 2)			0CAP REL COSTS-GENERAL HOSP	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-WESTLAWN (chapter 2)			0CAP REL COSTS-WESTLAWN	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ORTHO SPORTS MED BLDG (chapter 2)			0CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-CDD (chapter 2)			0CAP REL COSTS-CDD	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-IRL (chapter 2)			0CAP REL COSTS-IRL	1.05	0	1.05
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.05	Investment income - CAP REL COSTS-MVBLE EQUIP-IRL (chapter 2)			0CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	2.05
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-11,187	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-37,119	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	-20,023,763			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	2,776,075			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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

Worksheet A-8

Date/Time Prepared:
11/20/2019 1:59 pm

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	
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP			0CAP REL COSTS-GENERAL HOSP	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WESTLAWN			0CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MED BLDG			0CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-CDD			0CAP REL COSTS-CDD	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-IRL			0CAP REL COSTS-IRL	1.05	0	26.05
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.05	Depreciation - CAP REL COSTS-MVBLE EQUIP-IRL			0CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	27.05
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-146,346	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	A71 UTILITIES FOR TV ADJ	A	-45,584	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A74 INTEREST EXPENSE ADJ	A	-14,319,351	INTEREST EXPENSE	113.00	0	33.01
33.02	A74 INTEREST EXPENSE ADJ	A	-597,635	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	A77 COMP PARKING ADJ	A	-69,877	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	A77 COMP PARKING ADJ	A	-33,660	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.04
33.05	A77 COMP PARKING ADJ	A	-35,875	MAINTENANCE & REPAIRS-IRL	6.05	0	33.05
33.06	A77 COMP PARKING ADJ	A	-24	DIETARY	10.00	0	33.06
33.07	A77 COMP PARKING ADJ	A	-35,520	NURSING ADMINISTRATION	13.00	0	33.07
33.08	A77 COMP PARKING ADJ	A	-289	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	A77 COMP PARKING ADJ	A	-2,438	LABORATORY	60.00	0	33.09
33.10	A77 COMP PARKING ADJ	A	-7,918	RENAL DIALYSIS	74.00	0	33.10
33.11	A77 COMP PARKING ADJ	A	-1,320	PSYCHIATRIC CLINIC	90.13	0	33.11
33.12	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-92,136,838	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-28,976	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.13
33.14	A79 EMPLOYEE SCREENING PHYSICIANS	A	148,591	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	A82 LOBBYING EXPENSES ADJ	A	-43,201	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-4,195,831	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-153,916	SOCIAL SERVICE	17.00	0	33.17
33.18	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-397,444	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.18
33.19	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-27,635	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-152,384	OPERATING ROOM	50.00	0	33.20
33.21	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-110,595	PHYSICAL THERAPY	66.00	0	33.21
33.22	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-177,159	PSYCHIATRIC CLINIC	90.13	0	33.22
33.23	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-11,698	IRL-INTERNAL MEDICINE CLINIC	90.54	0	33.23
33.24	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-8,267,442	EMERGENCY	91.00	0	33.24
33.25	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-82,745	KIDNEY ACQUISITION	105.00	0	33.25
33.26	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-322,452	VENDING/PATIENT ART	190.01	0	33.26
33.27	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-35,516	PHARMACY HOME GOING DRUGS	190.03	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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

Worksheet A-8

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.28	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,767,394	UICOM	194.00	0	33.28
33.29	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-33,668	PEDIATRIC CLINIC	90.10	0	33.29
33.30	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-20,857	CANCER CLINIC	90.14	0	33.30
33.31	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-842	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.31
33.32	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-92	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	33.32
33.33	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,469	ULTRA SOUND	55.01	0	33.33
33.34	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,644	RADIOLOGY - PET SCAN	55.02	0	33.34
33.35	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-520	IVF/CULTURE LAB	76.00	0	33.35
33.36	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-300	DIGESTIVE DISEASE CENTER	76.05	0	33.36
33.37	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-555	OB-GYN CLINIC	90.06	0	33.37
33.38	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-315	CANCER CLINIC	90.14	0	33.38
33.39	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-26,491	EMERGENCY	91.00	0	33.39
33.40	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-5,135	UICOM	194.00	0	33.40
33.41	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-13,832	ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.42	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,899	BURN INTENSIVE CARE UNIT	33.00	0	33.42
33.43	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,150	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	33.43
33.44	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-8,395	CARDIOLOGY	60.02	0	33.44
33.45	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,464	RENAL DIALYSIS	74.00	0	33.45
33.46	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-6,078	DIGESTIVE DISEASE CENTER	76.05	0	33.46
33.47	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,279	INTERNAL MEDICINE CLINIC	90.04	0	33.47
33.48	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,150	PEDIATRIC CLINIC	90.10	0	33.48
33.49	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,977	IRL-OB/GYN CLINIC	90.56	0	33.49
33.50	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-289,959	EMERGENCY	91.00	0	33.50
33.51	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,279	KIDNEY ACQUISITION	105.00	0	33.51
33.52	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-32,763	UICOM	194.00	0	33.52
33.53	A105 EMSLRC TRANSFER	A	743,513	OTHER NON-ALLOWABLE	190.13	0	33.53
33.54	A90 REVENUE TRANSFERRED TO FUND 285	B	-10,905,602	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55	A96 PATH LAB TRANSFER	A	165,045	LABORATORY	60.00	0	33.55
33.56	A96 PATH LAB TRANSFER	A	112,545	ANATOMICAL LABORATORY	60.01	0	33.56
33.57	A97 FELLOWS STIPENDS-SALARY ADJ	A	9,634,756	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.57
33.58	A97 FELLOWS STIPENDS-FRINGE BENE ADJ	A	2,241,736	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.58
33.59	A99 MALPRACTICE ADJ	A	1,433,750	ADMINISTRATIVE & GENERAL	5.00	0	33.59
33.60	A101 VOLUNTEER ADJ	A	1,632,738	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.60
33.61	A174 ROSSI GUEST HOUSE ADJ	A	-181,801	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.62	A87 CAPITALIZED INTEREST UIHC ADJ	A	-1,111,378	CAP REL COSTS-GENERAL HOSP	1.01	9	33.62
33.63	A87 CAPITALIZED INTEREST IRL ADJ	A	-34,112	CAP REL COSTS-IRL	1.05	9	33.63
33.64	A87 IRL PARKING GARAGE - DEPREC ADJ	A	27,480	CAP REL COSTS-IRL	1.05	9	33.64
33.65	A117 PHYS COST - LIVE KID ADJ	A	41,777	KIDNEY ACQUISITION	105.00	0	33.65
33.66	A117 PHYS COST - CAD KID ADJ	A	78,662	KIDNEY ACQUISITION	105.00	0	33.66

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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

Worksheet A-8

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			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #
			1.00	2.00	3.00	4.00
						5.00
33.67	A117 PHYS COST - PANC ADJ	A		3,665	PANCREAS ACQUISITION	109.00
33.68	A117 PHYS COST - LIVER ADJ	A		14,251	LIVER ACQUISITION	107.00
33.69	A117 PHYS COST - HEART ADJ	A		17,394	HEART ACQUISITION	106.00
33.70	A117 PHYS COST - LUNG ADJ	A		44,818	LUNG ACQUISITION	108.00
33.71	A116 OTHER REVENUE ADJ	B		-2,484,643	ADMINISTRATIVE & GENERAL	5.00
33.72	A116 OTHER REVENUE ADJ	B		-637,422	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01
33.73	A116 OTHER REVENUE ADJ	B		-124,165	DIETARY	10.00
33.74	A116 OTHER REVENUE ADJ	B		-10,859,197	CAFETERIA	11.00
33.75	A116 OTHER REVENUE ADJ	B		-732,657	MEDICAL RECORDS & LIBRARY	16.00
33.76	A116 OTHER REVENUE ADJ	B		-45,456	OPERATING ROOM	50.00
33.77	A116 OTHER REVENUE ADJ	B		-27,892	RADIOLOGY-DIAGNOSTIC	54.00
33.78	A116 OTHER REVENUE ADJ	B		-1,431	RADIOLOGY - PET SCAN	55.02
33.79	A116 OTHER REVENUE ADJ	B		-10,128	RESPIRATORY THERAPY	65.00
33.80	A116 OTHER REVENUE ADJ	B		-28,542	PHYSICAL THERAPY	66.00
33.81	A116 OTHER REVENUE ADJ	B		-30,854	ELECTROCARDIOLOGY	69.00
33.82	A116 OTHER REVENUE ADJ	B		-55,500	ELECTROENCEPHALOGRAPHY	70.00
33.83	A116 OTHER REVENUE ADJ	B		-7,280	CARDIAC REHABILITATION	76.97
33.84	A116 OTHER REVENUE ADJ	B		-36,750	ALLOGENEIC STEM CELL ACQUISITION	77.00
33.85	A116 OTHER REVENUE ADJ	B		-1,811	OPHTHALMOLOGY CLINIC	90.07
33.86	A116 OTHER REVENUE ADJ	B		-303	PEDIATRIC CLINIC	90.10
33.87	A116 OTHER REVENUE ADJ	B		-37,023	QUAD CITIES - CANCER CENTER	90.95
33.88	A116 OTHER REVENUE ADJ	B		-31,152	EMERGENCY	91.00
33.89	A116 OTHER REVENUE ADJ	B		-2,692,127	AMBULANCE SERVICES	95.00
33.90	A116 OTHER REVENUE ADJ	B		-1,444,876	VENDING/PATIENT ART	190.01
33.91	A118 STAFF TRANSPLANT TIME STUDIES	A		21,105	INTERNAL MEDICINE CLINIC	90.04
33.92	A118 STAFF TRANSPLANT TIME STUDIES	A		20,218	SURGERY CLINIC	90.11
33.93	A118 STAFF TRANSPLANT TIME STUDIES	A		79,346	KIDNEY ACQUISITION	105.00
33.94	A118 STAFF TRANSPLANT TIME STUDIES	A		3,745	HEART ACQUISITION	106.00
33.95	A118 STAFF TRANSPLANT TIME STUDIES	A		51,920	LIVER ACQUISITION	107.00
33.96	A118 STAFF TRANSPLANT TIME STUDIES	A		30,449	LUNG ACQUISITION	108.00
33.97	A118 STAFF TRANSPLANT TIME STUDIES	A		47	PANCREAS ACQUISITION	109.00
33.98	A119 CLINIC TIME STUDIES ADJ	A		2,329,211	MEDICAL RECORDS & LIBRARY	16.00
33.99	A119 CLINIC TIME STUDIES ADJ	A		686,610	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
34.00	A119 CLINIC TIME STUDIES ADJ	A		20,221	ANESTHESIOLOGY	53.00
34.01	A119 CLINIC TIME STUDIES ADJ	A		172,098	DERMATOLOGY CLINIC	90.02
34.02	A119 CLINIC TIME STUDIES ADJ	A		284,110	ORAL SURGERY CLINIC	90.03
34.03	A119 CLINIC TIME STUDIES ADJ	A		459,742	INTERNAL MEDICINE CLINIC	90.04
34.04	A119 CLINIC TIME STUDIES ADJ	A		115,488	NEUROLOGY CLINIC	90.05
34.05	A119 CLINIC TIME STUDIES ADJ	A		47,452	OB-GYN CLINIC	90.06
34.06	A119 CLINIC TIME STUDIES ADJ	A		658,259	OPHTHALMOLOGY CLINIC	90.07
34.07	A119 CLINIC TIME STUDIES ADJ	A		375,434	ORTHOPAEDICS CLINIC	90.08
34.08	A119 CLINIC TIME STUDIES ADJ	A		489,665	OTOLARYNGOLOGY CLINIC	90.09
34.09	A119 CLINIC TIME STUDIES ADJ	A		298,534	PEDIATRIC CLINIC	90.10
34.10	A119 CLINIC TIME STUDIES ADJ	A		782,039	SURGERY CLINIC	90.11
34.11	A119 CLINIC TIME STUDIES ADJ	A		7,041	UROLOGY CLINIC	90.12
34.12	A119 CLINIC TIME STUDIES ADJ	A		29,267	FAMILY CARE CLINIC	90.15
34.13	A119 CLINIC TIME STUDIES ADJ	A		1,158,616	MEDICAL RECORDS & LIBRARY	16.00
34.14	A119 CLINIC TIME STUDIES ADJ	A		276,885	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
34.15	A119 CLINIC TIME STUDIES ADJ	A		10,878	ANESTHESIOLOGY	53.00
34.16	A119 CLINIC TIME STUDIES ADJ	A		92,493	DERMATOLOGY CLINIC	90.02
34.17	A119 CLINIC TIME STUDIES ADJ	A		134,294	ORAL SURGERY CLINIC	90.03
34.18	A119 CLINIC TIME STUDIES ADJ	A		202,412	INTERNAL MEDICINE CLINIC	90.04
34.19	A119 CLINIC TIME STUDIES ADJ	A		48,626	NEUROLOGY CLINIC	90.05
34.20	A119 CLINIC TIME STUDIES ADJ	A		24,305	OB-GYN CLINIC	90.06
34.21	A119 CLINIC TIME STUDIES ADJ	A		314,778	OPHTHALMOLOGY CLINIC	90.07
34.22	A119 CLINIC TIME STUDIES ADJ	A		188,753	ORTHOPAEDICS CLINIC	90.08
34.23	A119 CLINIC TIME STUDIES ADJ	A		196,678	OTOLARYNGOLOGY CLINIC	90.09
34.24	A119 CLINIC TIME STUDIES ADJ	A		132,000	PEDIATRIC CLINIC	90.10
34.25	A119 CLINIC TIME STUDIES ADJ	A		339,573	SURGERY CLINIC	90.11

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

Period:
From 07/01/2018
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Worksheet A-8

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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.	
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		1.00	2.00	3.00	4.00	5.00	
34.26	A119 CLINIC TIME STUDIES ADJ	A	2,736	UROLOGY CLINIC	90.12	0	34.26
34.27	A119 CLINIC TIME STUDIES ADJ	A	12,337	FAMILY CARE CLINIC	90.15	0	34.27
34.28	A129 IRL FUND 990 ADJ	A	-27,234,254	ADMINISTRATIVE & GENERAL	5.00	0	34.28
34.29	A156 PERSONAL HEALTH ASSESSMENT ADJ	A	260,968	ADMINISTRATIVE & GENERAL	5.00	0	34.29
34.30	A156 EMPLOYEE FLU SHOT ADJ	A	146,054	ADMINISTRATIVE & GENERAL	5.00	0	34.30
34.31	A173 MARKETING EXPENSE ADJ	A	-56,453	ADMINISTRATIVE & GENERAL	5.00	0	34.31
34.32	REMOVE FUNDS 500/510	A	-4,693,922	ADMINISTRATIVE & GENERAL	5.00	0	34.32
34.33	A130 VACATION ADJ	A	-22,884	ADMINISTRATIVE & GENERAL	5.00	0	34.33
34.34	A165 REMOVING UPL DOLLARS ADJ	A	2,410,673	EMERGENCY	91.00	0	34.34
34.35	A000 - AP NOT ACCRUED	A	-125,619	MEDICAL RECORDS & LIBRARY	16.00	0	34.35
34.36	A000 - AP NOT ACCRUED	A	27,622	KIDNEY ACQUISITION	105.00	0	34.36
34.37	A151 PHARMACY RESIDENTS	A	120,555	PARAMEDICAL EDUC - PHARMACY	23.02	0	34.37
34.38	A171 OPEB ADJ	A	-219,988	ADMINISTRATIVE & GENERAL	5.00	0	34.38
34.39	A106 FACULTY TIME STUDY ADJ	A	13,092,697	ADMINISTRATIVE & GENERAL	5.00	0	34.39
34.40	A106 FACULTY TIME STUDY ADJ	A	2,958,949	ADMINISTRATIVE & GENERAL	5.00	0	34.40
34.41	A106 FACULTY TIME STUDY ADJ	A	245,535	ADMINISTRATIVE & GENERAL	5.00	0	34.41
34.42	A106 FACULTY TIME STUDY ADJ	A	22,044,014	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.42
34.43	A106 FACULTY TIME STUDY ADJ	A	4,981,947	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.43
34.44	A106 FACULTY TIME STUDY ADJ	A	494,199	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.44
34.45	A106 FACULTY TIME STUDY ADJ	A	603,344	LABORATORY	60.00	0	34.45
34.46	A106 FACULTY TIME STUDY ADJ	A	136,356	LABORATORY	60.00	0	34.46
34.47	A106 FACULTY TIME STUDY ADJ	A	4,494	LABORATORY	60.00	0	34.47
34.48	A106 FACULTY TIME STUDY ADJ	A	352,244	ANATOMICAL LABORATORY	60.01	0	34.48
34.49	A106 FACULTY TIME STUDY ADJ	A	79,607	ANATOMICAL LABORATORY	60.01	0	34.49
34.50	A106 FACULTY TIME STUDY ADJ	A	2,899	ANATOMICAL LABORATORY	60.01	0	34.50
34.51	A81 CONTINUING ED- ALLIED HEALTH	A	873,077	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.51
34.52	A81 CONTINUING ED- ALLIED HEALTH	A	2,740	PARAMED ED PRGM-PASTORAL	23.05	0	34.52
34.53	A81 CONTINUING ED- ALLIED HEALTH	A	340,749	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.53
34.54	A81 CONTINUING ED- ALLIED HEALTH	A	517,472	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.54
34.55	A81 CONTINUING ED- ALLIED HEALTH	A	170,963	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.55
34.56	A81 CONTINUING ED- ALLIED HEALTH	B	-832,446	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.56
34.57	A81 CONTINUING ED- ALLIED HEALTH	B	-6,850	PARAMED ED PRGM-PASTORAL	23.05	0	34.57
34.58	A81 CONTINUING ED- ALLIED HEALTH	B	-309,192	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.58
34.59	A81 CONTINUING ED- ALLIED HEALTH	B	-488,453	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.59
34.60	A81 CONTINUING ED- ALLIED HEALTH	B	-167,789	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.60
34.61	A81 CONTINUING ED- OTHER PROGRAMS	A	2,954	ADMINISTRATIVE & GENERAL	5.00	0	34.61
34.62	A81 CONTINUING ED- OTHER PROGRAMS	A	1,015	NURSING ADMINISTRATION	13.00	0	34.62
34.63	A81 CONTINUING ED- OTHER PROGRAMS	A	373,006	OPERATING ROOM	50.00	0	34.63
34.64	A81 CONTINUING ED- OTHER PROGRAMS	A	24,446	CARDIOLOGY	60.02	0	34.64
34.65	A81 CONTINUING ED- OTHER PROGRAMS	A	38,796	PEDIATRIC CLINIC	90.10	0	34.65
34.66	A81 CONTINUING ED- OTHER PROGRAMS	A	-356,923	OPERATING ROOM	50.00	0	34.66
34.67	A81 CONTINUING ED- OTHER PROGRAMS	A	-17,440	CARDIOLOGY	60.02	0	34.67
34.68	A81 CONTINUING ED- OTHER PROGRAMS	A	-35,755	PEDIATRIC CLINIC	90.10	0	34.68
34.69	A140 PART B BILLING TO NON-ALLOW ADJ	B	-4,333	ADMINISTRATIVE & GENERAL	5.00	0	34.69
34.70	A140 PART B BILLING TO NON-ALLOW ADJ	B	-7,120	NURSING ADMINISTRATION	13.00	0	34.70

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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Worksheet A-8

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34.71	A140 PART B BILLING TO NON-ALLOW ADJ	B	-317	SOCIAL SERVICE	17.00	0	34.71
34.72	A140 PART B BILLING TO NON-ALLOW ADJ	B	-196	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.72
34.73	A140 PART B BILLING TO NON-ALLOW ADJ	B	-28,615	SUBPROVIDER - IPF	40.00	0	34.73
34.74	A140 PART B BILLING TO NON-ALLOW ADJ	B	-74	DELIVERY ROOM & LABOR ROOM	52.00	0	34.74
34.75	A140 PART B BILLING TO NON-ALLOW ADJ	B	-726	ANESTHESIOLOGY	53.00	0	34.75
34.76	A140 PART B BILLING TO NON-ALLOW ADJ	B	-242	CARDIOLOGY	60.02	0	34.76
34.77	A140 PART B BILLING TO NON-ALLOW ADJ	B	-6,165	DIGESTIVE DISEASE CENTER	76.05	0	34.77
34.78	A140 PART B BILLING TO NON-ALLOW ADJ	B	-2,697	CDC - REHAB	76.07	0	34.78
34.79	A140 PART B BILLING TO NON-ALLOW ADJ	B	-132	DIABETES EDUCATION	76.08	0	34.79
34.80	A140 PART B BILLING TO NON-ALLOW ADJ	B	-45,719	ORTHOPAEDICS CLINIC	90.08	0	34.80
34.81	A140 PART B BILLING TO NON-ALLOW ADJ	B	-25,475	IRL-OB/GYN CLINIC	90.56	0	34.81
34.82	A140 PART B BILLING TO NON-ALLOW ADJ	B	-698	IRL - PROCEDURE SUITES	90.76	0	34.82
34.83	A140 PART B BILLING TO NON-ALLOW ADJ	B	-1,924	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	34.83
34.84	A140 PART B BILLING TO NON-ALLOW ADJ	B	-2,547	VENDING/PATIENT ART	190.01	0	34.84
34.85	A140 PART B BILLING TO NON-ALLOW ADJ	B	-93,431	UICOM	194.00	0	34.85
34.86	A140 PART B BILLING TO NON-ALLOW ADJ	A	-2,503	ADMINISTRATIVE & GENERAL	5.00	0	34.86
34.87	A140 PART B BILLING TO NON-ALLOW ADJ	A	-218,729	SOCIAL SERVICE	17.00	0	34.87
34.88	A140 PART B BILLING TO NON-ALLOW ADJ	A	-30,580	ADULTS & PEDIATRICS	30.00	0	34.88
34.89	A140 PART B BILLING TO NON-ALLOW ADJ	A	-4,987	CORONARY CARE UNIT	32.00	0	34.89
34.90	A140 PART B BILLING TO NON-ALLOW ADJ	A	-49,734	BURN INTENSIVE CARE UNIT	33.00	0	34.90
34.91	A140 PART B BILLING TO NON-ALLOW ADJ	A	-5,784	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.91
34.92	A140 PART B BILLING TO NON-ALLOW ADJ	A	-15,307	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.92
34.93	A140 PART B BILLING TO NON-ALLOW ADJ	A	-679,024	SUBPROVIDER - IPF	40.00	0	34.93
34.94	A140 PART B BILLING TO NON-ALLOW ADJ	A	-28,860	ANESTHESIOLOGY	53.00	0	34.94
34.95	A140 PART B BILLING TO NON-ALLOW ADJ	A	-709	CT SCAN	57.00	0	34.95
34.96	A140 PART B BILLING TO NON-ALLOW ADJ	A	-403,773	CARDIOLOGY	60.02	0	34.96
34.97	A140 PART B BILLING TO NON-ALLOW ADJ	A	-2,086	RENAL DIALYSIS	74.00	0	34.97
34.98	A140 PART B BILLING TO NON-ALLOW ADJ	A	-90,110	DIGESTIVE DISEASE CENTER	76.05	0	34.98
34.99	A140 PART B BILLING TO NON-ALLOW ADJ	A	-80,256	INTERNAL MEDICINE CLINIC	90.04	0	34.99
35.00	A140 PART B BILLING TO NON-ALLOW ADJ	A	-7,913	PEDIATRIC CLINIC	90.10	0	35.00
35.01	A140 PART B BILLING TO NON-ALLOW ADJ	A	-5,798	IRL - PROCEDURE SUITES	90.76	0	35.01
35.02	A140 PART B BILLING TO NON-ALLOW ADJ	A	-71,965	QUAD CITIES - CANCER CENTER	90.95	0	35.02
35.03	A140 PART B BILLING TO NON-ALLOW ADJ	A	-400,856	EMERGENCY	91.00	0	35.03
35.04	A140 PART B BILLING TO NON-ALLOW ADJ	A	-1,510	OBSERVATION BEDS (DISTINCT PART)	92.01	0	35.04
35.05	A140 PART B BILLING TO NON-ALLOW ADJ	A	-90,135	KIDNEY ACQUISITION	105.00	0	35.05

ADJUSTMENTS TO EXPENSES

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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	
35.06	A140 PART B BILLING TO NON-ALLOW ADJ	A	-2,628,261	UICOM	194.00	0	35.06
35.08	A109 PLANT OPS & MAINTENACE ADJ	A	92,986	CAP REL COSTS-GENERAL HOSP	1.01	9	35.08
35.09	A109 PLANT OPS & MAINTENACE ADJ	A	235,685	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	35.09
35.10	A109 PLANT OPS & MAINTENACE ADJ	A	61,320	HOUSEKEEPING-GENERAL HOSP	9.01	0	35.10
35.11	A109 UNECESSARY BORROWING ADJ	A	-1,470,888	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	35.11
35.12	A103 HOSP LIBRARY COST	A	2,173,000	ADMINISTRATIVE & GENERAL	5.00	0	35.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-135,249,967				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: 16-0058

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

Worksheet A-8-1

Date/Time Prepared:
11/20/2019 1:59 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	2,981,323	2,981,323	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	22,669,548	22,669,548	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	16,297,181	16,297,181	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	39,388,656	39,388,656	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,883,344	3,883,344	4.01
4.02	9.01	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING	61,320	61,320	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	29,505,160	29,505,160	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	VPMA ALLOCATION	26,630,442	23,854,367	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			141,416,974	138,640,899	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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G	UNIV OF IOWA	100.00	UNIV OF IOWA	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:	FINANCIAL				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: 16-0058

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

Worksheet A-8-1

Date/Time Prepared:
11/20/2019 1:59 pm

	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	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	2,776,075	0		4.04
5.00	2,776,075			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	STATE UNIVERSIT		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: 16-0058

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

Worksheet A-8-2

Date/Time Prepared:
11/20/2019 1:59 pm

	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	5.00	DR. A	1,458,829	0	1,458,829	239,400	5,746	1.00
2.00	22.00	DR. A	3,835,004	0	3,835,004	239,400	18,841	2.00
3.00	5.00	DR. B	800,004	0	800,004	211,500	2,249	3.00
4.00	22.00	DR. B	589,561	0	589,561	211,500	2,149	4.00
5.00	22.00	DR. C	102,820	0	102,820	211,500	652	5.00
6.00	5.00	DR. D	279,597	0	279,597	179,000	1,308	6.00
7.00	22.00	DR. D	41,292	0	41,292	179,000	339	7.00
8.00	5.00	DR. E	2,511,330	0	2,511,330	246,400	9,147	8.00
9.00	22.00	DR. E	2,638,597	0	2,638,597	246,400	12,930	9.00
10.00	5.00	DR. F	690,878	0	690,878	211,500	2,169	10.00
11.00	22.00	DR. F	97,774	0	97,774	211,500	344	11.00
12.00	5.00	DR. G	5,325,195	0	5,325,195	197,500	27,723	12.00
13.00	22.00	DR. G	3,990,820	0	3,990,820	197,500	25,584	13.00
14.00	5.00	DR. H	130,257	0	130,257	211,500	879	14.00
15.00	22.00	DR. H	714,186	0	714,186	211,500	4,663	15.00
16.00	22.00	DR. I	1,184,348	0	1,184,348	246,400	3,628	16.00
17.00	5.00	DR. J	621,134	0	621,134	237,100	3,322	17.00
18.00	22.00	DR. J	1,197,250	0	1,197,250	237,100	7,291	18.00
19.00	5.00	DR. K	159,725	0	159,725	211,500	586	19.00
20.00	22.00	DR. K	845,839	0	845,839	211,500	4,839	20.00
21.00	5.00	DR. L	229,950	0	229,950	211,500	1,016	21.00
22.00	22.00	DR. L	2,406,898	0	2,406,898	211,500	7,426	22.00
23.00	5.00	DR. M	272,163	0	272,163	211,500	631	23.00
24.00	22.00	DR. M	467,294	0	467,294	211,500	1,987	24.00
25.00	5.00	DR. N	526,217	0	526,217	260,300	2,329	25.00
26.00	22.00	DR. N	1,279,763	0	1,279,763	260,300	8,587	26.00
27.00	60.00	DR. N	718,419	0	718,419	260,300	4,505	27.00
28.00	60.01	DR. N	431,851	0	431,851	260,300	2,949	28.00
29.00	5.00	DR. O	579,558	0	579,558	169,700	3,222	29.00
30.00	22.00	DR. O	3,868,296	0	3,868,296	169,700	28,938	30.00
31.00	5.00	DR. P	174,279	0	174,279	181,300	1,247	31.00
32.00	22.00	DR. P	457,716	0	457,716	181,300	3,703	32.00
33.00	5.00	DR. Q	192,645	0	192,645	271,900	435	33.00
34.00	22.00	DR. Q	53,041	0	53,041	271,900	212	34.00
35.00	5.00	DR. R	166,043	0	166,043	271,900	657	35.00
36.00	22.00	DR. R	2,872,219	0	2,872,219	271,900	12,699	36.00
37.00	5.00	DR. S	1,599,482	0	1,599,482	246,400	5,997	37.00
38.00	22.00	DR. S	383,243	0	383,243	246,400	1,308	38.00
39.00	5.00	DR. T	334,360	0	334,360	260,300	1,001	39.00
40.00	60.00	DR. T	21,280	0	21,280	260,300	49	40.00
200.00			44,249,157	0	44,249,157		223,287	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	5.00	DR. A	661,343	33,067	0	0	13,819	1.00
2.00	22.00	DR. A	2,168,527	108,426	0	0	44,368	2.00
3.00	5.00	DR. B	228,684	11,434	3,486	3,486	4,790	3.00
4.00	22.00	DR. B	218,516	10,926	3,458	3,458	4,082	4.00
5.00	22.00	DR. C	66,297	3,315	0	0	2,598	5.00
6.00	5.00	DR. D	112,563	5,628	0	0	0	6.00
7.00	22.00	DR. D	29,174	1,459	0	0	0	7.00
8.00	5.00	DR. E	1,083,568	54,178	8,430	8,430	47,725	8.00
9.00	22.00	DR. E	1,531,708	76,585	10,181	10,181	64,696	9.00
10.00	5.00	DR. F	220,550	11,028	0	0	0	10.00
11.00	22.00	DR. F	34,979	1,749	0	0	0	11.00
12.00	5.00	DR. G	2,632,352	131,618	6,785	6,785	44,799	12.00
13.00	22.00	DR. G	2,429,250	121,463	6,147	6,147	47,081	13.00
14.00	5.00	DR. H	89,379	4,469	395	395	1,712	14.00
15.00	22.00	DR. H	474,146	23,707	1,820	1,820	10,326	15.00
16.00	22.00	DR. I	429,779	21,489	4,087	4,087	37,522	16.00
17.00	5.00	DR. J	378,676	18,934	2,198	2,198	35,584	17.00
18.00	22.00	DR. J	831,104	41,555	5,086	5,086	53,167	18.00
19.00	5.00	DR. K	59,586	2,979	1,099	1,099	1,327	19.00
20.00	22.00	DR. K	492,042	24,602	5,974	5,974	10,593	20.00
21.00	5.00	DR. L	103,310	5,166	2,267	2,267	8,035	21.00
22.00	22.00	DR. L	755,096	37,755	12,591	12,591	49,442	22.00
23.00	5.00	DR. M	64,162	3,208	1,285	1,285	2,308	23.00
24.00	22.00	DR. M	202,043	10,102	2,389	2,389	6,264	24.00
25.00	5.00	DR. N	291,461	14,573	0	0	2,808	25.00
26.00	22.00	DR. N	1,074,613	53,731	0	0	10,286	26.00
27.00	60.00	DR. N	563,775	28,189	0	0	4,285	27.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0058

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

Worksheet A-8-2

Date/Time Prepared:
11/20/2019 1:59 pm

	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	
28.00	60.01	DR. N	369,050	18,453	0	0	2,899	28.00
29.00	5.00	DR. O	262,872	13,144	1,048	1,048	4,834	29.00
30.00	22.00	DR. O	2,360,951	118,048	8,591	8,591	34,696	30.00
31.00	5.00	DR. P	108,693	5,435	545	545	1,629	31.00
32.00	22.00	DR. P	322,766	16,138	826	826	4,558	32.00
33.00	5.00	DR. Q	56,864	2,843	784	784	983	33.00
34.00	22.00	DR. Q	27,713	1,386	154	154	481	34.00
35.00	5.00	DR. R	85,884	4,294	984	984	1,393	35.00
36.00	22.00	DR. R	1,660,028	83,001	14,307	14,307	25,734	36.00
37.00	5.00	DR. S	710,414	35,521	3,873	3,873	36,078	37.00
38.00	22.00	DR. S	154,948	7,747	1,335	1,335	11,359	38.00
39.00	5.00	DR. T	125,269	6,263	905	905	3,627	39.00
40.00	60.00	DR. T	6,132	307	42	42	167	40.00
200.00			23,478,267	1,173,915	111,072	111,072	636,055	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	5.00	DR. A	13,819	675,162	783,667	783,667		1.00
2.00	22.00	DR. A	44,368	2,212,895	1,622,109	1,622,109		2.00
3.00	5.00	DR. B	4,790	236,960	563,044	563,044		3.00
4.00	22.00	DR. B	4,082	226,056	363,505	363,505		4.00
5.00	22.00	DR. C	2,598	68,895	33,925	33,925		5.00
6.00	5.00	DR. D	0	112,563	167,034	167,034		6.00
7.00	22.00	DR. D	0	29,174	12,118	12,118		7.00
8.00	5.00	DR. E	47,725	1,139,723	1,371,607	1,371,607		8.00
9.00	22.00	DR. E	64,696	1,606,585	1,032,012	1,032,012		9.00
10.00	5.00	DR. F	0	220,550	470,328	470,328		10.00
11.00	22.00	DR. F	0	34,979	62,795	62,795		11.00
12.00	5.00	DR. G	44,799	2,683,936	2,641,259	2,641,259		12.00
13.00	22.00	DR. G	47,081	2,482,478	1,508,342	1,508,342		13.00
14.00	5.00	DR. H	1,712	91,486	38,771	38,771		14.00
15.00	22.00	DR. H	10,326	486,292	227,894	227,894		15.00
16.00	22.00	DR. I	37,522	471,388	712,960	712,960		16.00
17.00	5.00	DR. J	35,584	416,458	204,676	204,676		17.00
18.00	22.00	DR. J	53,167	889,357	307,893	307,893		18.00
19.00	5.00	DR. K	1,327	62,012	97,713	97,713		19.00
20.00	22.00	DR. K	10,593	508,609	337,230	337,230		20.00
21.00	5.00	DR. L	8,035	113,612	116,338	116,338		21.00
22.00	22.00	DR. L	49,442	817,129	1,589,769	1,589,769		22.00
23.00	5.00	DR. M	2,308	67,755	204,408	204,408		23.00
24.00	22.00	DR. M	6,264	210,696	256,598	256,598		24.00
25.00	5.00	DR. N	2,808	294,269	231,948	231,948		25.00
26.00	22.00	DR. N	10,286	1,084,899	194,864	194,864		26.00
27.00	60.00	DR. N	4,285	568,060	150,359	150,359		27.00
28.00	60.01	DR. N	2,899	371,949	59,902	59,902		28.00
29.00	5.00	DR. O	4,834	268,754	310,804	310,804		29.00
30.00	22.00	DR. O	34,696	2,404,238	1,464,058	1,464,058		30.00
31.00	5.00	DR. P	1,629	110,867	63,412	63,412		31.00
32.00	22.00	DR. P	4,558	328,150	129,566	129,566		32.00
33.00	5.00	DR. Q	983	58,631	134,014	134,014		33.00
34.00	22.00	DR. Q	481	28,348	24,693	24,693		34.00
35.00	5.00	DR. R	1,393	88,261	77,782	77,782		35.00
36.00	22.00	DR. R	25,734	1,700,069	1,172,150	1,172,150		36.00
37.00	5.00	DR. S	36,078	750,365	849,117	849,117		37.00
38.00	22.00	DR. S	11,359	167,642	215,601	215,601		38.00
39.00	5.00	DR. T	3,627	129,801	204,559	204,559		39.00
40.00	60.00	DR. T	167	6,341	14,939	14,939		40.00
200.00			636,055	24,225,394	20,023,763	20,023,763		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			CAPITAL RELATED COSTS					
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	46,249,974	0	46,249,974			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	241,032	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	4,211,488	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	48,310,624					2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	2,218,513					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	211,271,845	0	6,940,270	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	56,414,037	0	643,176	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	749,578	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	4,489,508	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,272,118	0	112,550	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	24,116,561	0	414,359	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	160,052	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	841,284	0	0	0	0	9.05
10.00	01000	DIETARY	14,166,186	0	292,152	0	0	10.00
11.00	01100	CAFETERIA	-18,077	0	957,525	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,087,530	0	923,144	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,816,949	0	780,430	0	0	14.00
15.00	01500	PHARMACY	6,384,786	0	103,496	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,877,486	0	708,255	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,577,559	0	269,866	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,147,900	0	2,252,147	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,750,736	0	508,767	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	130,939	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,703,162	0	10,761	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	660,316	0	30,965	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	48,621	0	1,636	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	191,371	0	3,895	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	357,983	0	9,498	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	110,987	0	160	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,249,356	0	4,699,103	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	9,621,801	0	339,000	0	0	31.01
32.00	03200	CORONARY CARE UNIT	9,017,222	0	375,960	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,947,415	0	247,758	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,599,012	0	166,192	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,074,338	0	350,330	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,159,882	0	476,913	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	11,440,387	0	516,469	0	0	40.00
43.00	04300	NURSERY	10,703,059	0	659,130	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,306,266	0	3,633,546	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,867,471	0	207,900	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,517,369	0	304,282	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,903,439	0	1,246,226	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,142,172	0	491,408	0	0	55.00
55.01	03630	ULTRA SOUND	4,064,188	0	63,531	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,410,005	0	165,303	0	0	55.02
57.00	05700	CT SCAN	5,207,188	0	107,232	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,362,114	0	285,216	0	30,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,044,963	0	197,584	0	0	59.00
60.00	06000	LABORATORY	47,132,635	0	994,964	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	4,988,606	0	344,229	0	0	60.01
60.02	03140	CARDIOLOGY	8,124,168	0	498,860	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,237,111	0	191,306	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	12,924,137	0	125,729	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,282,853	0	162,386	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,617,410	0	47,862	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	783,818	0	19,689	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,111,068	0	36,746	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,394,714	0	28,991	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,997,782	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,158,538	0	382,665	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,916,371	0	210,177	0	0	74.00
76.00	03950	IVF/CULTURE LAB	2,909,231	0	176,330	0	0	76.00
76.02	03952	URODYNAMICS	172,369	0	7,541	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	634,537	0	48,271	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	5,773,566	0	338,645	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	862,978	0	87,578	0	0	76.06
76.07	03957	CDC - REHAB	392,462	0	19,458	0	0	76.07
76.08	03958	DIABETES EDUCATION	528,220	0	25,701	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	749,627	0	3,575	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	476,217	0	27,284	0	0	76.98
76.99	07699	LITHOTRIPSY	1,357,206	0	7,968	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,272,965	0	9,676	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,072,967	0	156,819	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,837,559	0	234,348	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	2,356,642	0	213,858	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	10,583,651	0	1,427,874	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	2,487,415	0	373,754	0	0	90.05
90.06	09006	OB-GYN CLINIC	3,958,206	0	519,883	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	7,738,913	0	686,805	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	5,703,171	0	547,879	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,818,261	0	536,247	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	10,838,793	0	2,185,556	0	0	90.10
90.11	09011	SURGERY CLINIC	4,825,214	0	639,850	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,666,610	0	232,356	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	4,154,812	0	337,133	0	0	90.13
90.14	09014	CANCER CLINIC	11,416,025	0	817,727	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	1,994,866	0	424,835	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,061,191	0	0	0	213,764	90.16
90.19	09019	BURN CLINIC	400,458	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	1,465,061	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	197,427	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	588,617	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,747,354	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	2,075,569	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,171,694	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	424,716	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	645,777	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1,497,955	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	1,036,409	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	112	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	563,147	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	866,840	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	10,701	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	2,778,347	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	22,395	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,415,622	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	271,306	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	8,840	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	55,942	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	374,884	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	5,486	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	7,412	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	1,733,814	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,195,459	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	12,450	0	0	0	0	90.97
91.00	09100	EMERGENCY	11,120,267	0	609,863	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,445,431	0	137,574	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	529,158	0	90,726	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	885,259	0	35,768	0	0	94.00
95.00	09500	AMBULANCE SERVICES	987,677	0	153,457	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

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From 07/01/2018
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Part I
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11/20/2019 1:59 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
		0	1.00	1.01	1.02	1.03	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,805,320	0	20,756	0	0 105.00
106.00	10600	HEART ACQUISITION	1,162,599	0	14,780	0	0 106.00
107.00	10700	LIVER ACQUISITION	2,344,705	0	9,871	0	0 107.00
108.00	10800	LUNG ACQUISITION	1,741,524	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	632,839	0	160	0	0 109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,470,194,372	0	43,699,645	0	244,023 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,632,738	0	30,734	0	0 190.00
190.01	19001	VENDING/PATIENT ART	2,250,221	0	188,958	0	0 190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,565	0	0 190.02
190.03	19003	PHARMACY HOME GOING DRUGS	106,944,401	0	222,680	0	0 190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0 190.04
190.05	19005	CLINICAL RESEARCH UNIT	6,414	0	406,018	0	0 190.05
190.06	19006	PATIENT EDUCATION SERVICE	751,583	0	60,454	0	0 190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0 190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	3,884,784	0	0	0	0 190.08
190.09	19009	CONTACT LENS CLINIC	0	0	35,341	0	0 190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0 190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	614,060	0	0 190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0 190.12
190.13	19013	OTHER NON-ALLOWABLE	1,279,009	0	192,391	0	0 190.13
190.14	19014	EPIC REMOTE HOSTING	49,373	0	0	0	0 190.14
190.15	19015	RENTAL PROPERTIES	187,763	0	0	0	0 190.15
191.00	19100	RESEARCH	0	0	778,207	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	UICOM	25,585,648	0	10,921	0	0 194.00
194.01	07951	OUTREACH	2,114,487	0	0	0	0 194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,614,880,793	0	46,249,974	0	244,023 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
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11/20/2019 1:59 pm

Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP- IRL		
			1.04	1.05	2.00	2.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	241,032					1.04
1.05	00105	CAP REL COSTS-IRL	0	4,211,488				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			48,310,624			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL			0	2,218,513		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	82,436	139,181	20,806,833	0	239,240,565	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	51,200	0	57,108,413	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	2,162	0	751,740	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	172,549	0	0	4,662,057	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,369	2,758	0	2,437,795	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	68,449	0	24,599,369	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	160,052	9.04
9.05	00905	HOUSEKEEPING-IRL	0	39,870	0	5,962	887,116	9.05
10.00	01000	DIETARY	0	62,422	88,009	0	14,608,769	10.00
11.00	01100	CAFETERIA	20,068	0	0	0	959,516	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	374,215	0	17,384,889	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,203	0	11,619,582	14.00
15.00	01500	PHARMACY	0	6,819	14,380	0	6,509,481	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,446	0	7,115	0	12,601,302	16.00
17.00	01700	SOCIAL SERVICE	5,295	3,362	0	0	18,856,082	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	53,400,047	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	20,259,503	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	130,939	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,713,923	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	691,281	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	50,257	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	195,266	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	367,481	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	111,147	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,532,456	0	98,480,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	210,967	0	10,171,768	31.01
32.00	03200	CORONARY CARE UNIT	0	0	375,291	0	9,768,473	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	73,125	0	5,268,298	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	275,792	0	14,040,996	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	132,648	0	16,557,316	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	373,292	0	12,010,087	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	11,371	0	11,968,227	40.00
43.00	04300	NURSERY	0	0	251,512	0	11,613,701	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,904,233	0	107,844,045	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	124,932	0	5,200,303	52.00
53.00	05300	ANESTHESIOLOGY	0	0	758,483	0	8,580,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	378,275	2,194,887	221,612	29,944,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,567,798	0	10,201,378	55.00
55.01	03630	ULTRA SOUND	0	0	276,335	0	4,404,054	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	707,186	0	6,282,494	55.02
57.00	05700	CT SCAN	0	0	1,535,111	0	6,849,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,109,590	0	6,787,179	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	956,300	0	7,198,847	59.00
60.00	06000	LABORATORY	0	137,690	1,432,950	742	49,698,981	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	303,892	0	5,636,727	60.01
60.02	03140	CARDIOLOGY	0	17,826	901,155	38,615	9,580,624	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	147,594	0	8,576,011	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	313,146	0	13,363,012	65.00
66.00	06600	PHYSICAL THERAPY	4,493	0	22,659	0	7,472,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,832	1,110	0	0	2,671,214	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,128	0	830,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,119	0	179,387	0	4,351,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,149	0	0	0	32,431,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74,997,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	466,102	686,195	3,444	208,696,944	73.00
74.00	07400	RENAL DIALYSIS	0	0	208,189	0	9,334,737	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP- IRL		
			1.04	1.05	2.00	2.05	2A.05	
76.00	03950	IVF/CULTURE LAB	0	0	12,922	0	3,098,483	76.00
76.02	03952	URODYNAMICS	0	0	9,922	0	189,832	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,827	0	691,635	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	598,387	0	6,710,598	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	950,556	76.06
76.07	03957	CDC - REHAB	0	0	0	0	411,920	76.07
76.08	03958	DIABETES EDUCATION	0	10,562	0	0	564,483	76.08
76.97	07697	CARDIAC REHABILITATION	0	102,705	3,676	16,336	875,919	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	7,286	0	510,787	76.98
76.99	07699	LITHOTRIPSY	0	0	138,233	0	1,503,407	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	4,282,641	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	88,842	0	1,318,628	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	38,137	0	2,110,044	90.02
90.03	09003	ORAL SURGERY CLINIC	5,605	0	37,355	0	2,613,460	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	68,776	0	12,080,301	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	36,041	0	2,897,210	90.05
90.06	09006	OB-GYN CLINIC	0	0	40,777	0	4,518,866	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	346,072	0	8,771,790	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	9,759	0	6,260,809	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	12,786	0	614,513	0	6,981,807	90.09
90.10	09010	PEDIATRIC CLINIC	37,330	0	28,071	0	13,089,750	90.10
90.11	09011	SURGERY CLINIC	0	0	38,833	0	5,503,897	90.11
90.12	09012	UROLOGY CLINIC	0	0	125,982	0	2,024,948	90.12
90.13	09013	PSYCHIATRIC CLINIC	20,467	0	99,259	0	4,611,671	90.13
90.14	09014	CANCER CLINIC	0	0	82,327	0	12,316,079	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	15,236	0	2,434,937	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	31,815	0	2,306,770	90.16
90.19	09019	BURN CLINIC	0	0	918	0	401,376	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	168,394	0	226,866	1,860,321	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	4,060	0	6,276	207,763	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	96,932	0	73,074	758,623	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	245,152	0	161,039	3,153,545	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	167,474	0	188,114	2,431,157	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	177,592	0	91,103	1,440,389	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	24,582	0	54,892	504,190	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	115,233	0	53,009	814,019	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	188,408	0	76,286	1,762,649	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	127,350	0	171,185	1,334,944	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	32	0	435	579	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	119,928	0	57,142	740,217	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	65,372	0	70,143	1,002,355	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	61	10,762	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	420,841	0	491,890	3,691,078	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	4,754	27,149	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	301,167	0	78,762	1,795,551	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	104,481	0	11,466	387,253	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	4,092	0	3,447	16,379	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	5,043	0	2,356	63,341	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	57,315	0	29,964	462,163	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,808	0	232	7,526	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	91,349	0	639	99,400	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	50,493	1,784,307	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	528	1,195,987	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	12,450	90.97
91.00	09100	EMERGENCY	0	0	221,989	0	11,952,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	5,215	0	4,588,220	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	619,884	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	24,092	0	945,119	94.00
95.00	09500	AMBULANCE SERVICES	0	0	43,111	0	1,184,245	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5,826,076	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,177,379	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,354,576	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,741,524	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	632,999	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL		
			1.04	1.05	2.00	2.05		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,026	4,075,447	47,807,301	2,190,867	1,466,970,027	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,663,472	190.00
190.01	19001	VENDING/PATIENT ART	6,310	0	0	0	2,445,489	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,565	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	136,041	73,961	27,646	107,404,729	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	412,432	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	812,037	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	3,884,784	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	35,341	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	696	0	0	0	614,756	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	1,471,400	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	1,680	0	51,053	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	187,763	190.15
191.00	19100	RESEARCH	0	0	0	0	778,207	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	427,682	0	26,024,251	194.00
194.01	07951	OUTREACH	0	0	0	0	2,114,487	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	241,032	4,211,488	48,310,624	2,218,513	1,614,880,793	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	239,240,565					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	9,931,838	0	67,040,251			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	40,034	0	0	270,230		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	130,737	0	0	0	882,477	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	810,788	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	423,962	0	195,139	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	4,278,125	0	718,419	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	27,835	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	154,280	0	0	0	0	9.05
10.00	01000	DIETARY	2,540,640	0	506,535	0	0	10.00
11.00	01100	CAFETERIA	166,871	0	1,660,162	0	111,665	11.00
13.00	01300	NURSING ADMINISTRATION	3,023,441	0	1,600,553	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,020,785	0	1,353,114	0	0	14.00
15.00	01500	PHARMACY	1,132,077	0	179,443	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,191,518	0	1,227,976	0	46,996	16.00
17.00	01700	SOCIAL SERVICE	3,279,299	0	467,896	0	29,464	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,286,909	0	3,904,785	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,523,371	0	882,104	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	22,772	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	298,072	0	18,657	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	120,222	0	53,688	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	8,740	0	2,837	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	33,959	0	6,753	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	63,909	0	16,467	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	19,330	0	278	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,127,013	0	8,147,334	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,768,993	0	587,761	0	0	31.01
32.00	03200	CORONARY CARE UNIT	1,698,855	0	651,841	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	916,220	0	429,565	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,441,898	0	288,145	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,879,516	0	607,404	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,088,698	0	826,874	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	2,081,418	0	895,456	0	0	40.00
43.00	04300	NURSERY	2,019,762	0	1,142,803	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,755,374	0	6,299,864	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	904,395	0	360,458	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,492,188	0	527,566	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,207,697	0	2,160,715	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,774,142	0	852,006	0	0	55.00
55.01	03630	ULTRA SOUND	765,918	0	110,151	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,092,601	0	286,603	0	0	55.02
57.00	05700	CT SCAN	1,191,216	0	185,919	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,180,372	0	494,508	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,251,966	0	342,573	0	0	59.00
60.00	06000	LABORATORY	8,643,249	0	1,725,075	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	980,294	0	596,827	0	0	60.01
60.02	03140	CARDIOLOGY	1,666,185	0	864,927	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,491,471	0	331,687	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,323,988	0	217,990	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,299,538	0	281,545	0	24,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	464,556	0	82,983	0	26,889	67.00
69.00	06900	ELECTROCARDIOLOGY	144,457	0	34,137	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	756,747	0	63,710	0	134,206	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,640,289	0	50,265	0	45,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,043,014	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,295,118	0	663,467	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,623,423	0	364,405	0	0	74.00
76.00	03950	IVF/CULTURE LAB	538,863	0	305,722	0	0	76.00

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERA L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
		5.00	6.00	6.01	6.02	6.04	
76.02	03952 URODYNAMICS	33,014	0	13,075	0	0	76.02
76.03	03953 SPINE TREATMENT CENTER	120,284	0	83,693	0	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	1,167,054	0	587,144	0	0	76.05
76.06	03580 RECREATIONAL THERAPY	165,313	0	151,843	0	0	76.06
76.07	03957 CDC - REHAB	71,638	0	33,736	0	0	76.07
76.08	03958 DIABETES EDUCATION	98,170	0	44,560	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	152,333	0	6,198	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	88,832	0	47,305	0	0	76.98
76.99	07699 LITHOTRIPSY	261,461	0	13,815	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	744,803	0	16,776	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	229,325	0	271,893	0	0	90.01
90.02	09002 DERMATOLOGY CLINIC	366,962	0	406,314	0	0	90.02
90.03	09003 ORAL SURGERY CLINIC	454,512	0	370,789	0	31,189	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	2,100,909	0	2,475,657	0	0	90.04
90.05	09005 NEUROLOGY CLINIC	503,860	0	648,017	0	0	90.05
90.06	09006 OB-GYN CLINIC	785,885	0	901,377	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,525,520	0	1,190,786	0	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	1,088,830	0	949,915	0	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	1,214,220	0	929,747	0	71,143	90.09
90.10	09010 PEDIATRIC CLINIC	2,276,465	0	3,789,330	0	207,713	90.10
90.11	09011 SURGERY CLINIC	957,194	0	1,109,375	0	0	90.11
90.12	09012 UROLOGY CLINIC	352,163	0	402,860	0	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	802,025	0	584,523	0	113,886	90.13
90.14	09014 CANCER CLINIC	2,141,914	0	1,417,780	0	0	90.14
90.15	09015 FAMILY CARE CLINIC	423,465	0	736,582	0	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	401,175	0	0	0	0	90.16
90.19	09019 BURN CLINIC	69,804	0	0	0	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	323,532	0	0	0	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	36,132	0	0	0	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	131,934	0	0	0	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	548,439	0	0	0	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	422,807	0	0	0	0	90.56
90.57	09057 IRL-OPHTHALMOLOGY	250,501	0	0	0	0	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	87,685	0	0	0	0	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	141,568	0	0	0	0	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	306,546	0	0	0	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	232,163	0	0	0	0	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	101	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	128,733	0	0	0	0	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	174,322	0	0	0	0	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	1,872	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	641,923	0	0	0	0	90.76
90.77	09077 IRL- GASTROENTEROLOGY BREATH TESTIN	4,722	0	0	0	0	90.77
90.80	09080 IRL EAST-FAMILY PRACTICE CLINIC	312,268	0	0	0	0	90.80
90.81	09081 IRL EAST- PEDIATRICS CLINIC	67,348	0	0	0	0	90.81
90.82	09082 IRL EAST-DERMATOLOGY CLINIC	2,849	0	0	0	0	90.82
90.83	09083 IRL EAST-SURGERY CLINIC	11,016	0	0	0	0	90.83
90.84	09084 IRL EAST-NEUROLOGY CLINIC	80,376	0	0	0	0	90.84
90.85	09085 IRL EAST-DIABETES CENTER CLINIC	1,309	0	0	0	0	90.85
90.86	09086 IRL EAST-GASTROENTEROLOGY CLINIC	17,287	0	0	0	0	90.86
90.95	09095 QUAD CITIES - CANCER CENTER	310,312	0	0	0	0	90.95
90.96	09096 NORTH DODGE - OB/GYN CLINIC	207,996	0	0	0	0	90.96
90.97	09097 NORTH DODGE - REI CLINIC	2,165	0	0	0	0	90.97
91.00	09100 EMERGENCY	2,078,617	0	1,057,383	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	797,947	0	238,527	0	0	92.01
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	107,805	0	157,302	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	164,368	0	62,014	0	0	94.00
95.00	09500 AMBULANCE SERVICES	205,954	0	266,065	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,013,225	0	35,987	0	0	105.00
106.00	10600 HEART ACQUISITION	204,760	0	25,626	0	0	106.00
107.00	10700 LIVER ACQUISITION	409,489	0	17,115	0	0	107.00
108.00	10800 LUNG ACQUISITION	302,872	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	110,086	0	278	0	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	213,517,107	0	62,618,479	0	843,491	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	289,298	0	53,287	0	0	190.00
190.01	19001	VENDING/PATIENT ART	425,300	0	327,616	0	35,111	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	1,837	0	18,317	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	18,678,971	0	386,084	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	71,727	0	703,956	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	141,223	0	104,816	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	675,611	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	6,146	0	61,274	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	106,913	0	1,064,661	0	3,875	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	255,894	0	333,568	270,230	0	190.13
190.14	19014	EPIC REMOTE HOSTING	8,879	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	32,654	0	0	0	0	190.15
191.00	19100	RESEARCH	135,340	0	1,349,259	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	4,525,930	0	18,934	0	0	194.00
194.01	07951	OUTREACH	367,735	0	0	0	0	194.01
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)	239,240,565	0	67,040,251	270,230	882,477	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/20/2019 1:59 pm

Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	5,472,845					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	70,687	3,127,583				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	325	0	29,596,238		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	187,887	9.04
9.05	00905	HOUSEKEEPING-IRL	55,953	0	0	0	0	9.05
10.00	01000	DIETARY	87,602	3,587	0	226,709	0	10.00
11.00	01100	CAFETERIA	0	2,773	0	743,037	23,775	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	716,358	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37	0	605,612	0	14.00
15.00	01500	PHARMACY	9,570	0	0	80,313	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	549,604	10,006	16.00
17.00	01700	SOCIAL SERVICE	4,718	0	0	209,416	6,273	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,747,660	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	19,164	0	394,802	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	8,350	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	24,029	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	1,270	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	3,023	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	7,370	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	124	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,076,133	0	3,646,492	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	85,243	0	263,063	0	31.01
32.00	03200	CORONARY CARE UNIT	0	55,466	0	291,744	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	63,162	0	192,260	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	114,395	0	128,965	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	7,264	0	271,855	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,977	0	370,083	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	71,572	0	400,778	0	40.00
43.00	04300	NURSERY	0	52,249	0	511,483	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	683,818	0	2,819,622	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,955	0	161,330	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	236,122	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	530,864	72,157	0	967,068	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,843	0	381,331	0	55.00
55.01	03630	ULTRA SOUND	0	19,942	0	49,300	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	14,975	0	128,274	0	55.02
57.00	05700	CT SCAN	0	43,250	0	83,211	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51,283	0	221,327	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,337	0	153,325	0	59.00
60.00	06000	LABORATORY	193,232	3,280	0	772,089	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	3,394	0	267,121	0	60.01
60.02	03140	CARDIOLOGY	25,016	23,816	0	387,114	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,892	0	148,453	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	97,565	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,278	0	126,011	5,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,558	0	0	37,141	5,725	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,279	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,266	0	28,515	28,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	167	0	22,497	9,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	654,120	7,791	0	296,947	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,341	0	163,096	0	74.00
76.00	03950	IVF/CULTURE LAB	0	7,816	0	136,832	0	76.00
76.02	03952	URODYNAMICS	0	2,822	0	5,852	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
76.03	03953	SPINE TREATMENT CENTER	0	77	0	37,458	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	44,933	0	262,787	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	67,960	0	76.06
76.07	03957	CDC - REHAB	0	683	0	15,099	0	76.07
76.08	03958	DIABETES EDUCATION	14,823	0	0	19,944	0	76.08
76.97	07697	CARDIAC REHABILITATION	144,134	1,845	0	2,774	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,336	0	21,172	0	76.98
76.99	07699	LITHOTRIPSY	0	7,338	0	6,183	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	7,508	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	7,672	0	121,691	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	8,524	0	181,853	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,573	0	165,953	6,640	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	5,347	0	1,108,027	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	4,608	0	290,032	0	90.05
90.06	09006	OB-GYN CLINIC	0	9,539	0	403,428	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	2,926	0	532,959	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	10,173	0	425,152	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	2,799	0	416,126	15,147	90.09
90.10	09010	PEDIATRIC CLINIC	0	6,114	0	1,695,985	44,224	90.10
90.11	09011	SURGERY CLINIC	0	3,881	0	496,522	0	90.11
90.12	09012	UROLOGY CLINIC	0	18,063	0	180,307	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	30	0	261,614	24,247	90.13
90.14	09014	CANCER CLINIC	0	31,473	0	634,554	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	3,499	0	329,671	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	236,320	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	5,698	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	136,032	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	344,042	8,284	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	235,029	20,235	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	249,229	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	34,498	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	161,716	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	264,408	2,550	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	178,720	4,956	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	45	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	168,304	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	91,742	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	590,600	17,834	0	0	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	422,652	992	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	146,626	54	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	5,742	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	7,078	203	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	80,435	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,537	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	128,198	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	157,421	0	473,252	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	58,941	0	106,757	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	70,403	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	380	0	27,756	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,155	0	119,082	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	16,107	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	11,469	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	7,660	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	124	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,281,928	3,127,208	0	27,617,191	179,587	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	23,850	0	190.00
190.01	19001	VENDING/PATIENT ART	0	375	0	146,631	7,475	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	8,198	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	190,917	0	0	172,799	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	315,069	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	46,912	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	27,424	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	476,509	825	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	149,295	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	603,886	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	8,474	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,472,845	3,127,583	0	29,596,238	187,887	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			HOUSEKEEPING-I RL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	1,097,349					9.05
10.00	01000	DIETARY	17,981	17,991,823				10.00
11.00	01100	CAFETERIA	0	0	3,667,799			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	61,278	22,786,519		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	64,085	293	15,663,508	14.00
15.00	01500	PHARMACY	1,964	0	12,630	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	64,553	99,905	0	16.00
17.00	01700	SOCIAL SERVICE	968	0	83,731	466,834	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	343,345	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,759	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	468	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	6,549	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,896,821	446,251	6,399,939	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	732,056	42,099	619,983	0	31.01
32.00	03200	CORONARY CARE UNIT	0	648,403	39,293	589,108	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	471,638	21,518	317,164	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,008,464	60,343	862,938	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,108,924	62,214	766,602	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	631,500	46,309	610,499	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	1,911,787	67,359	964,694	0	40.00
43.00	04300	NURSERY	0	551,809	47,245	663,865	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	293,293	3,021,107	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	19,646	275,111	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,374	85,023	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,964	0	88,409	196,601	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	24,792	59,546	0	55.00
55.01	03630	ULTRA SOUND	0	0	14,033	367	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	10,291	13,161	0	55.02
57.00	05700	CT SCAN	0	0	11,227	7,267	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,904	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15,904	140,822	0	59.00
60.00	06000	LABORATORY	39,662	0	108,055	5,954	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	22,453	0	0	60.01
60.02	03140	CARDIOLOGY	5,135	0	36,486	152,234	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,630	75,061	7	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	53,794	13,810	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,680	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	320	0	11,227	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,807	6,739	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	20,114	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,455,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,208,195	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,261	0	102,910	7,933	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	20,582	147,230	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	10,291	67,934	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.05	10.00	11.00	13.00	14.00	
76.02	03952 URODYNAMICS	0	0	468	9,522	0	76.02
76.03	03953 SPINE TREATMENT CENTER	0	0	2,807	29,070	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0	0	24,324	289,086	0	76.05
76.06	03580 RECREATIONAL THERAPY	0	0	4,210	0	0	76.06
76.07	03957 CDC - REHAB	0	0	1,403	19,160	0	76.07
76.08	03958 DIABETES EDUCATION	3,043	0	1,871	23,786	0	76.08
76.97	07697 CARDIAC REHABILITATION	29,584	0	3,274	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	1,871	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	2,339	36,144	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	6,549	38,103	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0	0	4,678	56,337	0	90.01
90.02	09002 DERMATOLOGY CLINIC	0	0	12,630	82,498	0	90.02
90.03	09003 ORAL SURGERY CLINIC	0	0	12,162	54,609	0	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	0	0	145,945	564,044	0	90.04
90.05	09005 NEUROLOGY CLINIC	0	0	21,518	96,172	0	90.05
90.06	09006 OB-GYN CLINIC	0	0	33,680	193,402	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	50,987	72,089	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	0	0	50,987	275,199	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0	0	29,002	100,432	0	90.09
90.10	09010 PEDIATRIC CLINIC	0	0	101,506	603,788	0	90.10
90.11	09011 SURGERY CLINIC	0	0	58,004	201,929	0	90.11
90.12	09012 UROLOGY CLINIC	0	0	15,904	69,620	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	0	0	38,357	87,282	0	90.13
90.14	09014 CANCER CLINIC	0	0	55,197	653,449	0	90.14
90.15	09015 FAMILY CARE CLINIC	0	0	31,341	130,417	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0	0	10,291	67,124	0	90.16
90.19	09019 BURN CLINIC	0	0	1,871	24,848	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	48,507	0	6,549	65,070	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	1,169	0	936	15,158	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	27,922	0	2,807	42,569	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	70,617	0	14,033	197,282	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	48,242	0	8,420	93,644	0	90.56
90.57	09057 IRL-OPHTHALMOLOGY	51,156	0	5,145	13,758	0	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	7,081	0	1,871	31,594	0	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	33,193	0	2,339	31,636	0	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	54,272	0	7,952	121,628	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	36,684	0	4,210	67,179	0	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	9	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	34,546	0	2,339	38,347	0	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	18,831	0	4,210	38,822	0	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	121,225	0	9,823	124,323	0	90.76
90.77	09077 IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	1,844	0	90.77
90.80	09080 IRL EAST-FAMILY PRACTICE CLINIC	86,753	0	7,952	121,921	0	90.80
90.81	09081 IRL EAST- PEDIATRICS CLINIC	30,096	0	1,871	26,437	0	90.81
90.82	09082 IRL EAST-DERMATOLOGY CLINIC	1,179	0	0	471	0	90.82
90.83	09083 IRL EAST-SURGERY CLINIC	1,453	0	0	2,427	0	90.83
90.84	09084 IRL EAST-NEUROLOGY CLINIC	16,510	0	1,403	11,492	0	90.84
90.85	09085 IRL EAST-DIABETES CENTER CLINIC	521	0	0	0	0	90.85
90.86	09086 IRL EAST-GASTROENTEROLOGY CLINIC	26,314	0	0	0	0	90.86
90.95	09095 QUAD CITIES - CANCER CENTER	0	0	8,888	75,406	0	90.95
90.96	09096 NORTH DODGE - OB/GYN CLINIC	0	0	3,274	41,839	0	90.96
90.97	09097 NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100 EMERGENCY	0	0	68,762	621,631	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	21,050	293,880	0	92.01
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	2,339	29,904	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	1,403	43,568	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	9,355	111,966	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	11,227	66,345	0	105.00
106.00	10600 HEART ACQUISITION	0	0	1,403	7,371	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	5,613	18,748	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	3,274	4,438	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	318	0	109.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,058,162	17,961,402	3,395,555	22,776,850	15,663,508	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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11/20/2019 1:59 pm

Cost Center Description			HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	7,952	9,669	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	39,187	0	59,407	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	30,421	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	2,807	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	131,912	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	468	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	69,698	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,097,349	17,991,823	3,667,799	22,786,519	15,663,508	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
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Part I
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11/20/2019 1:59 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,925,478					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,791,860				16.00
17.00	01700	SOCIAL SERVICE	0	0	23,404,681			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	68,682,746		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		25,089,703	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0			23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,925	1,328,354	11,874,210	7,081,817	2,586,977	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	75,258	269,196	753,958	275,420	31.01
32.00	03200	CORONARY CARE UNIT	0	66,676	255,644	732,810	267,695	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	48,522	815,905	332,053	121,298	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	103,700	99,794	1,136,093	415,013	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	114,043	565,497	1,293,422	472,485	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	64,916	0	771,371	281,781	35.01
40.00	04000	SUBPROVIDER - IPF	1	94,953	2,281,701	802,339	293,093	40.00
43.00	04300	NURSERY	0	91,927	1,088,490	1,397,250	510,413	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,109	0	24,640	11,132,444	4,066,661	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,244	484,472	176,977	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,471,285	537,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,991	0	0	3,182,806	1,162,674	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,683	0	0	1,860,995	679,819	55.00
55.01	03630	ULTRA SOUND	0	0	0	666,508	243,475	55.01
55.02	05501	RADIOLOGY - PET SCAN	21,963	0	0	748,627	273,472	55.02
57.00	05700	CT SCAN	27,934	0	0	3,482,296	1,272,078	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,053	0	0	2,706,664	988,740	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,042	0	0	1,889,753	690,324	59.00
60.00	06000	LABORATORY	18,872	0	0	9,043,273	3,303,494	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	764,322	279,206	60.01
60.02	03140	CARDIOLOGY	22,937	0	6,160	1,662,299	607,235	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	213	0	308	709,663	259,239	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,409,437	514,865	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	585,407	213,848	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	229,803	83,947	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	175,513	64,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	528,679	193,126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	6,012,301	0	9,240	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
74.00	07400	RENAL DIALYSIS	27,002	118,224	1,220,624	1,106,300	404,130	74.00
76.00	03950	IVF/CULTURE LAB	19	0	0	93,464	34,142	76.00
76.02	03952	URODYNAMICS	0	0	0	58,113	21,229	76.02
76.03	03953	SPINE TREATMENT CENTER	45	0	0	41,173	15,041	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	1,109	0	0	929,945	339,708	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	9,346	3,414	76.06
76.07	03957	CDC - REHAB	0	0	566,421	20,446	7,469	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	10,591	3,869	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	60,357	22,048	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	39,648	14,483	76.98
76.99	07699	LITHOTRIPSY	0	0	0	206,534	75,446	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	284,163	103,804	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	93,303	0	169,481	61,911	90.01
90.02	09002	DERMATOLOGY CLINIC	7	292,011	2,464	235,187	85,913	90.02
90.03	09003	ORAL SURGERY CLINIC	0	239,749	2,156	89,326	32,631	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,424	1,072,487	469,708	324,390	118,499	90.04
90.05	09005	NEUROLOGY CLINIC	68	231,552	10,472	208,164	76,042	90.05
90.06	09006	OB-GYN CLINIC	127	780,916	52,669	129,798	47,415	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	62	856,779	8,624	578,550	211,344	90.07
90.08	09008	ORTHOPAEDICS CLINIC	366	779,650	103,798	241,201	88,111	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	286,125	14,168	350,921	128,191	90.09
90.10	09010	PEDIATRIC CLINIC	5,568	1,022,205	863,646	256,861	93,831	90.10
90.11	09011	SURGERY CLINIC	4,445	434,991	279,977	139,390	50,919	90.11
90.12	09012	UROLOGY CLINIC	1,012	137,203	0	177,986	65,018	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	651,139	960,359	214,758	78,451	90.13
90.14	09014	CANCER CLINIC	35,994	840,330	51,437	838,164	306,180	90.14
90.15	09015	FAMILY CARE CLINIC	115	374,751	0	114,840	41,951	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,403	318,528	0	167,429	61,162	90.16
90.19	09019	BURN CLINIC	4	38,619	0	18,447	6,739	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,887	356,597	9,856	208,445	76,145	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	14,854	1,232	8,698	3,177	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	98,364	6,160	57,482	20,998	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	101	269,401	19,096	157,487	57,530	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	10	312,971	16,016	182,948	66,831	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	168,176	6,776	98,287	35,904	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1	62,000	3,388	36,246	13,241	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	125,431	4,620	73,316	26,782	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	4	160,089	18,172	93,044	33,989	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	275,122	11,088	160,100	58,484	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	990	0	579	211	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	7	67,612	4,312	39,508	14,432	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	65,741	4,928	38,438	14,041	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	605	0	351	128	90.72
90.76	09076	IRL - PROCEDURE SUITES	7,901	548,154	0	320,392	117,039	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	11,498	0	6,734	2,460	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	43	178,133	16,632	104,126	38,037	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	27,067	0	15,817	5,778	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	8,252	0	4,822	1,762	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	5,556	0	3,244	1,185	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	70,912	1,232	41,436	15,137	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	550	0	316	115	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	877	320	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	4,900	89,012	0	90,448	33,041	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	4	134,893	0	57,780	21,107	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	1,561	570	90.97
91.00	09100	EMERGENCY	1	746,147	26,796	2,380,292	869,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	307	95,833	124,434	108,492	39,632	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	14,835	5,419	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	2,091	0	191,593	69,989	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	34,720	12,683	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	90,002	550,405	0	0	105.00
106.00	10600	HEART ACQUISITION	0	16,229	263,652	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	33,503	206,979	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	10,948	195,275	0	0	108.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
109.00	10900	PANCREAS ACQUISITION	0	1,045	3,080	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,413,960	14,604,689	23,404,681	68,682,746	25,089,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	1,511,518	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	2,187,171	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	7,925,478	16,791,860	23,404,681	68,682,746	25,089,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY		154,179				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			2,045,551			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				889,220		23.04
23.05	02305	PARAMED ED PRGM-PASTORAL					63,104	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	45,345	894,125	0	43,271	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	9,636	25,730	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	6,802	340,925	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,037	25,730	0	5,409	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	567	77,191	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	20,973	25,730	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	10,203	83,623	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	10,770	25,730	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	889,220	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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 PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	3,401	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00

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		23.00	23.01	23.02	23.04	23.05	
76.02	03952 URODYNAMICS	0	0	0	0	0	76.02
76.03	03953 SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580 RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957 CDC - REHAB	0	0	0	0	0	76.07
76.08	03958 DIABETES EDUCATION	0	0	0	0	0	76.08
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
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002 DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	0	0	225,139	0	0	90.04
90.05	09005 NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006 OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010 PEDIATRIC CLINIC	0	4,535	0	0	0	90.10
90.11	09011 SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012 UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014 CANCER CLINIC	0	5,668	83,623	0	0	90.14
90.15	09015 FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0	1,134	0	0	0	90.16
90.19	09019 BURN CLINIC	0	0	0	0	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	0	2,834	0	0	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	0	0	57,893	0	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	0	567	0	0	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	0	2,267	90,056	0	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	0	2,267	0	0	0	90.56
90.57	09057 IRL-OPHTHALMOLOGY	0	1,134	0	0	0	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	0	567	0	0	0	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	0	1,134	0	0	0	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	0	1,134	0	0	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	0	2,267	0	0	0	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	0	567	0	0	0	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	0	567	0	0	0	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	0	3,968	0	0	0	90.76
90.77	09077 IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080 IRL EAST-FAMILY PRACTICE CLINIC	0	1,134	0	0	0	90.80
90.81	09081 IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082 IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083 IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084 IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085 IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086 IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095 QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096 NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097 NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100 EMERGENCY	0	0	90,056	0	14,424	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	152,478	2,045,551	889,220	63,104	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	1,701	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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	154,179	2,045,551	889,220	63,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	PARAMED ED PRGM-PASTORAL						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	239,001					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		455,227				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			130,879			23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	170,089,922	-9,668,794	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	15,680,164	-1,029,378	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	15,413,735	-1,000,505	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	9,041,779	-453,351	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	20,778,502	-1,551,106	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	24,753,245	-1,765,907	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	17,822,921	-1,053,152	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,869,878	-1,095,432	40.00
43.00	04300	NURSERY	0	0	0	19,690,997	-1,907,663	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	154,941,977	-15,199,105	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,644,891	-661,449	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,975,150	-2,008,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,001	455,227	130,879	45,511,712	-4,345,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,869,535	-2,540,814	55.00
55.01	03630	ULTRA SOUND	0	0	0	6,273,748	-909,983	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	8,872,461	-1,022,099	55.02
57.00	05700	CT SCAN	0	0	0	13,153,929	-4,754,374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,462,030	-3,695,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,725,893	-2,580,077	59.00
60.00	06000	LABORATORY	0	0	0	73,555,216	-12,346,767	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	8,550,344	-1,043,528	60.01
60.02	03140	CARDIOLOGY	0	0	0	15,040,168	-2,269,534	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,614,635	-968,902	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,994,461	-1,924,302	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,052,018	-799,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,615,363	-313,750	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,273,682	-239,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,107,257	-721,805	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,655,374	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	98,248,991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	252,881,032	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
74.00	07400	RENAL DIALYSIS	0	0	0	14,554,495	-1,947,405	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	4,293,566	-127,606	76.00
76.02	03952	URODYNAMICS	0	0	0	333,927	-79,342	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	1,021,283	-56,214	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	10,356,688	-1,269,653	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	1,352,642	-12,760	76.06
76.07	03957	CDC - REHAB	0	0	0	1,147,975	-27,915	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	785,140	-14,460	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,298,466	-82,405	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	726,434	-54,131	76.98
76.99	07699	LITHOTRIPSY	0	0	0	2,112,667	-281,980	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,484,347	-387,967	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	2,334,919	-231,392	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	3,784,407	-321,100	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	4,075,749	-121,957	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	20,691,877	-442,889	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	4,987,715	-284,206	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,857,102	-177,213	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	13,802,416	-789,894	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	10,274,191	-329,312	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	10,539,828	-479,112	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	24,061,521	-350,692	90.10
90.11	09011	SURGERY CLINIC	0	0	0	9,240,524	-190,309	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	3,445,084	-243,004	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	8,428,342	-293,209	90.13
90.14	09014	CANCER CLINIC	0	0	0	19,411,842	-1,144,344	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	4,621,569	-156,791	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	3,337,016	-228,591	90.16
90.19	09019	BURN CLINIC	0	0	0	561,708	-25,186	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	3,197,063	-284,590	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	352,710	-11,875	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	1,283,458	-78,480	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	4,932,180	-215,017	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	3,840,577	-249,779	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	2,320,455	-134,191	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	782,362	-49,487	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	1,415,754	-100,098	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	2,826,437	-127,033	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	2,365,917	-218,584	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	2,514	-790	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	1,238,924	-53,940	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	1,453,997	-52,479	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	13,718	-479	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	6,194,260	-437,431	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	54,407	-9,194	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	3,086,194	-142,163	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	708,347	-21,595	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	41,456	-6,584	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	95,503	-4,429	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	781,096	-56,573	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	12,874	-431	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	272,396	-1,197	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	2,396,314	-123,489	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	1,662,880	-78,887	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	16,746	-2,131	90.97
91.00	09100	EMERGENCY	0	0	0	20,536,418	-3,249,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	6,474,020	-148,124	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	1,007,891	-20,254	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,508,281	-261,582	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,948,225	-47,403	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	7,609,374	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,707,889	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	3,053,683	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	2,258,331	0	108.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	747,930	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	239,001	455,227	130,879	1,430,285,031	-94,209,424	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,029,907	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	3,405,618	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	38,917	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	0	128,443,612	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,533,605	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,107,795	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	4,560,395	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	130,185	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	2,399,451	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	2,482,088	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	60,400	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	220,417	0	190.15
191.00	19100	RESEARCH	0	0	0	2,866,692	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	32,834,458	0	194.00
194.01	07951	OUTREACH	0	0	0	2,482,222	0	194.01
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)	239,001	455,227	130,879	1,614,880,793	-94,209,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	1.01
1.02	00102	CAP REL COSTS-WESTLAWN	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03
1.04	00104	CAP REL COSTS-CDD	1.04
1.05	00105	CAP REL COSTS-IRL	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	9.01
9.04	00904	HOUSEKEEPING-CDD	9.04
9.05	00905	HOUSEKEEPING-IRL	9.05
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	23.08
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
55.01	03630	ULTRA SOUND	55.01
55.02	05501	RADIOLOGY - PET SCAN	55.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	ANATOMICAL LABORATORY	60.01
60.02	03140	CARDIOLOGY	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03950	IVF/CULTURE LAB	76.00
76.02	03952	URODYNAMICS	76.02
76.03	03953	SPINE TREATMENT CENTER	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
76.05	03340	DIGESTIVE DISEASE CENTER	9,087,035	76.05
76.06	03580	RECREATIONAL THERAPY	1,339,882	76.06
76.07	03957	CDC - REHAB	1,120,060	76.07
76.08	03958	DIABETES EDUCATION	770,680	76.08
76.97	07697	CARDIAC REHABILITATION	1,216,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	672,303	76.98
76.99	07699	LITHOTRIPSY	1,830,687	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,096,380	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	2,103,527	90.01
90.02	09002	DERMATOLOGY CLINIC	3,463,307	90.02
90.03	09003	ORAL SURGERY CLINIC	3,953,792	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	20,248,988	90.04
90.05	09005	NEUROLOGY CLINIC	4,703,509	90.05
90.06	09006	OB-GYN CLINIC	7,679,889	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,012,522	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,944,879	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,060,716	90.09
90.10	09010	PEDIATRIC CLINIC	23,710,829	90.10
90.11	09011	SURGERY CLINIC	9,050,215	90.11
90.12	09012	UROLOGY CLINIC	3,202,080	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,135,133	90.13
90.14	09014	CANCER CLINIC	18,267,498	90.14
90.15	09015	FAMILY CARE CLINIC	4,464,778	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,108,425	90.16
90.19	09019	BURN CLINIC	536,522	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,912,473	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	340,835	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,204,978	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,717,163	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,590,798	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,186,264	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	732,875	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,315,656	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,699,404	90.60
90.61	09061	IRL - SURGERY CLINIC	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	2,147,333	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	1,724	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,184,984	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,401,518	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	13,239	90.72
90.76	09076	IRL - PROCEDURE SUITES	5,756,829	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	45,213	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,944,031	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	686,752	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	34,872	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	91,074	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	724,523	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12,443	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	271,199	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	2,272,825	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,583,993	90.96
90.97	09097	NORTH DODGE - REI CLINIC	14,615	90.97
91.00	09100	EMERGENCY	17,286,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,325,896	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	987,637	93.99
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	1,246,699	94.00
95.00	09500	AMBULANCE SERVICES	1,900,822	95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	7,609,374	105.00
106.00	10600	HEART ACQUISITION	1,707,889	106.00
107.00	10700	LIVER ACQUISITION	3,053,683	107.00
108.00	10800	LUNG ACQUISITION	2,258,331	108.00
109.00	10900	PANCREAS ACQUISITION	747,930	109.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,336,075,607	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,029,907	190.00
190.01	19001	VENDING/PATIENT ART	3,405,618	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	38,917	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	128,443,612	190.03

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Cost Center Description			Total	
			26.00	
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,533,605	190.05
190.06	19006	PATIENT EDUCATION SERVICE	1,107,795	190.06
190.07	19007	NON-ALLOWABLE	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	4,560,395	190.08
190.09	19009	CONTACT LENS CLINIC	130,185	190.09
190.10	19010	IRL-PHYSICIANS	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	2,399,451	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	2,482,088	190.13
190.14	19014	EPIC REMOTE HOSTING	60,400	190.14
190.15	19015	RENTAL PROPERTIES	220,417	190.15
191.00	19100	RESEARCH	2,866,692	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	UICOM	32,834,458	194.00
194.01	07951	OUTREACH	2,482,222	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,520,671,369	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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			CAPITAL RELATED COSTS					
Cost Center Description			Directly Assigned New Capital Related Costs	BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	3,870,205	0	6,940,270	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	4,699,877	0	643,176	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	2,110	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	112,550	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	414,359	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	0	292,152	0	0	10.00
11.00	01100	CAFETERIA	0	0	957,525	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,217	0	923,144	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	365,774	0	780,430	0	0	14.00
15.00	01500	PHARMACY	0	0	103,496	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,722	0	708,255	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	269,866	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,252,147	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,760	0	508,767	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	10,761	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	30,965	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	1,636	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	3,895	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	9,498	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	160	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	425,485	0	4,699,103	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	23,831	0	339,000	0	0	31.01
32.00	03200	CORONARY CARE UNIT	31,712	0	375,960	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	70,311	0	247,758	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	63,962	0	166,192	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	350,330	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,021	0	476,913	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	4,967	0	516,469	0	0	40.00
43.00	04300	NURSERY	0	0	659,130	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	944,570	0	3,633,546	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38	0	207,900	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	304,282	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,246,226	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	193	0	491,408	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	63,531	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	165,303	0	0	55.02
57.00	05700	CT SCAN	0	0	107,232	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	285,216	0	30,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	197,584	0	0	59.00
60.00	06000	LABORATORY	15,496	0	994,964	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	344,229	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	498,860	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	629	0	191,306	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	26,445	0	125,729	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	162,386	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	47,862	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	6,550	0	19,689	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	902	0	36,746	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	28,991	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

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Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
0	1.00	1.01	1.02	1.03				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	382,665	0	0	73.00
74.00	07400	RENAL DIALYSIS	409,666	0	210,177	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	176,330	0	0	76.00
76.02	03952	URODYNAMICS	0	0	7,541	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	48,271	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	338,645	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	87,578	0	0	76.06
76.07	03957	CDC - REHAB	0	0	19,458	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	25,701	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,575	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	27,284	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	7,968	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	69,701	0	9,676	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	156,819	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	234,348	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	213,858	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	1,427,874	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,738	0	373,754	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	519,883	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	686,805	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	547,879	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	536,247	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	2,185,556	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	639,850	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	232,356	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	5,579	0	337,133	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	817,727	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	424,835	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	213,764	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	7,434	0	609,863	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,426	0	137,574	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	90,726	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	8,015	0	35,768	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,067	0	153,457	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,957	0	20,756	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	14,780	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
				1.00	1.01	1.02	1.03	
107.00	10700	LIVER ACQUISITION	0	0	9,871	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	160	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,115,360	0	43,699,645	0	244,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30,734	0	0	190.00
190.01	19001	VENDING/PATIENT ART	3,452	0	188,958	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,565	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	222,680	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	406,018	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	60,454	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	35,341	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	614,060	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	93,383	0	192,391	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	778,207	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	67,977	0	10,921	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,280,172	0	46,249,974	0	244,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP- IRL		
			1.04	1.05	2.00	2.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	82,436	139,181	20,806,833	0	31,838,925	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	51,200	0	5,394,253	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	2,162	0	4,272	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	172,549	0	0	172,549	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,369	2,758	0	165,677	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	68,449	0	482,808	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	39,870	0	5,962	45,832	9.05
10.00	01000	DIETARY	0	62,422	88,009	0	442,583	10.00
11.00	01100	CAFETERIA	20,068	0	0	0	977,593	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	374,215	0	1,305,576	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,203	0	1,168,407	14.00
15.00	01500	PHARMACY	0	6,819	14,380	0	124,695	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,446	0	7,115	0	725,538	16.00
17.00	01700	SOCIAL SERVICE	5,295	3,362	0	0	278,523	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,252,147	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	527,527	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	10,761	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	30,965	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	1,636	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	3,895	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	9,498	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	160	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,532,456	0	6,657,044	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	210,967	0	573,798	31.01
32.00	03200	CORONARY CARE UNIT	0	0	375,291	0	782,963	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	73,125	0	391,194	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	275,792	0	505,946	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	132,648	0	482,978	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	373,292	0	867,226	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	11,371	0	532,807	40.00
43.00	04300	NURSERY	0	0	251,512	0	910,642	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,904,233	0	10,482,349	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	124,932	0	332,870	52.00
53.00	05300	ANESTHESIOLOGY	0	0	758,483	0	1,062,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	378,275	2,194,887	221,612	4,041,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,567,798	0	2,059,399	55.00
55.01	03630	ULTRA SOUND	0	0	276,335	0	339,866	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	707,186	0	872,489	55.02
57.00	05700	CT SCAN	0	0	1,535,111	0	1,642,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,109,590	0	2,425,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	956,300	0	1,153,884	59.00
60.00	06000	LABORATORY	0	137,690	1,432,950	742	2,581,842	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	303,892	0	648,121	60.01
60.02	03140	CARDIOLOGY	0	17,826	901,155	38,615	1,456,456	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	147,594	0	339,529	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	313,146	0	465,320	65.00
66.00	06600	PHYSICAL THERAPY	4,493	0	22,659	0	189,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,832	1,110	0	0	53,804	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,128	0	53,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,119	0	179,387	0	241,154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,149	0	0	0	37,140	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	466,102	686,195	3,444	1,538,406	73.00
74.00	07400	RENAL DIALYSIS	0	0	208,189	0	828,032	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL		
			1.04	1.05	2.00	2.05		
76.00	03950	IVF/CULTURE LAB	0	0	12,922	0	189,252	76.00
76.02	03952	URODYNAMICS	0	0	9,922	0	17,463	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,827	0	57,098	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	598,387	0	937,032	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	87,578	76.06
76.07	03957	CDC - REHAB	0	0	0	0	19,458	76.07
76.08	03958	DIABETES EDUCATION	0	10,562	0	0	36,263	76.08
76.97	07697	CARDIAC REHABILITATION	0	102,705	3,676	16,336	126,292	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	7,286	0	34,570	76.98
76.99	07699	LITHOTRIPSY	0	0	138,233	0	146,201	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	79,377	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	88,842	0	245,661	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	38,137	0	272,485	90.02
90.03	09003	ORAL SURGERY CLINIC	5,605	0	37,355	0	256,818	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	68,776	0	1,496,650	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	36,041	0	413,533	90.05
90.06	09006	OB-GYN CLINIC	0	0	40,777	0	560,660	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	346,072	0	1,032,877	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	9,759	0	557,638	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	12,786	0	614,513	0	1,163,546	90.09
90.10	09010	PEDIATRIC CLINIC	37,330	0	28,071	0	2,250,957	90.10
90.11	09011	SURGERY CLINIC	0	0	38,833	0	678,683	90.11
90.12	09012	UROLOGY CLINIC	0	0	125,982	0	358,338	90.12
90.13	09013	PSYCHIATRIC CLINIC	20,467	0	99,259	0	462,438	90.13
90.14	09014	CANCER CLINIC	0	0	82,327	0	900,054	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	15,236	0	440,071	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	31,815	0	245,579	90.16
90.19	09019	BURN CLINIC	0	0	918	0	918	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	168,394	0	226,866	395,260	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	4,060	0	6,276	10,336	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	96,932	0	73,074	170,006	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	245,152	0	161,039	406,191	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	167,474	0	188,114	355,588	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	177,592	0	91,103	268,695	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	24,582	0	54,892	79,474	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	115,233	0	53,009	168,242	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	188,408	0	76,286	264,694	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	127,350	0	171,185	298,535	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	32	0	435	467	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	119,928	0	57,142	177,070	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	65,372	0	70,143	135,515	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	61	61	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	420,841	0	491,890	912,731	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	4,754	4,754	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	301,167	0	78,762	379,929	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	104,481	0	11,466	115,947	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	4,092	0	3,447	7,539	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	5,043	0	2,356	7,399	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	57,315	0	29,964	87,279	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,808	0	232	2,040	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	91,349	0	639	91,988	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	50,493	50,493	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	528	528	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	221,989	0	839,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	5,215	0	148,215	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	90,726	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	24,092	0	67,875	94.00
95.00	09500	AMBULANCE SERVICES	0	0	43,111	0	200,635	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	23,713	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	14,780	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	9,871	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	160	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL		
			1.04	1.05	2.00	2.05		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,026	4,075,447	47,807,301	2,190,867	109,366,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	30,734	190.00
190.01	19001	VENDING/PATIENT ART	6,310	0	0	0	198,720	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,565	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	136,041	73,961	27,646	460,328	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	406,018	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	60,454	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	35,341	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	696	0	0	0	614,756	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	285,774	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	1,680	0	1,680	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	778,207	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	427,682	0	506,580	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	241,032	4,211,488	48,310,624	2,218,513	112,755,826	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
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Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	31,838,925					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	1,321,774	0	6,716,027			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	5,328	0	0	5,328		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	17,399	0	0		21,671	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	107,903	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	56,423	0	19,549	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	569,352	0	71,970	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	3,704	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	20,532	0	0	0	0	9.05
10.00	01000	DIETARY	338,120	0	50,744	0	0	10.00
11.00	01100	CAFETERIA	22,208	0	166,313	0	2,742	11.00
13.00	01300	NURSING ADMINISTRATION	402,373	0	160,342	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	268,935	0	135,554	0	0	14.00
15.00	01500	PHARMACY	150,662	0	17,976	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	291,657	0	123,017	0	1,154	16.00
17.00	01700	SOCIAL SERVICE	436,424	0	46,873	0	724	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,235,944	0	391,178	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	468,906	0	88,368	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	3,031	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	39,669	0	1,869	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	16,000	0	5,378	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	1,163	0	284	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	4,519	0	677	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	8,505	0	1,650	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	2,572	0	28	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,279,341	0	816,193	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	235,426	0	58,881	0	0	31.01
32.00	03200	CORONARY CARE UNIT	226,091	0	65,301	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	121,935	0	43,033	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	324,979	0	28,866	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	383,219	0	60,849	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	277,973	0	82,835	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	277,005	0	89,706	0	0	40.00
43.00	04300	NURSERY	268,799	0	114,485	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,496,050	0	631,114	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,361	0	36,110	0	0	52.00
53.00	05300	ANESTHESIOLOGY	198,587	0	52,851	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	693,064	0	216,458	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,111	0	85,353	0	0	55.00
55.01	03630	ULTRA SOUND	101,932	0	11,035	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	145,408	0	28,712	0	0	55.02
57.00	05700	CT SCAN	158,532	0	18,625	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,089	0	49,539	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	166,617	0	34,319	0	0	59.00
60.00	06000	LABORATORY	1,150,283	0	172,816	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	130,462	0	59,790	0	0	60.01
60.02	03140	CARDIOLOGY	221,744	0	86,648	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	198,492	0	33,228	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	309,287	0	21,838	0	0	65.00
66.00	06600	PHYSICAL THERAPY	172,948	0	28,205	0	614	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,825	0	8,313	0	660	67.00
69.00	06900	ELECTROCARDIOLOGY	19,225	0	3,420	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,711	0	6,382	0	3,296	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	750,635	0	5,035	0	1,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,735,824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,830,024	0	66,465	0	0	73.00
74.00	07400	RENAL DIALYSIS	216,052	0	36,506	0	0	74.00
76.00	03950	IVF/CULTURE LAB	71,714	0	30,627	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERA L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
		5.00	6.00	6.01	6.02	6.04	
76.02	03952 URODYNAMICS	4,394	0	1,310	0	0	76.02
76.03	03953 SPINE TREATMENT CENTER	16,008	0	8,384	0	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	155,317	0	58,820	0	0	76.05
76.06	03580 RECREATIONAL THERAPY	22,001	0	15,212	0	0	76.06
76.07	03957 CDC - REHAB	9,534	0	3,380	0	0	76.07
76.08	03958 DIABETES EDUCATION	13,065	0	4,464	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	20,273	0	621	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,822	0	4,739	0	0	76.98
76.99	07699 LITHOTRIPSY	34,796	0	1,384	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	99,122	0	1,681	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	30,520	0	27,238	0	0	90.01
90.02	09002 DERMATOLOGY CLINIC	48,837	0	40,704	0	0	90.02
90.03	09003 ORAL SURGERY CLINIC	60,489	0	37,145	0	766	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	279,599	0	248,009	0	0	90.04
90.05	09005 NEUROLOGY CLINIC	67,056	0	64,918	0	0	90.05
90.06	09006 OB-GYN CLINIC	104,589	0	90,299	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	203,023	0	119,292	0	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	144,906	0	95,162	0	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	161,594	0	93,141	0	1,747	90.09
90.10	09010 PEDIATRIC CLINIC	302,962	0	379,611	0	5,101	90.10
90.11	09011 SURGERY CLINIC	127,388	0	111,136	0	0	90.11
90.12	09012 UROLOGY CLINIC	46,867	0	40,358	0	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	106,737	0	58,557	0	2,797	90.13
90.14	09014 CANCER CLINIC	285,056	0	142,032	0	0	90.14
90.15	09015 FAMILY CARE CLINIC	56,357	0	73,790	0	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	53,390	0	0	0	0	90.16
90.19	09019 BURN CLINIC	9,290	0	0	0	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	43,057	0	0	0	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	4,809	0	0	0	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	17,558	0	0	0	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	72,989	0	0	0	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	56,269	0	0	0	0	90.56
90.57	09057 IRL-OPHTHALMOLOGY	33,338	0	0	0	0	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	11,669	0	0	0	0	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	18,840	0	0	0	0	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	40,797	0	0	0	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	30,897	0	0	0	0	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	13	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	17,132	0	0	0	0	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	23,200	0	0	0	0	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	249	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	85,430	0	0	0	0	90.76
90.77	09077 IRL- GASTROENTERGOLOGY BREATH TESTIN	628	0	0	0	0	90.77
90.80	09080 IRL EAST-FAMILY PRACTICE CLINIC	41,558	0	0	0	0	90.80
90.81	09081 IRL EAST- PEDIATRICS CLINIC	8,963	0	0	0	0	90.81
90.82	09082 IRL EAST-DERMATOLOGY CLINIC	379	0	0	0	0	90.82
90.83	09083 IRL EAST-SURGERY CLINIC	1,466	0	0	0	0	90.83
90.84	09084 IRL EAST-NEUROLOGY CLINIC	10,697	0	0	0	0	90.84
90.85	09085 IRL EAST-DIABETES CENTER CLINIC	174	0	0	0	0	90.85
90.86	09086 IRL EAST-GASTROENTEROLOGY CLINIC	2,301	0	0	0	0	90.86
90.95	09095 QUAD CITIES - CANCER CENTER	41,298	0	0	0	0	90.95
90.96	09096 NORTH DODGE - OB/GYN CLINIC	27,681	0	0	0	0	90.96
90.97	09097 NORTH DODGE - REI CLINIC	288	0	0	0	0	90.97
91.00	09100 EMERGENCY	276,632	0	105,928	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	106,194	0	23,895	0	0	92.01
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	14,347	0	15,758	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	21,875	0	6,213	0	0	94.00
95.00	09500 AMBULANCE SERVICES	27,409	0	26,654	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	134,845	0	3,605	0	0	105.00
106.00	10600 HEART ACQUISITION	27,250	0	2,567	0	0	106.00
107.00	10700 LIVER ACQUISITION	54,497	0	1,715	0	0	107.00
108.00	10800 LUNG ACQUISITION	40,308	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	14,651	0	28	0	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	28,415,528	0	6,273,058	0	20,714	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERA L HOSP	MAINTENANCE & REPAIRS-WESTLA WN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,501	0	5,338	0	0	190.00
190.01	19001	VENDING/PATIENT ART	56,601	0	32,820	0	862	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	245	0	1,835	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	2,485,882	0	38,678	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	9,546	0	70,522	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	18,795	0	10,500	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	89,913	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	818	0	6,138	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	14,229	0	106,657	0	95	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	34,056	0	33,417	5,328	0	190.13
190.14	19014	EPIC REMOTE HOSTING	1,182	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	4,346	0	0	0	0	190.15
191.00	19100	RESEARCH	18,012	0	135,167	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	602,331	0	1,897	0	0	194.00
194.01	07951	OUTREACH	48,940	0	0	0	0	194.01
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)	31,838,925	0	6,716,027	5,328	21,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	280,452					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	3,622	245,271				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	25	0	1,124,155		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	3,704	9.04
9.05	00905	HOUSEKEEPING-IRL	2,867	0	0	0	0	9.05
10.00	01000	DIETARY	4,489	281	0	8,611	0	10.00
11.00	01100	CAFETERIA	0	217	0	28,223	469	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	27,209	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	23,003	0	14.00
15.00	01500	PHARMACY	490	0	0	3,051	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	20,876	197	16.00
17.00	01700	SOCIAL SERVICE	242	0	0	7,954	124	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	66,381	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,503	0	14,996	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	317	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	913	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	48	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	115	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	280	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	5	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	84,392	0	138,504	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	6,685	0	9,992	0	31.01
32.00	03200	CORONARY CARE UNIT	0	4,350	0	11,081	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,953	0	7,303	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,971	0	4,898	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	570	0	10,326	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,116	0	14,057	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	5,613	0	15,223	0	40.00
43.00	04300	NURSERY	0	4,098	0	19,428	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,627	0	107,098	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,839	0	6,128	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,969	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,204	5,659	0	36,732	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,497	0	14,484	0	55.00
55.01	03630	ULTRA SOUND	0	1,564	0	1,873	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	1,174	0	4,872	0	55.02
57.00	05700	CT SCAN	0	3,392	0	3,161	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,022	0	8,407	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,163	0	5,824	0	59.00
60.00	06000	LABORATORY	9,902	257	0	29,326	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	266	0	10,146	0	60.01
60.02	03140	CARDIOLOGY	1,282	1,868	0	14,704	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	776	0	5,639	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,706	0	65.00
66.00	06600	PHYSICAL THERAPY	0	728	0	4,786	105	66.00
67.00	06700	OCCUPATIONAL THERAPY	80	0	0	1,411	113	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	580	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	178	0	1,083	563	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13	0	855	190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,520	611	0	11,279	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,674	0	6,195	0	74.00
76.00	03950	IVF/CULTURE LAB	0	613	0	5,197	0	76.00
76.02	03952	URODYNAMICS	0	221	0	222	0	76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
76.03	03953	SPINE TREATMENT CENTER	0	6	0	1,423	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	3,524	0	9,981	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	2,581	0	76.06
76.07	03957	CDC - REHAB	0	54	0	574	0	76.07
76.08	03958	DIABETES EDUCATION	760	0	0	758	0	76.08
76.97	07697	CARDIAC REHABILITATION	7,386	145	0	105	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	183	0	804	0	76.98
76.99	07699	LITHOTRIPSY	0	575	0	235	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	285	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	602	0	4,622	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	668	0	6,907	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	202	0	6,303	131	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	419	0	42,086	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	361	0	11,016	0	90.05
90.06	09006	OB-GYN CLINIC	0	748	0	15,323	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	229	0	20,243	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	798	0	16,149	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	219	0	15,806	299	90.09
90.10	09010	PEDIATRIC CLINIC	0	479	0	64,419	872	90.10
90.11	09011	SURGERY CLINIC	0	304	0	18,859	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,417	0	6,849	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	2	0	9,937	478	90.13
90.14	09014	CANCER CLINIC	0	2,468	0	24,102	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	274	0	12,522	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	12,110	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	292	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	6,971	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	17,630	650	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	12,044	1,587	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	12,772	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,768	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	8,287	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	13,549	200	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	9,158	389	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	2	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	8,625	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	4,701	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	30,265	1,399	0	0	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	21,659	78	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	7,514	4	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	294	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	363	16	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	4,122	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	130	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	6,569	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	12,345	0	17,976	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,622	0	4,055	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,674	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	30	0	1,054	0	94.00
95.00	09500	AMBULANCE SERVICES	0	326	0	4,523	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	612	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	436	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	291	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	5	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	270,669	245,242	0	1,048,986	3,541	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	906	0	190.00
190.01	19001	VENDING/PATIENT ART	0	29	0	5,569	147	190.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-G ENERAL HOSP	HOUSEKEEPING-C DD	
			6.05	8.00	9.00	9.01	9.04	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	311	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	9,783	0	0	6,563	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	11,967	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,782	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	1,042	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	18,099	16	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	5,671	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	22,937	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	322	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	280,452	245,271	0	1,124,155	3,704	202.00

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			9.05	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	69,231					9.05
10.00	01000	DIETARY	1,134	845,962				10.00
11.00	01100	CAFETERIA	0	0	1,191,892			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	19,913	1,915,413		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	20,825	25	1,616,752	14.00
15.00	01500	PHARMACY	124	0	4,104	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	20,977	8,398	0	16.00
17.00	01700	SOCIAL SERVICE	61	0	27,209	39,242	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	111,574	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,496	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	152	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	2,128	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	512,360	145,021	537,970	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	34,421	13,681	52,115	0	31.01
32.00	03200	CORONARY CARE UNIT	0	30,487	12,769	49,520	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	22,176	6,992	26,661	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	47,417	19,609	72,538	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	52,141	20,217	64,440	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	29,693	15,049	51,318	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	89,891	21,889	81,091	0	40.00
43.00	04300	NURSERY	0	25,946	15,353	55,804	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	95,309	253,952	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,384	23,126	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14,745	7,147	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,874	0	28,729	16,526	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,056	5,005	0	55.00
55.01	03630	ULTRA SOUND	0	0	4,560	31	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	3,344	1,106	0	55.02
57.00	05700	CT SCAN	0	0	3,648	611	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,168	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,168	11,837	0	59.00
60.00	06000	LABORATORY	2,502	0	35,114	500	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	7,296	0	0	60.01
60.02	03140	CARDIOLOGY	324	0	11,857	12,797	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,104	6,310	1	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,481	1,161	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,945	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20	0	3,648	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	912	566	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,536	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	563,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,053,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,472	0	33,442	667	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,688	12,376	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	3,344	5,710	0	76.00

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		9.05	10.00	11.00	13.00	14.00	
76.02	03952 URODYNAMICS	0	0	152	800	0	76.02
76.03	03953 SPINE TREATMENT CENTER	0	0	912	2,444	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0	0	7,904	24,300	0	76.05
76.06	03580 RECREATIONAL THERAPY	0	0	1,368	0	0	76.06
76.07	03957 CDC - REHAB	0	0	456	1,611	0	76.07
76.08	03958 DIABETES EDUCATION	192	0	608	1,999	0	76.08
76.97	07697 CARDIAC REHABILITATION	1,866	0	1,064	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	608	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	760	3,038	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	2,128	3,203	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0	0	1,520	4,736	0	90.01
90.02	09002 DERMATOLOGY CLINIC	0	0	4,104	6,935	0	90.02
90.03	09003 ORAL SURGERY CLINIC	0	0	3,952	4,590	0	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	0	0	47,426	47,413	0	90.04
90.05	09005 NEUROLOGY CLINIC	0	0	6,992	8,084	0	90.05
90.06	09006 OB-GYN CLINIC	0	0	10,945	16,257	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	16,569	6,060	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	0	0	16,569	23,133	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0	0	9,424	8,442	0	90.09
90.10	09010 PEDIATRIC CLINIC	0	0	32,986	50,754	0	90.10
90.11	09011 SURGERY CLINIC	0	0	18,849	16,974	0	90.11
90.12	09012 UROLOGY CLINIC	0	0	5,168	5,852	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	0	0	12,465	7,337	0	90.13
90.14	09014 CANCER CLINIC	0	0	17,937	54,928	0	90.14
90.15	09015 FAMILY CARE CLINIC	0	0	10,185	10,963	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0	0	3,344	5,642	0	90.16
90.19	09019 BURN CLINIC	0	0	608	2,089	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	3,060	0	2,128	5,470	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	74	0	304	1,274	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	1,762	0	912	3,578	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	4,455	0	4,560	16,583	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	3,044	0	2,736	7,872	0	90.56
90.57	09057 IRL-OPHTHALMOLOGY	3,227	0	1,672	1,156	0	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	447	0	608	2,656	0	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	2,094	0	760	2,659	0	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	3,424	0	2,584	10,224	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	2,314	0	1,368	5,647	0	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	1	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	2,179	0	760	3,223	0	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	1,188	0	1,368	3,263	0	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	7,648	0	3,192	10,451	0	90.76
90.77	09077 IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	155	0	90.77
90.80	09080 IRL EAST-FAMILY PRACTICE CLINIC	5,473	0	2,584	10,249	0	90.80
90.81	09081 IRL EAST- PEDIATRICS CLINIC	1,899	0	608	2,222	0	90.81
90.82	09082 IRL EAST-DERMATOLOGY CLINIC	74	0	0	40	0	90.82
90.83	09083 IRL EAST-SURGERY CLINIC	92	0	0	204	0	90.83
90.84	09084 IRL EAST-NEUROLOGY CLINIC	1,042	0	456	966	0	90.84
90.85	09085 IRL EAST-DIABETES CENTER CLINIC	33	0	0	0	0	90.85
90.86	09086 IRL EAST-GASTROENTEROLOGY CLINIC	1,660	0	0	0	0	90.86
90.95	09095 QUAD CITIES - CANCER CENTER	0	0	2,888	6,339	0	90.95
90.96	09096 NORTH DODGE - OB/GYN CLINIC	0	0	1,064	3,517	0	90.96
90.97	09097 NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100 EMERGENCY	0	0	22,345	52,254	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	6,840	24,703	0	92.01
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	760	2,514	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	456	3,662	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	3,040	9,412	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	3,648	5,577	0	105.00
106.00	10600 HEART ACQUISITION	0	0	456	620	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	1,824	1,576	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	1,064	373	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	27	0	109.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	66,759	844,532	1,103,424	1,914,600	1,616,752	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
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Cost Center Description			HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	2,584	813	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	2,472	0	19,305	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	1,430	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	912	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	42,866	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	152	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	22,649	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	5,873	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	69,231	845,962	1,197,765	1,915,413	1,616,752	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	301,102					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,191,814				16.00
17.00	01700	SOCIAL SERVICE	0	0	837,376			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,057,224		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		1,104,796	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0			23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	566	94,281	424,840			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	5,342	9,631			31.01
32.00	03200	CORONARY CARE UNIT	0	4,732	9,146			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,444	29,192			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	7,360	3,570			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	8,094	20,232			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,607	0			35.01
40.00	04000	SUBPROVIDER - IPF	0	6,739	81,635			40.00
43.00	04300	NURSERY	0	6,525	38,944			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42	0	882			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	474			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,637	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	140	0	0			55.00
55.01	03630	ULTRA SOUND	0	0	0			55.01
55.02	05501	RADIOLOGY - PET SCAN	833	0	0			55.02
57.00	05700	CT SCAN	1,059	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	609	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	77	0	0			59.00
60.00	06000	LABORATORY	716	0	0			60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0			60.01
60.02	03140	CARDIOLOGY	870	0	220			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8	0	11			63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
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 PATIENTS	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	228,539	0	331			73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
74.00	07400	RENAL DIALYSIS	1,024	8,391	43,672			74.00
76.00	03950	IVF/CULTURE LAB	1	0	0			76.00
76.02	03952	URODYNAMICS	0	0	0			76.02
76.03	03953	SPINE TREATMENT CENTER	2	0	0			76.03
76.05	03340	DIGESTIVE DISEASE CENTER	42	0	0			76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0			76.06
76.07	03957	CDC - REHAB	0	0	20,265			76.07
76.08	03958	DIABETES EDUCATION	0	0	0			76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0			77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	6,622	0			90.01
90.02	09002	DERMATOLOGY CLINIC	0	20,726	88			90.02
90.03	09003	ORAL SURGERY CLINIC	0	17,016	77			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	54	76,121	16,805			90.04
90.05	09005	NEUROLOGY CLINIC	3	16,435	375			90.05
90.06	09006	OB-GYN CLINIC	5	55,426	1,884			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	2	60,811	309			90.07
90.08	09008	ORTHOPAEDICS CLINIC	14	55,336	3,714			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	20,308	507			90.09
90.10	09010	PEDIATRIC CLINIC	211	72,552	30,900			90.10
90.11	09011	SURGERY CLINIC	169	30,874	10,017			90.11
90.12	09012	UROLOGY CLINIC	38	9,738	0			90.12
90.13	09013	PSYCHIATRIC CLINIC	0	46,215	34,360			90.13
90.14	09014	CANCER CLINIC	1,365	59,643	1,840			90.14
90.15	09015	FAMILY CARE CLINIC	4	26,598	0			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	129	22,608	0			90.16
90.19	09019	BURN CLINIC	0	2,741	0			90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	110	25,310	353			90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	1,054	44			90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	6,981	220			90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4	19,121	683			90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0			90.55
90.56	09056	IRL-OB/GYN CLINIC	0	22,213	573			90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	11,936	242			90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	4,401	121			90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	8,903	165			90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	11,362	650			90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0			90.61
90.62	09062	IRL-UROLOGY CLINIC	0	19,527	397			90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	70	0			90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	4,799	154			90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	4,666	176			90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	43	0			90.72
90.76	09076	IRL - PROCEDURE SUITES	300	38,906	0			90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	816	0			90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2	12,643	595			90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	1,921	0			90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	586	0			90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	394	0			90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	5,033	44			90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	39	0			90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0			90.86
90.95	09095	QUAD CITIES - CANCER CENTER	186	6,318	0			90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	9,574	0			90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0			90.97
91.00	09100	EMERGENCY	0	52,958	959			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12	6,802	4,452			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	148	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,388	19,692			105.00
106.00	10600	HEART ACQUISITION	0	1,152	9,433			106.00
107.00	10700	LIVER ACQUISITION	0	2,378	7,405			107.00
108.00	10800	LUNG ACQUISITION	0	777	6,987			108.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
109.00	10900	PANCREAS ACQUISITION	0	74	110			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,773	1,036,578	837,376	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	VENDING/PATIENT ART	0	0	0			190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0			190.02
190.03	19003	PHARMACY HOME GOING DRUGS	57,329	0	0			190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0			190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0			190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0			190.06
190.07	19007	NON-ALLOWABLE	0	0	0			190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0			190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0			190.09
190.10	19010	IRL-PHYSICIANS	0	0	0			190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0			190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0			190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0			190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0			190.14
190.15	19015	RENTAL PROPERTIES	0	0	0			190.15
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	UICOM	0	155,236	0			194.00
194.01	07951	OUTREACH	0	0	0			194.01
200.00		Cross Foot Adjustments				4,057,224	1,104,796	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	301,102	1,191,814	837,376	4,057,224	1,104,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY		3,183				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			54,744			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				53,256		23.04
23.05	02305	PARAMED ED PRGM-PASTORAL					3,131	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
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
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	ANATOMICAL LABORATORY						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03950	IVF/CULTURE LAB						76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

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Cost Center Description		PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	
		23.00	23.01	23.02	23.04	23.05	
76.02	03952	URODYNAMICS					76.02
76.03	03953	SPINE TREATMENT CENTER					76.03
76.05	03340	DIGESTIVE DISEASE CENTER					76.05
76.06	03580	RECREATIONAL THERAPY					76.06
76.07	03957	CDC - REHAB					76.07
76.08	03958	DIABETES EDUCATION					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
90.01	09001	ANESTHESIA PAIN CLINIC					90.01
90.02	09002	DERMATOLOGY CLINIC					90.02
90.03	09003	ORAL SURGERY CLINIC					90.03
90.04	09004	INTERNAL MEDICINE CLINIC					90.04
90.05	09005	NEUROLOGY CLINIC					90.05
90.06	09006	OB-GYN CLINIC					90.06
90.07	09007	OPHTHALMOLOGY CLINIC					90.07
90.08	09008	ORTHOPAEDICS CLINIC					90.08
90.09	09009	OTOLARYNGOLOGY CLINIC					90.09
90.10	09010	PEDIATRIC CLINIC					90.10
90.11	09011	SURGERY CLINIC					90.11
90.12	09012	UROLOGY CLINIC					90.12
90.13	09013	PSYCHIATRIC CLINIC					90.13
90.14	09014	CANCER CLINIC					90.14
90.15	09015	FAMILY CARE CLINIC					90.15
90.16	09016	ORTHO SPORTS MED CLINIC					90.16
90.19	09019	BURN CLINIC					90.19
90.50	09050	IRL-CARDIOLOGY CLINIC					90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC					90.51
90.52	09052	IRL-DERMATOLOGY CLINIC					90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC					90.54
90.55	09055	IRL - NEUROLOGY CLINIC					90.55
90.56	09056	IRL-OB/GYN CLINIC					90.56
90.57	09057	IRL-OPHTHALMOLOGY					90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC					90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC					90.59
90.60	09060	IRL-PEDIATRICS CLINIC					90.60
90.61	09061	IRL - SURGERY CLINIC					90.61
90.62	09062	IRL-UROLOGY CLINIC					90.62
90.65	09065	IRL - FAMILY CARE CLINIC					90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC					90.68
90.70	09070	IRL-DIABETES CENTER CLINIC					90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC					90.72
90.76	09076	IRL - PROCEDURE SUITES					90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN					90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC					90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC					90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC					90.82
90.83	09083	IRL EAST-SURGERY CLINIC					90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC					90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC					90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC					90.86
90.95	09095	QUAD CITIES - CANCER CENTER					90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC					90.96
90.97	09097	NORTH DODGE - REI CLINIC					90.97
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM					93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	VENDING/PATIENT ART						190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE						190.02
190.03	19003	PHARMACY HOME GOING DRUGS						190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING						190.04
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06
190.07	19007	NON-ALLOWABLE						190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	0	3,183	54,744	53,256	3,131	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,183	54,744	53,256	3,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	PARAMED ED PRGM-PASTORAL						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	9,206					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		19,933				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			2,765			23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				11,690,512	0	30.00
31.00	03100	INTENSIVE CARE UNIT				0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				999,972	0	31.01
32.00	03200	CORONARY CARE UNIT				1,196,440	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				656,883	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				1,024,154	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				1,103,066	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				1,344,874	0	35.01
40.00	04000	SUBPROVIDER - IPF				1,201,599	0	40.00
43.00	04300	NURSERY				1,460,024	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				14,120,423	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				529,292	0	52.00
53.00	05300	ANESTHESIOLOGY				1,345,064	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				5,078,883	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				2,411,045	0	55.00
55.01	03630	ULTRA SOUND				460,861	0	55.01
55.02	05501	RADIOLOGY - PET SCAN				1,057,938	0	55.02
57.00	05700	CT SCAN				1,831,371	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				2,649,899	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,380,889	0	59.00
60.00	06000	LABORATORY				3,983,258	0	60.00
60.01	06001	ANATOMICAL LABORATORY				856,081	0	60.01
60.02	03140	CARDIOLOGY				1,808,770	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				588,098	0	63.00
65.00	06500	RESPIRATORY THERAPY				818,793	0	65.00
66.00	06600	PHYSICAL THERAPY				407,869	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				129,874	0	67.00
69.00	06900	ELECTROCARDIOLOGY				78,070	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				359,903	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,358,029	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				2,789,527	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				6,751,756	0	73.00

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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
74.00	07400	RENAL DIALYSIS				1,160,610	0	74.00
76.00	03950	IVF/CULTURE LAB				306,458	0	76.00
76.02	03952	URODYNAMICS				24,562	0	76.02
76.03	03953	SPINE TREATMENT CENTER				86,277	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER				1,196,920	0	76.05
76.06	03580	RECREATIONAL THERAPY				128,740	0	76.06
76.07	03957	CDC - REHAB				55,332	0	76.07
76.08	03958	DIABETES EDUCATION				58,109	0	76.08
76.97	07697	CARDIAC REHABILITATION				157,752	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				52,726	0	76.98
76.99	07699	LITHOTRIPSY				186,989	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				185,796	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC				321,521	0	90.01
90.02	09002	DERMATOLOGY CLINIC				401,454	0	90.02
90.03	09003	ORAL SURGERY CLINIC				387,489	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC				2,254,582	0	90.04
90.05	09005	NEUROLOGY CLINIC				588,773	0	90.05
90.06	09006	OB-GYN CLINIC				856,136	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC				1,459,415	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC				913,419	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC				1,475,033	0	90.09
90.10	09010	PEDIATRIC CLINIC				3,191,804	0	90.10
90.11	09011	SURGERY CLINIC				1,013,253	0	90.11
90.12	09012	UROLOGY CLINIC				474,625	0	90.12
90.13	09013	PSYCHIATRIC CLINIC				741,323	0	90.13
90.14	09014	CANCER CLINIC				1,489,425	0	90.14
90.15	09015	FAMILY CARE CLINIC				630,764	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC				330,692	0	90.16
90.19	09019	BURN CLINIC				15,646	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC				486,858	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC				18,187	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC				207,988	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC				542,866	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC				0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC				461,926	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY				333,038	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC				101,144	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC				209,950	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC				347,484	0	90.60
90.61	09061	IRL - SURGERY CLINIC				0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC				368,232	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC				553	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC				213,942	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC				174,077	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC				353	0	90.72
90.76	09076	IRL - PROCEDURE SUITES				1,090,322	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN				6,353	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC				474,770	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC				139,078	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC				8,912	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC				9,934	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC				109,639	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC				2,416	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC				102,518	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER				107,522	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC				42,364	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC				288	0	90.97
91.00	09100	EMERGENCY				1,380,683	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				329,790	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				126,779	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				101,313	0	94.00
95.00	09500	AMBULANCE SERVICES				271,999	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				198,080	0	105.00
106.00	10600	HEART ACQUISITION				56,694	0	106.00
107.00	10700	LIVER ACQUISITION				79,557	0	107.00
108.00	10800	LUNG ACQUISITION				49,509	0	108.00

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Cost Center Description			PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
109.00	10900	PANCREAS ACQUISITION				15,055		0 109.00
113.00	11300	INTEREST EXPENSE						0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	99,789,015		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				75,479		0 190.00
190.01	19001	VENDING/PATIENT ART				298,145		0 190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE				12,956		0 190.02
190.03	19003	PHARMACY HOME GOING DRUGS				3,080,340		0 190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING				0		0 190.04
190.05	19005	CLINICAL RESEARCH UNIT				499,483		0 190.05
190.06	19006	PATIENT EDUCATION SERVICE				92,443		0 190.06
190.07	19007	NON-ALLOWABLE				0		0 190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC				89,913		0 190.08
190.09	19009	CONTACT LENS CLINIC				43,339		0 190.09
190.10	19010	IRL-PHYSICIANS				0		0 190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT				796,718		0 190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT				0		0 190.12
190.13	19013	OTHER NON-ALLOWABLE				364,246		0 190.13
190.14	19014	EPIC REMOTE HOSTING				3,014		0 190.14
190.15	19015	RENTAL PROPERTIES				4,346		0 190.15
191.00	19100	RESEARCH				954,323		0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0		0 192.00
194.00	07950	UICOM				1,289,015		0 194.00
194.01	07951	OUTREACH				48,940		0 194.01
200.00		Cross Foot Adjustments	9,206	19,933	2,765	5,308,238		0 200.00
201.00		Negative Cost Centers	0	0	0	5,873		0 201.00
202.00		TOTAL (sum lines 118 through 201)	9,206	19,933	2,765	112,755,826		0 202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	1.01
1.02	00102	CAP REL COSTS-WESTLAWN	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03
1.04	00104	CAP REL COSTS-CDD	1.04
1.05	00105	CAP REL COSTS-IRL	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	9.01
9.04	00904	HOUSEKEEPING-CDD	9.04
9.05	00905	HOUSEKEEPING-IRL	9.05
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	23.08
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
55.01	03630	ULTRA SOUND	55.01
55.02	05501	RADIOLOGY - PET SCAN	55.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	ANATOMICAL LABORATORY	60.01
60.02	03140	CARDIOLOGY	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03950	IVF/CULTURE LAB	76.00
76.02	03952	URODYNAMICS	76.02
76.03	03953	SPINE TREATMENT CENTER	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0058

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Cost Center Description			Total	
			26.00	
76.05	03340	DIGESTIVE DISEASE CENTER	1,196,920	76.05
76.06	03580	RECREATIONAL THERAPY	128,740	76.06
76.07	03957	CDC - REHAB	55,332	76.07
76.08	03958	DIABETES EDUCATION	58,109	76.08
76.97	07697	CARDIAC REHABILITATION	157,752	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	52,726	76.98
76.99	07699	LITHOTRIPSY	186,989	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	185,796	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	321,521	90.01
90.02	09002	DERMATOLOGY CLINIC	401,454	90.02
90.03	09003	ORAL SURGERY CLINIC	387,489	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,254,582	90.04
90.05	09005	NEUROLOGY CLINIC	588,773	90.05
90.06	09006	OB-GYN CLINIC	856,136	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,459,415	90.07
90.08	09008	ORTHOPAEDICS CLINIC	913,419	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,475,033	90.09
90.10	09010	PEDIATRIC CLINIC	3,191,804	90.10
90.11	09011	SURGERY CLINIC	1,013,253	90.11
90.12	09012	UROLOGY CLINIC	474,625	90.12
90.13	09013	PSYCHIATRIC CLINIC	741,323	90.13
90.14	09014	CANCER CLINIC	1,489,425	90.14
90.15	09015	FAMILY CARE CLINIC	630,764	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	330,692	90.16
90.19	09019	BURN CLINIC	15,646	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	486,858	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	18,187	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	207,988	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	542,866	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	461,926	90.56
90.57	09057	IRL-OPHTHALMOLOGY	333,038	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	101,144	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	209,950	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	347,484	90.60
90.61	09061	IRL - SURGERY CLINIC	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	368,232	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	553	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	213,942	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	174,077	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	353	90.72
90.76	09076	IRL - PROCEDURE SUITES	1,090,322	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	6,353	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	474,770	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	139,078	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	8,912	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	9,934	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	109,639	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,416	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	102,518	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	107,522	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	42,364	90.96
90.97	09097	NORTH DODGE - REI CLINIC	288	90.97
91.00	09100	EMERGENCY	1,380,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	329,790	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	126,779	93.99
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	101,313	94.00
95.00	09500	AMBULANCE SERVICES	271,999	95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	198,080	105.00
106.00	10600	HEART ACQUISITION	56,694	106.00
107.00	10700	LIVER ACQUISITION	79,557	107.00
108.00	10800	LUNG ACQUISITION	49,509	108.00
109.00	10900	PANCREAS ACQUISITION	15,055	109.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,789,015	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,479	190.00
190.01	19001	VENDING/PATIENT ART	298,145	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	12,956	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	3,080,340	190.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	499,483	190.05
190.06	19006	PATIENT EDUCATION SERVICE	92,443	190.06
190.07	19007	NON-ALLOWABLE	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	89,913	190.08
190.09	19009	CONTACT LENS CLINIC	43,339	190.09
190.10	19010	IRL-PHYSICIANS	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	796,718	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	364,246	190.13
190.14	19014	EPIC REMOTE HOSTING	3,014	190.14
190.15	19015	RENTAL PROPERTIES	4,346	190.15
191.00	19100	RESEARCH	954,323	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	UICOM	1,289,015	194.00
194.01	07951	OUTREACH	48,940	194.01
200.00		Cross Foot Adjustments	5,308,238	200.00
201.00		Negative Cost Centers	5,873	201.00
202.00		TOTAL (sum lines 118 through 201)	112,755,826	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

Period:
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To 06/30/2019

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Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	0	2,600,365			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	17,796		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	22,403	1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	390,211	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	36,162	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	23,297	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	9.05
10.00	01000	DIETARY	0	16,426	0	0	10.00
11.00	01100	CAFETERIA	0	53,836	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,903	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43,879	0	0	14.00
15.00	01500	PHARMACY	0	5,819	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,821	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,173	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	126,625	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28,605	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	605	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,741	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	92	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	219	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	534	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	9	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	264,203	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,930	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	19,697	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,814	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	29,038	0	0	40.00
43.00	04300	NURSERY	0	37,059	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	204,293	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,689	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,108	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,068	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,629	0	0	55.00
55.01	03630	ULTRA SOUND	0	3,572	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,294	0	0	55.02
57.00	05700	CT SCAN	0	6,029	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,036	0	2,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,109	0	0	59.00
60.00	06000	LABORATORY	0	55,941	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,354	0	0	60.01
60.02	03140	CARDIOLOGY	0	28,048	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,756	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,069	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,130	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,691	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,066	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,630	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	21,515	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

Period:
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To 06/30/2019

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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
74.00	07400	RENAL DIALYSIS	0	11,817	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	9,914	0	0	0	76.00
76.02	03952	URODYNAMICS	0	424	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,714	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	19,040	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,924	0	0	0	76.06
76.07	03957	CDC - REHAB	0	1,094	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,445	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	448	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,817	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,176	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,024	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	80,281	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	21,014	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,230	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	38,615	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	30,804	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,150	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	122,881	0	0	8,791	90.10
90.11	09011	SURGERY CLINIC	0	35,975	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,064	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	18,955	0	0	4,820	90.13
90.14	09014	CANCER CLINIC	0	45,976	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	23,886	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	19,625	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	34,289	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,735	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,628	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,167	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	831	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	555	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
109.00	10900	PANCREAS ACQUISITION	0	9	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,456,975	0	22,403	55,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,728	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	10,624	0	0	1,486	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	12,520	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	22,828	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,399	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	1,987	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	34,525	0	0	164	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	10,817	17,796	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	43,754	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	614	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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	46,249,974	0	244,023	241,032	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	17.785955	0.000000	10.892425	4.246362	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 16-0058

Period:
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To 06/30/2019

Worksheet B-1

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Cost Center Description			CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP-IRL (DOLLAR VALUE IRL)			
			1.05	2.00	2.05	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	132,777					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		44,236,576				2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		0	2,080,496			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	4,388	19,052,193	0	-239,240,565	1,375,640,228	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	46,882	0	0	57,108,413	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	1,980	0	0	751,740	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	5,440	0	0	0	4,662,057	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,588	2,525	0	0	2,437,795	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	62,677	0	0	24,599,369	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	160,052	9.04
9.05	00905	HOUSEKEEPING-IRL	1,257	0	5,591	0	887,116	9.05
10.00	01000	DIETARY	1,968	80,587	0	0	14,608,769	10.00
11.00	01100	CAFETERIA	0	0	0	0	959,516	11.00
13.00	01300	NURSING ADMINISTRATION	0	342,657	0	0	17,384,889	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,331	0	0	11,619,582	14.00
15.00	01500	PHARMACY	215	13,167	0	0	6,509,481	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,515	0	0	12,601,302	16.00
17.00	01700	SOCIAL SERVICE	106	0	0	0	18,856,082	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	53,400,047	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	20,259,503	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	130,939	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,713,923	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	691,281	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	50,257	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	195,266	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	367,481	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	111,147	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,403,223	0	0	98,480,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	193,176	0	0	10,171,768	31.01
32.00	03200	CORONARY CARE UNIT	0	343,643	0	0	9,768,473	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	66,958	0	0	5,268,298	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	252,534	0	0	14,040,996	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	121,462	0	0	16,557,316	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	341,812	0	0	12,010,087	35.01
40.00	04000	SUBPROVIDER - IPF	0	10,412	0	0	11,968,227	40.00
43.00	04300	NURSERY	0	230,302	0	0	11,613,701	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,406,327	0	0	107,844,045	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	114,396	0	0	5,200,303	52.00
53.00	05300	ANESTHESIOLOGY	0	694,520	0	0	8,580,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,926	2,009,791	207,825	0	29,944,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,435,585	0	0	10,201,378	55.00
55.01	03630	ULTRA SOUND	0	253,032	0	0	4,404,054	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	647,549	0	0	6,282,494	55.02
57.00	05700	CT SCAN	0	1,405,654	0	0	6,849,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,931,687	0	0	6,787,179	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	875,655	0	0	7,198,847	59.00
60.00	06000	LABORATORY	4,341	1,312,109	696	0	49,698,981	60.00
60.01	06001	ANATOMICAL LABORATORY	0	278,265	0	0	5,636,727	60.01
60.02	03140	CARDIOLOGY	562	825,160	36,213	0	9,580,624	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	135,147	0	0	8,576,011	63.00
65.00	06500	RESPIRATORY THERAPY	0	286,738	0	0	13,363,012	65.00
66.00	06600	PHYSICAL THERAPY	0	20,748	0	0	7,472,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	35	0	0	0	2,671,214	67.00
69.00	06900	ELECTROCARDIOLOGY	0	24,840	0	0	830,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	164,259	0	0	4,351,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	32,431,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74,997,782	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP-IRL (DOLLAR VALUE IRL)			
			1.05	2.00	2.05		5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	14,695	628,328	3,230	0	208,696,944	73.00
74.00	07400	RENAL DIALYSIS	0	190,632	0	0	9,334,737	74.00
76.00	03950	IVF/CULTURE LAB	0	11,832	0	0	3,098,483	76.00
76.02	03952	URODYNAMICS	0	9,085	0	0	189,832	76.02
76.03	03953	SPINE TREATMENT CENTER	0	8,083	0	0	691,635	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	547,925	0	0	6,710,598	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	950,556	76.06
76.07	03957	CDC - REHAB	0	0	0	0	411,920	76.07
76.08	03958	DIABETES EDUCATION	333	0	0	0	564,483	76.08
76.97	07697	CARDIAC REHABILITATION	3,238	3,366	15,320	0	875,919	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,672	0	0	510,787	76.98
76.99	07699	LITHOTRIPSY	0	126,576	0	0	1,503,407	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	4,282,641	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	81,350	0	0	1,318,628	90.01
90.02	09002	DERMATOLOGY CLINIC	0	34,921	0	0	2,110,044	90.02
90.03	09003	ORAL SURGERY CLINIC	0	34,205	0	0	2,613,460	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	62,976	0	0	12,080,301	90.04
90.05	09005	NEUROLOGY CLINIC	0	33,002	0	0	2,897,210	90.05
90.06	09006	OB-GYN CLINIC	0	37,338	0	0	4,518,866	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	316,888	0	0	8,771,790	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	8,936	0	0	6,260,809	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	562,691	0	0	6,981,807	90.09
90.10	09010	PEDIATRIC CLINIC	0	25,704	0	0	13,089,750	90.10
90.11	09011	SURGERY CLINIC	0	35,558	0	0	5,503,897	90.11
90.12	09012	UROLOGY CLINIC	0	115,358	0	0	2,024,948	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	90,888	0	0	4,611,671	90.13
90.14	09014	CANCER CLINIC	0	75,384	0	0	12,316,079	90.14
90.15	09015	FAMILY CARE CLINIC	0	13,951	0	0	2,434,937	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	29,132	0	0	2,306,770	90.16
90.19	09019	BURN CLINIC	0	841	0	0	401,376	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	5,309	0	212,752	0	1,860,321	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	128	0	5,886	0	207,763	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	3,056	0	68,528	0	758,623	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	7,729	0	151,020	0	3,153,545	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	5,280	0	176,411	0	2,431,157	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,599	0	85,435	0	1,440,389	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	775	0	51,477	0	504,190	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	3,633	0	49,711	0	814,019	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	5,940	0	71,540	0	1,762,649	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	4,015	0	160,535	0	1,334,944	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	1	0	408	0	579	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	3,781	0	53,587	0	740,217	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	2,061	0	65,779	0	1,002,355	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	57	0	10,762	90.72
90.76	09076	IRL - PROCEDURE SUITES	13,268	0	461,290	0	3,691,078	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	4,458	0	27,149	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	9,495	0	73,862	0	1,795,551	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	3,294	0	10,753	0	387,253	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	129	0	3,233	0	16,379	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	159	0	2,209	0	63,341	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,807	0	28,100	0	462,163	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	57	0	218	0	7,526	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	2,880	0	599	0	99,400	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	47,352	0	1,784,307	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	495	0	1,195,987	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	12,450	90.97
91.00	09100	EMERGENCY	0	203,269	0	0	11,952,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,775	0	0	4,588,220	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	619,884	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	22,060	0	0	945,119	94.00
95.00	09500	AMBULANCE SERVICES	0	39,475	0	0	1,184,245	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5,826,076	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,177,379	106.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP-IRL (DOLLAR VALUE IRL)			
			1.05	2.00	2.05		5.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,354,576	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,741,524	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	632,999	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,488	43,775,699	2,054,570	-239,240,565	1,227,729,462	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,663,472	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	2,445,489	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,565	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	4,289	67,724	25,926	0	107,404,729	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	412,432	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	812,037	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	3,884,784	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	35,341	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	614,756	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	1,471,400	190.13
190.14	19014	EPIC REMOTE HOSTING	0	1,538	0	0	51,053	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	187,763	190.15
191.00	19100	RESEARCH	0	0	0	0	778,207	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	391,615	0	0	26,024,251	194.00
194.01	07951	OUTREACH	0	0	0	0	2,114,487	194.01
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)	4,211,488	48,310,624	2,218,513		239,240,565	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.718505	1.092097	1.066339		0.173912	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					31,838,925	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.023145	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: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL L HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLA WN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
		6.00	6.01	6.02	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP					1.01
1.02	00102	CAP REL COSTS-WESTLAWN					1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG					1.03
1.04	00104	CAP REL COSTS-CDD					1.04
1.05	00105	CAP REL COSTS-IRL					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL					2.05
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	2,173,992			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	17,796		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	37,349	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	23,297	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	9.05
10.00	01000	DIETARY	0	16,426	0	0	10.00
11.00	01100	CAFETERIA	0	53,836	0	4,726	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,903	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43,879	0	0	14.00
15.00	01500	PHARMACY	0	5,819	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,821	0	1,989	16.00
17.00	01700	SOCIAL SERVICE	0	15,173	0	1,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	126,625	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28,605	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	605	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,741	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	92	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	219	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	534	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	9	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	264,203	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,930	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	19,697	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,814	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	29,038	0	0	40.00
43.00	04300	NURSERY	0	37,059	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	204,293	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,689	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,108	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,068	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,629	0	0	55.00
55.01	03630	ULTRA SOUND	0	3,572	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,294	0	0	55.02
57.00	05700	CT SCAN	0	6,029	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,036	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,109	0	0	59.00
60.00	06000	LABORATORY	0	55,941	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,354	0	0	60.01
60.02	03140	CARDIOLOGY	0	28,048	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,756	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,069	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,130	0	1,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,691	0	1,138	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,066	0	5,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,630	0	1,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,515	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,817	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERA L HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLA WN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
76.00	03950	IVF/CULTURE LAB	0	9,914	0	0	0	76.00
76.02	03952	URODYNAMICS	0	424	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,714	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	19,040	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,924	0	0	0	76.06
76.07	03957	CDC - REHAB	0	1,094	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,445	0	0	333	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	3,238	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	448	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,817	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,176	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,024	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	80,281	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	21,014	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,230	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	38,615	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	30,804	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,150	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	122,881	0	8,791	0	90.10
90.11	09011	SURGERY CLINIC	0	35,975	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,064	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	18,955	0	4,820	0	90.13
90.14	09014	CANCER CLINIC	0	45,976	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	23,886	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	5,309	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	128	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	3,056	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	7,729	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	5,280	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	5,599	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	775	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	3,633	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	5,940	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	4,015	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	3,781	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	2,061	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	13,268	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	9,495	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	3,294	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	129	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	159	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	1,807	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	57	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	2,880	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	34,289	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,735	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,628	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,167	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	831	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	555	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	9	0	0	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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To 06/30/2019

Worksheet B-1

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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERA L HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLA WN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
		6.00	6.01	6.02	6.04	6.05	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,030,602	0	35,699	118,660	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,728	0	0	0	190.00
190.01	19001 VENDING/PATIENT ART	0	10,624	0	1,486	0	190.01
190.02	19002 PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003 PHARMACY HOME GOING DRUGS	0	12,520	0	0	4,289	190.03
190.04	19004 OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005 CLINICAL RESEARCH UNIT	0	22,828	0	0	0	190.05
190.06	19006 PATIENT EDUCATION SERVICE	0	3,399	0	0	0	190.06
190.07	19007 NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008 HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009 CONTACT LENS CLINIC	0	1,987	0	0	0	190.09
190.10	19010 IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011 CLINICAL FACULTY DEPARTMENT	0	34,525	0	164	0	190.11
190.12	19012 MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013 OTHER NON-ALLOWABLE	0	10,817	17,796	0	0	190.13
190.14	19014 EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015 RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	43,754	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 UICOM	0	614	0	0	0	194.00
194.01	07951 OUTREACH	0	0	0	0	0	194.01
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	67,040,251	270,230	882,477	5,472,845	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	30.837395	15.184873	23.627862	44.513131	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	6,716,027	5,328	21,671	280,452	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.089260	0.299393	0.580230	2.281043	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: 16-0058

Period:
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Worksheet B-1

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Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-G ENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-C DD (SQUARE FEET)	HOUSEKEEPING-I RL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE	14,000,469					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	1,454	0	2,144,367			9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	37,349		9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	120,104	9.05
10.00	01000	DIETARY	16,055	0	16,426	0	1,968	10.00
11.00	01100	CAFETERIA	12,413	0	53,836	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	51,903	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	164	0	43,879	0	0	14.00
15.00	01500	PHARMACY	0	0	5,819	0	215	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	39,821	1,989	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	15,173	1,247	106	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	126,625	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	85,788	0	28,605	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	605	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,741	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	92	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	219	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	534	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	9	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,817,237	0	264,203	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	381,588	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	248,289	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	282,743	0	13,930	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	512,082	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	32,518	0	19,697	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	120,763	0	26,814	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	320,391	0	29,038	0	0	40.00
43.00	04300	NURSERY	233,890	0	37,059	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,061,082	0	204,293	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	219,143	0	11,689	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	17,108	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,009	0	70,068	0	11,926	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	142,542	0	27,629	0	0	55.00
55.01	03630	ULTRA SOUND	89,269	0	3,572	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	67,037	0	9,294	0	0	55.02
57.00	05700	CT SCAN	193,606	0	6,029	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	229,568	0	16,036	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	180,566	0	11,109	0	0	59.00
60.00	06000	LABORATORY	14,684	0	55,941	0	4,341	60.00
60.01	06001	ANATOMICAL LABORATORY	15,194	0	19,354	0	0	60.01
60.02	03140	CARDIOLOGY	106,610	0	28,048	0	562	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,279	0	10,756	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,069	0	0	65.00
66.00	06600	PHYSICAL THERAPY	41,534	0	9,130	1,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,691	1,138	35	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,144	0	2,066	5,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	748	0	1,630	1,919	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	34,876	0	21,515	0	14,695	73.00
74.00	07400	RENAL DIALYSIS	95,531	0	11,817	0	0	74.00
76.00	03950	IVF/CULTURE LAB	34,987	0	9,914	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-G ENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-C DD (SQUARE FEET)	HOUSEKEEPING-I RL (SQUARE FEET)	
		8.00	9.00	9.01	9.04	9.05	
76.02	03952	URODYNAMICS	12,634	0	424	0	76.02
76.03	03953	SPINE TREATMENT CENTER	345	0	2,714	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	201,141	0	19,040	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	4,924	0	76.06
76.07	03957	CDC - REHAB	3,056	0	1,094	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	1,445	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,257	0	201	3,238	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,459	0	1,534	0	76.98
76.99	07699	LITHOTRIPSY	32,848	0	448	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	544	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	34,345	0	8,817	0	90.01
90.02	09002	DERMATOLOGY CLINIC	38,157	0	13,176	0	90.02
90.03	09003	ORAL SURGERY CLINIC	11,516	0	12,024	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	23,934	0	80,281	0	90.04
90.05	09005	NEUROLOGY CLINIC	20,627	0	21,014	0	90.05
90.06	09006	OB-GYN CLINIC	42,700	0	29,230	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,097	0	38,615	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	45,541	0	30,804	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	12,529	0	30,150	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	27,367	0	122,881	8,791	90.10
90.11	09011	SURGERY CLINIC	17,375	0	35,975	0	90.11
90.12	09012	UROLOGY CLINIC	80,857	0	13,064	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	133	0	18,955	4,820	90.13
90.14	09014	CANCER CLINIC	140,888	0	45,976	0	90.14
90.15	09015	FAMILY CARE CLINIC	15,664	0	23,886	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	5,309	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	128	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	3,056	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	37,084	0	0	7,729	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	90,582	0	0	5,280	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	5,599	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	775	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	3,633	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	11,417	0	0	5,940	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	22,187	0	0	4,015	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	3,781	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	2,061	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	79,835	0	0	13,268	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	4,441	0	0	9,495	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	242	0	0	3,294	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	129	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	910	0	0	159	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	1,807	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	57	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	2,880	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	90.97
91.00	09100	EMERGENCY	704,687	0	34,289	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	263,849	0	7,735	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	5,101	0	93.99
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	1,702	0	2,011	0	94.00
95.00	09500	AMBULANCE SERVICES	18,599	0	8,628	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	1,167	0	105.00
106.00	10600	HEART ACQUISITION	0	0	831	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	555	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	9	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,998,789	0	2,000,977	35,699	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-G ENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-C DD (SQUARE FEET)	HOUSEKEEPING-I RL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,728	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,680	0	10,624	1,486	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	594	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	12,520	0	4,289	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	22,828	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,399	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	1,987	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	34,525	164	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	10,817	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	43,754	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	614	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	3,127,583	0	29,596,238	187,887	1,097,349	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.223391	0.000000	13.801853	5.030576	9.136657	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	245,271	0	1,124,155	3,704	69,231	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.017519	0.000000	0.524236	0.099173	0.576425	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

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

Worksheet B-1

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11/20/2019 1:59 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY	749,332					10.00
11.00	01100	CAFETERIA	0	7,841				11.00
13.00	01300	NURSING ADMINISTRATION	0	131	6,525,652			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	137	84	369,015,075		14.00
15.00	01500	PHARMACY	0	27	0	0	1,263,106,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	138	28,611	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	179	133,693	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	734	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	1	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	14	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	453,836	954	1,832,829	0	2,378,505	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	30,489	90	177,552	0	0	31.01
32.00	03200	CORONARY CARE UNIT	27,005	84	168,710	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,643	46	90,830	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,001	129	247,130	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	46,185	133	219,541	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,301	99	174,836	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	79,623	144	276,271	0	223	40.00
43.00	04300	NURSERY	22,982	101	190,119	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	627	865,191	0	176,771	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42	78,787	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	97	24,349	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	189	56,303	0	27,886,947	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	53	17,053	0	586,889	55.00
55.01	03630	ULTRA SOUND	0	30	105	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	22	3,769	0	3,500,146	55.02
57.00	05700	CT SCAN	0	24	2,081	0	4,451,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34	0	0	2,558,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34	40,329	0	325,496	59.00
60.00	06000	LABORATORY	0	231	1,705	0	3,007,420	60.00
60.01	06001	ANATOMICAL LABORATORY	0	48	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	78	43,597	0	3,655,279	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	27	21,496	175	34,007	63.00
65.00	06500	RESPIRATORY THERAPY	0	115	3,955	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	6	1,930	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	128,520,421	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	240,494,479	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	220	2,272	0	958,217,349	73.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
74.00	07400	RENAL DIALYSIS	0	44	42,164	0	4,303,109	74.00
76.00	03950	IVF/CULTURE LAB	0	22	19,455	0	2,957	76.00
76.02	03952	URODYNAMICS	0	1	2,727	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	6	8,325	0	7,168	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	52	82,789	0	176,797	76.05
76.06	03580	RECREATIONAL THERAPY	0	9	0	0	0	76.06
76.07	03957	CDC - REHAB	0	3	5,487	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	4	6,812	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	7	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	5	10,351	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	14	10,912	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	10	16,134	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	27	23,626	0	1,050	90.02
90.03	09003	ORAL SURGERY CLINIC	0	26	15,639	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	312	161,532	0	226,947	90.04
90.05	09005	NEUROLOGY CLINIC	0	46	27,542	0	10,777	90.05
90.06	09006	OB-GYN CLINIC	0	72	55,387	0	20,281	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	109	20,645	0	9,915	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	109	78,812	0	58,282	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	62	28,762	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	217	172,914	0	887,301	90.10
90.11	09011	SURGERY CLINIC	0	124	57,829	0	708,361	90.11
90.12	09012	UROLOGY CLINIC	0	34	19,938	0	161,289	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	82	24,996	0	0	90.13
90.14	09014	CANCER CLINIC	0	118	187,136	0	5,736,111	90.14
90.15	09015	FAMILY CARE CLINIC	0	67	37,349	0	18,311	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	22	19,223	0	542,297	90.16
90.19	09019	BURN CLINIC	0	4	7,116	0	572	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	14	18,635	0	460,123	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	2	4,341	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	6	12,191	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	30	56,498	0	16,073	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	18	26,818	0	1,623	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	11	3,940	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	4	9,048	0	174	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	5	9,060	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	17	34,832	0	715	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	9	19,239	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	5	10,982	0	1,144	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	9	11,118	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	21	35,604	0	1,259,087	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	528	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	17	34,916	0	6,830	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	4	7,571	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	135	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	695	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	3	3,291	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	19	21,595	0	780,832	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	7	11,982	0	572	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	147	178,024	0	166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	45	84,162	0	48,982	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5	8,564	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	3	12,477	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	20	32,065	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	24	19,000	0	0	105.00
106.00	10600	HEART ACQUISITION	0	3	2,111	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	12	5,369	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	7	1,271	0	0	108.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
109.00	10900	PANCREAS ACQUISITION	0	0	91	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	748,065	7,259	6,522,883	369,015,075	1,022,226,743	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	17	2,769	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	127	0	0	240,879,428	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,267	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	6	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	282	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	1	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	149	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	17,991,823	3,667,799	22,786,519	15,663,508	7,925,478	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.010483	467.771840	3.491838	0.042447	0.006275	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	845,962	1,197,765	1,915,413	1,616,752	301,102	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.128955	152.007652	0.293521	0.004381	0.000238	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: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (FTE TIME)	SERVICES-OTHER PRGM COSTS (FTE TIME)		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	305,232					16.00
17.00	01700	SOCIAL SERVICE	0	75,988				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,916,773			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		3,916,773		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0				23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0				23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0				23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0				23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,146	38,552	403,855	403,855	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,368	874	42,996	42,996	0	31.01
32.00	03200	CORONARY CARE UNIT	1,212	830	41,790	41,790	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	882	2,649	18,936	18,936	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,885	324	64,788	64,788	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,073	1,836	73,760	73,760	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,180	0	43,989	43,989	0	35.01
40.00	04000	SUBPROVIDER - IPF	1,726	7,408	45,755	45,755	0	40.00
43.00	04300	NURSERY	1,671	3,534	79,681	79,681	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	80	634,850	634,850	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43	27,628	27,628	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	83,903	83,903	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	181,506	181,506	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	106,127	106,127	0	55.00
55.01	03630	ULTRA SOUND	0	0	38,009	38,009	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	42,692	42,692	0	55.02
57.00	05700	CT SCAN	0	0	198,585	198,585	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	154,353	154,353	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	107,767	107,767	0	59.00
60.00	06000	LABORATORY	0	0	515,711	515,711	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	43,587	43,587	0	60.01
60.02	03140	CARDIOLOGY	0	20	94,796	94,796	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1	40,470	40,470	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	80,376	80,376	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,384	33,384	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	13,105	13,105	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,009	10,009	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	30,149	30,149	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (FTE TIME)	SERVICES-OTHER PRGM COSTS (FTE TIME)		
					21.00	22.00		
			16.00	17.00			23.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,149	3,963	63,089	63,089	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	5,330	5,330	0	76.00
76.02	03952	URODYNAMICS	0	0	3,314	3,314	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	2,348	2,348	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	53,032	53,032	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	533	533	0	76.06
76.07	03957	CDC - REHAB	0	1,839	1,166	1,166	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	604	604	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,442	3,442	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,261	2,261	0	76.98
76.99	07699	LITHOTRIPSY	0	0	11,778	11,778	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	16,205	16,205	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,696	0	9,665	9,665	0	90.01
90.02	09002	DERMATOLOGY CLINIC	5,308	8	13,412	13,412	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,358	7	5,094	5,094	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	19,495	1,525	18,499	18,499	0	90.04
90.05	09005	NEUROLOGY CLINIC	4,209	34	11,871	11,871	0	90.05
90.06	09006	OB-GYN CLINIC	14,195	171	7,402	7,402	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	15,574	28	32,993	32,993	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	14,172	337	13,755	13,755	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,201	46	20,012	20,012	0	90.09
90.10	09010	PEDIATRIC CLINIC	18,581	2,804	14,648	14,648	0	90.10
90.11	09011	SURGERY CLINIC	7,907	909	7,949	7,949	0	90.11
90.12	09012	UROLOGY CLINIC	2,494	0	10,150	10,150	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	11,836	3,118	12,247	12,247	0	90.13
90.14	09014	CANCER CLINIC	15,275	167	47,798	47,798	0	90.14
90.15	09015	FAMILY CARE CLINIC	6,812	0	6,549	6,549	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	5,790	0	9,548	9,548	0	90.16
90.19	09019	BURN CLINIC	702	0	1,052	1,052	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	6,482	32	11,887	11,887	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	270	4	496	496	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,788	20	3,278	3,278	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,897	62	8,981	8,981	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	5,689	52	10,433	10,433	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	3,057	22	5,605	5,605	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,127	11	2,067	2,067	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,280	15	4,181	4,181	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,910	59	5,306	5,306	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	5,001	36	9,130	9,130	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	18	0	33	33	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,229	14	2,253	2,253	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,195	16	2,192	2,192	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	11	0	20	20	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	9,964	0	18,271	18,271	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	209	0	384	384	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	3,238	54	5,938	5,938	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	492	0	902	902	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	150	0	275	275	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	101	0	185	185	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,289	4	2,363	2,363	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	10	0	18	18	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	50	50	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	1,618	0	5,158	5,158	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,452	0	3,295	3,295	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	89	89	0	90.97
91.00	09100	EMERGENCY	13,563	87	135,741	135,741	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,742	404	6,187	6,187	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	846	846	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	38	0	10,926	10,926	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,980	1,980	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,636	1,787	0	0	0	105.00
106.00	10600	HEART ACQUISITION	295	856	0	0	0	106.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (FTE TIME)	SERVICES-OTHER PRGM COSTS (FTE TIME)		
					21.00	22.00		
107.00	10700	LIVER ACQUISITION	609	672	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	199	634	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	19	10	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,475	75,988	3,916,773	3,916,773	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	39,757	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	16,791,860	23,404,681	68,682,746	25,089,703	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.013432	308.004961	17.535544	6.405708	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,191,814	837,376	4,057,224	1,104,796	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.904617	11.019845	1.035859	0.282068	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: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMED ED PRGM-PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	272					23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY		318				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			1,000			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL				875		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH					1,000	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80	139	0	600	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	17	4	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	12	53	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23	4	0	75	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1	12	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	37	4	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18	13	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	19	4	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,000	0	1,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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 PATIENTS	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMED ED PRGM-PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
74.00	07400	RENAL DIALYSIS	6	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	35	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	8	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	10	13	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2	0	0	0	0	90.16
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	5	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	9	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4	14	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	4	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	4	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	7	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	14	0	200	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMED ED PRGM-PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	269	318	1,000	875	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	3	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	154,179	2,045,551	889,220	63,104	239,001	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	566.834559	6,432.550314	889.220000	72.118857	239.001000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,183	54,744	53,256	3,131	9,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.702206	172.150943	53.256000	3.578286	9.206000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.07	23.08	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP			1.01
1.02	00102	CAP REL COSTS-WESTLAWN			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG			1.03
1.04	00104	CAP REL COSTS-CDD			1.04
1.05	00105	CAP REL COSTS-IRL			1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL			2.05
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD			6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP			9.01
9.04	00904	HOUSEKEEPING-CDD			9.04
9.05	00905	HOUSEKEEPING-IRL			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	1,000		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH		1,000	23.08
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	35.01
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	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000	1,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	55.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.07	23.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	76.00
76.02	03952	URODYNAMICS	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	76.06
76.07	03957	CDC - REHAB	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	90.16
90.19	09019	BURN CLINIC	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	90.97
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet B-1

Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.07	23.08	
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	1,000	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	190.02
190.03	19003	PHARMACY HOME GOING DRUGS	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	190.15
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	UICOM	0	0	194.00
194.01	07951	OUTREACH	0	0	194.01
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)	455,227	130,879	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	455.227000	130.879000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,933	2,765	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.933000	2.765000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

Provider CCN: 16-0058

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

Worksheet B-2

Date/Time Prepared:
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		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-436,975
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			Title XVIII	Hospital	PPS	
Cost Center Description			Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	Total Costs
			Total Cost (from Wkst. B, Part I, col. 26)			
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	160,421,128		160,421,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,650,786		14,650,786	31.01
32.00	03200	CORONARY CARE UNIT	14,413,230		14,413,230	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,588,428		8,588,428	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,227,396		19,227,396	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,987,338		22,987,338	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,769,769		16,769,769	35.01
40.00	04000	SUBPROVIDER - IPF	20,774,446		20,774,446	40.00
43.00	04300	NURSERY	17,783,334		17,783,334	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	139,742,872		139,742,872	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,983,442		6,983,442	52.00
53.00	05300	ANESTHESIOLOGY	10,966,407		10,966,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,166,232		41,166,232	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,328,721		13,328,721	55.00
55.01	03630	ULTRA SOUND	5,363,765		5,363,765	55.01
55.02	05501	RADIOLOGY - PET SCAN	7,850,362		7,850,362	55.02
57.00	05700	CT SCAN	8,399,555		8,399,555	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,766,626		8,766,626	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,145,816		9,145,816	59.00
60.00	06000	LABORATORY	61,208,449		61,208,449	60.00
60.01	06001	ANATOMICAL LABORATORY	7,506,816		7,506,816	60.01
60.02	03140	CARDIOLOGY	12,770,634		12,770,634	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,645,733		10,645,733	63.00
65.00	06500	RESPIRATORY THERAPY	16,070,159	0	16,070,159	65.00
66.00	06600	PHYSICAL THERAPY	9,252,763	0	9,252,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,301,613	0	3,301,613	67.00
69.00	06900	ELECTROCARDIOLOGY	1,034,054		1,034,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,385,452		5,385,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,655,374		43,655,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,248,991		98,248,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	252,881,032		252,881,032	73.00
74.00	07400	RENAL DIALYSIS	12,607,090		12,607,090	74.00
76.00	03950	IVF/CULTURE LAB	4,165,960		4,165,960	76.00
76.02	03952	URODYNAMICS	254,585		254,585	76.02
76.03	03953	SPINE TREATMENT CENTER	965,069		965,069	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	9,087,035		9,087,035	76.05
76.06	03580	RECREATIONAL THERAPY	1,339,882		1,339,882	76.06
76.07	03957	CDC - REHAB	1,120,060		1,120,060	76.07
76.08	03958	DIABETES EDUCATION	770,680		770,680	76.08
76.97	07697	CARDIAC REHABILITATION	1,216,061		1,216,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	672,303		672,303	76.98
76.99	07699	LITHOTRIPSY	1,830,687		1,830,687	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,096,380		5,096,380	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	2,103,527		2,103,527	90.01
90.02	09002	DERMATOLOGY CLINIC	3,463,307		3,463,307	90.02
90.03	09003	ORAL SURGERY CLINIC	3,953,792		3,953,792	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	20,248,988		20,248,988	90.04
90.05	09005	NEUROLOGY CLINIC	4,703,509		4,703,509	90.05
90.06	09006	OB-GYN CLINIC	7,679,889		7,679,889	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,012,522		13,012,522	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,944,879		9,944,879	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,060,716		10,060,716	90.09
90.10	09010	PEDIATRIC CLINIC	23,710,829		23,710,829	90.10
90.11	09011	SURGERY CLINIC	9,050,215		9,050,215	90.11
90.12	09012	UROLOGY CLINIC	3,202,080		3,202,080	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,135,133		8,135,133	90.13
90.14	09014	CANCER CLINIC	18,267,498		18,267,498	90.14
90.15	09015	FAMILY CARE CLINIC	4,464,778		4,464,778	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,108,425		3,108,425	90.16
90.19	09019	BURN CLINIC	536,522		536,522	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,912,473		2,912,473	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	340,835		340,835	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,204,978		1,204,978	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,717,163		4,717,163	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	90.55

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
				1.00	2.00	3.00	4.00	5.00	
90.56	09056	IRL-OB/GYN CLINIC	3,590,798		3,590,798	0	3,590,798	90.56	
90.57	09057	IRL-OPHTHALMOLOGY	2,186,264		2,186,264	0	2,186,264	90.57	
90.58	09058	IRL - ORTHOPAEDICS CLINIC	732,875		732,875	0	732,875	90.58	
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,315,656		1,315,656	0	1,315,656	90.59	
90.60	09060	IRL-PEDIATRICS CLINIC	2,699,404		2,699,404	0	2,699,404	90.60	
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61	
90.62	09062	IRL-UROLOGY CLINIC	2,147,333		2,147,333	0	2,147,333	90.62	
90.65	09065	IRL - FAMILY CARE CLINIC	1,724		1,724	0	1,724	90.65	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,184,984		1,184,984	0	1,184,984	90.68	
90.70	09070	IRL-DIABETES CENTER CLINIC	1,401,518		1,401,518	0	1,401,518	90.70	
90.72	09072	IRL-ANTICOAGULATION CLINIC	13,239		13,239	0	13,239	90.72	
90.76	09076	IRL - PROCEDURE SUITES	5,756,829		5,756,829	0	5,756,829	90.76	
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	45,213		45,213	0	45,213	90.77	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,944,031		2,944,031	0	2,944,031	90.80	
90.81	09081	IRL EAST- PEDIATRICS CLINIC	686,752		686,752	0	686,752	90.81	
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	34,872		34,872	0	34,872	90.82	
90.83	09083	IRL EAST-SURGERY CLINIC	91,074		91,074	0	91,074	90.83	
90.84	09084	IRL EAST-NEUROLOGY CLINIC	724,523		724,523	0	724,523	90.84	
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12,443		12,443	0	12,443	90.85	
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	271,199		271,199	0	271,199	90.86	
90.95	09095	QUAD CITIES - CANCER CENTER	2,272,825		2,272,825	0	2,272,825	90.95	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,583,993		1,583,993	0	1,583,993	90.96	
90.97	09097	NORTH DODGE - REI CLINIC	14,615		14,615	0	14,615	90.97	
91.00	09100	EMERGENCY	17,286,609		17,286,609	0	17,286,609	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,204,344		7,204,344	0	7,204,344	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,325,896		6,325,896	0	6,325,896	92.01	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	987,637		987,637	0	987,637	93.99	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	1,246,699		1,246,699	0	1,246,699	94.00	
95.00	09500	AMBULANCE SERVICES	1,900,822		1,900,822	0	1,900,822	95.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	7,609,374		7,609,374		7,609,374	105.00	
106.00	10600	HEART ACQUISITION	1,707,889		1,707,889		1,707,889	106.00	
107.00	10700	LIVER ACQUISITION	3,053,683		3,053,683		3,053,683	107.00	
108.00	10800	LUNG ACQUISITION	2,258,331		2,258,331		2,258,331	108.00	
109.00	10900	PANCREAS ACQUISITION	747,930		747,930		747,930	109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,343,279,951	0	1,343,279,951	225,200	1,343,505,151	200.00	
201.00		Less Observation Beds	7,204,344		7,204,344		7,204,344	201.00	
202.00		Total (see instructions)	1,336,075,607	0	1,336,075,607	225,200	1,336,300,807	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	404,153,969		404,153,969		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	42,997,707		42,997,707		31.01
32.00	03200	CORONARY CARE UNIT	41,790,260		41,790,260		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,037,877		19,037,877		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64,790,501		64,790,501		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82,359,617		82,359,617		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	43,994,846		43,994,846		35.01
40.00	04000	SUBPROVIDER - IPF	45,755,125		45,755,125		40.00
43.00	04300	NURSERY	68,978,113		68,978,113		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	350,215,853	284,341,443	634,557,296	0.220221	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,508,523	897,753	28,406,276	0.245842	0.000000
53.00	05300	ANESTHESIOLOGY	42,552,455	41,350,628	83,903,083	0.130703	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,215,865	120,289,937	181,505,802	0.226804	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	6,360,075	99,767,070	106,127,145	0.125592	0.000000
55.01	03630	ULTRA SOUND	8,079,391	29,929,997	38,009,388	0.141117	0.000000
55.02	05501	RADIOLOGY - PET SCAN	5,113,079	37,578,764	42,691,843	0.183884	0.000000
57.00	05700	CT SCAN	68,877,763	129,706,996	198,584,759	0.042297	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,233,087	118,120,006	154,353,093	0.056796	0.000000
59.00	05900	CARDIAC CATHETERIZATION	43,551,783	64,215,841	107,767,624	0.084866	0.000000
60.00	06000	LABORATORY	237,590,561	278,120,732	515,711,293	0.118687	0.000000
60.01	06001	ANATOMICAL LABORATORY	12,127,827	31,458,958	43,586,785	0.172227	0.000000
60.02	03140	CARDIOLOGY	49,894,884	44,972,812	94,867,696	0.134615	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,327,839	10,134,270	40,462,109	0.263104	0.000000
65.00	06500	RESPIRATORY THERAPY	77,274,746	3,100,975	80,375,721	0.199938	0.000000
66.00	06600	PHYSICAL THERAPY	17,836,135	15,547,512	33,383,647	0.277165	0.000000
67.00	06700	OCCUPATIONAL THERAPY	10,797,336	2,307,376	13,104,712	0.251941	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,417,306	4,591,491	10,008,797	0.103315	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,219,309	9,929,525	30,148,834	0.178629	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,477,382	40,597,411	130,074,793	0.335617	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	165,334,709	75,615,475	240,950,184	0.407756	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	324,429,904	639,989,760	964,419,664	0.262211	0.000000
74.00	07400	RENAL DIALYSIS	22,893,079	40,196,076	63,089,155	0.199830	0.000000
76.00	03950	IVF/CULTURE LAB	3,501	5,326,143	5,329,644	0.781658	0.000000
76.02	03952	URODYNAMICS	17,106	3,296,566	3,313,672	0.076829	0.000000
76.03	03953	SPINE TREATMENT CENTER	6,902	2,340,676	2,347,578	0.411091	0.000000
76.05	03340	DIGESTIVE DISEASE CENTER	13,247,312	39,784,188	53,031,500	0.171352	0.000000
76.06	03580	RECREATIONAL THERAPY	616	532,280	532,896	2.514341	0.000000
76.07	03957	CDC - REHAB	962	1,165,109	1,166,071	0.960542	0.000000
76.08	03958	DIABETES EDUCATION	1,080	602,923	604,003	1.275954	0.000000
76.97	07697	CARDIAC REHABILITATION	1,334,973	2,106,572	3,441,545	0.353347	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	569,737	1,691,074	2,260,811	0.297372	0.000000
76.99	07699	LITHOTRIPSY	477,419	11,303,129	11,780,548	0.155399	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	12,300,934	3,904,310	16,205,244	0.314490	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	ANESTHESIA PAIN CLINIC	46,207	9,619,197	9,665,404	0.217635	0.000000
90.02	09002	DERMATOLOGY CLINIC	34,765	13,377,022	13,411,787	0.258229	0.000000
90.03	09003	ORAL SURGERY CLINIC	5,946	5,088,221	5,094,167	0.776141	0.000000
90.04	09004	INTERNAL MEDICINE CLINIC	276,357	18,222,250	18,498,607	1.094622	0.000000
90.05	09005	NEUROLOGY CLINIC	505,755	11,364,994	11,870,749	0.396227	0.000000
90.06	09006	OB-GYN CLINIC	170,790	7,230,801	7,401,591	1.037600	0.000000
90.07	09007	OPHTHALMOLOGY CLINIC	403,327	32,589,555	32,992,882	0.394404	0.000000
90.08	09008	ORTHOPAEDICS CLINIC	81,724	13,672,995	13,754,719	0.723016	0.000000
90.09	09009	OTOLARYNGOLOGY CLINIC	2,512,266	17,500,231	20,012,497	0.502722	0.000000
90.10	09010	PEDIATRIC CLINIC	199,737	14,447,995	14,647,732	1.618737	0.000000
90.11	09011	SURGERY CLINIC	76,985	7,871,947	7,948,932	1.138545	0.000000
90.12	09012	UROLOGY CLINIC	99,222	10,050,594	10,149,816	0.315482	0.000000
90.13	09013	PSYCHIATRIC CLINIC	158,524	12,088,145	12,246,669	0.664273	0.000000
90.14	09014	CANCER CLINIC	972,780	46,700,799	47,673,579	0.383179	0.000000
90.15	09015	FAMILY CARE CLINIC	55,200	6,493,552	6,548,752	0.681775	0.000000
90.16	09016	ORTHO SPORTS MED CLINIC	6,376	9,541,131	9,547,507	0.325575	0.000000
90.19	09019	BURN CLINIC	1,032	1,050,827	1,051,859	0.510070	0.000000
90.50	09050	IRL-CARDIOLOGY CLINIC	138,289	11,748,560	11,886,849	0.245016	0.000000
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,170	493,420	495,590	0.687736	0.000000
90.52	09052	IRL-DERMATOLOGY CLINIC	1,707	3,276,517	3,278,224	0.367570	0.000000
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	55,831	8,924,696	8,980,527	0.525266	0.000000
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000
90.56	09056	IRL-OB/GYN CLINIC	124,627	10,307,933	10,432,560	0.344191	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			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			
90.57	09057	IRL-OPHTHALMOLOGY	2,324	5,603,028	5,605,352	0.390032	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	7,558	2,059,582	2,067,140	0.354536	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	11,204	4,169,887	4,181,091	0.314668	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	62,476	5,273,735	5,336,211	0.505865	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	23,671	9,146,743	9,170,414	0.234159	0.000000	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	33,478	33,478	0.051497	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	7,792	2,245,163	2,252,955	0.525969	0.000000	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	4,222	2,187,434	2,191,656	0.639479	0.000000	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	19,771	19,771	0.669617	0.000000	90.72
90.76	09076	IRL - PROCEDURE SUITES	18,274	18,252,804	18,271,078	0.315079	0.000000	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	383,670	383,670	0.117843	0.000000	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	24,312	5,913,315	5,937,627	0.495826	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,519	900,913	902,432	0.761001	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	274,781	274,781	0.126908	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	651	184,737	185,388	0.491262	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	434	2,363,055	2,363,489	0.306548	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	18,060	18,060	0.688981	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	500	49,749	50,249	5.397102	0.000000	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	7,327	5,150,870	5,158,197	0.440624	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	39,195	3,255,708	3,294,903	0.480740	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	217	89,206	89,423	0.163437	0.000000	90.97
91.00	09100	EMERGENCY	65,186,374	70,963,249	136,149,623	0.126968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,889,788	22,471,931	27,361,719	0.263300	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,196,826	9,805,767	12,002,593	0.527044	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	2,088	844,255	846,343	1.166946	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	10,925,574	10,925,574	0.114108	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,175,435	804,712	1,980,147	0.959940	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,717,000	0	12,717,000			105.00
106.00	10600	HEART ACQUISITION	2,330,000	0	2,330,000			106.00
107.00	10700	LIVER ACQUISITION	5,239,000	0	5,239,000			107.00
108.00	10800	LUNG ACQUISITION	5,475,000	0	5,475,000			108.00
109.00	10900	PANCREAS ACQUISITION	780,000	0	780,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,661,280,252	2,649,866,337	5,311,146,589			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,661,280,252	2,649,866,337	5,311,146,589			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220221		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245842		52.00
53.00	05300	ANESTHESIOLOGY	0.130703		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226804		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125592		55.00
55.01	03630	ULTRA SOUND	0.141117		55.01
55.02	05501	RADIOLOGY - PET SCAN	0.183884		55.02
57.00	05700	CT SCAN	0.042297		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056796		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084866		59.00
60.00	06000	LABORATORY	0.119008		60.00
60.01	06001	ANATOMICAL LABORATORY	0.173601		60.01
60.02	03140	CARDIOLOGY	0.134615		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263104		63.00
65.00	06500	RESPIRATORY THERAPY	0.199938		65.00
66.00	06600	PHYSICAL THERAPY	0.277165		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251941		67.00
69.00	06900	ELECTROCARDIOLOGY	0.103315		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.178629		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335617		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.407756		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262211		73.00
74.00	07400	RENAL DIALYSIS	0.199830		74.00
76.00	03950	IVF/CULTURE LAB	0.781658		76.00
76.02	03952	URODYNAMICS	0.076829		76.02
76.03	03953	SPINE TREATMENT CENTER	0.411091		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.171352		76.05
76.06	03580	RECREATIONAL THERAPY	2.514341		76.06
76.07	03957	CDC - REHAB	0.960542		76.07
76.08	03958	DIABETES EDUCATION	1.275954		76.08
76.97	07697	CARDIAC REHABILITATION	0.353347		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.297372		76.98
76.99	07699	LITHOTRIPSY	0.155399		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.314490		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.217635		90.01
90.02	09002	DERMATOLOGY CLINIC	0.258229		90.02
90.03	09003	ORAL SURGERY CLINIC	0.776141		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.094622		90.04
90.05	09005	NEUROLOGY CLINIC	0.396227		90.05
90.06	09006	OB-GYN CLINIC	1.037600		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394404		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.723016		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.502722		90.09
90.10	09010	PEDIATRIC CLINIC	1.618737		90.10
90.11	09011	SURGERY CLINIC	1.138545		90.11
90.12	09012	UROLOGY CLINIC	0.315482		90.12
90.13	09013	PSYCHIATRIC CLINIC	0.664273		90.13
90.14	09014	CANCER CLINIC	0.383179		90.14
90.15	09015	FAMILY CARE CLINIC	0.681775		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.325575		90.16
90.19	09019	BURN CLINIC	0.510070		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.245016		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.687736		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.367570		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.525266		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000		90.55
90.56	09056	IRL-OB/GYN CLINIC	0.344191		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.390032		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.354536		90.58

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
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To 06/30/2019Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.314668			90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.505865			90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000			90.61
90.62	09062	IRL-UROLOGY CLINIC	0.234159			90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.051497			90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.525969			90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.639479			90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.669617			90.72
90.76	09076	IRL - PROCEDURE SUITES	0.315079			90.76
90.77	09077	IRL- GASTROENTERGOGLOGY BREATH TESTIN	0.117843			90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.495826			90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.761001			90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.126908			90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.491262			90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.306548			90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.688981			90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5.397102			90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.440624			90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.480740			90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.163437			90.97
91.00	09100	EMERGENCY	0.126968			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.263300			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.527044			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.166946			93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.114108			94.00
95.00	09500	AMBULANCE SERVICES	0.959940			95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	160,421,128		160,421,128	0	160,421,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,650,786		14,650,786	0	14,650,786	31.01
32.00	03200	CORONARY CARE UNIT	14,413,230		14,413,230	0	14,413,230	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,588,428		8,588,428	0	8,588,428	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,227,396		19,227,396	0	19,227,396	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,987,338		22,987,338	0	22,987,338	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,769,769		16,769,769	0	16,769,769	35.01
40.00	04000	SUBPROVIDER - IPF	20,774,446		20,774,446	0	20,774,446	40.00
43.00	04300	NURSERY	17,783,334		17,783,334	0	17,783,334	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	139,742,872		139,742,872	0	139,742,872	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,983,442		6,983,442	0	6,983,442	52.00
53.00	05300	ANESTHESIOLOGY	10,966,407		10,966,407	0	10,966,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,166,232		41,166,232	0	41,166,232	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,328,721		13,328,721	0	13,328,721	55.00
55.01	03630	ULTRA SOUND	5,363,765		5,363,765	0	5,363,765	55.01
55.02	05501	RADIOLOGY - PET SCAN	7,850,362		7,850,362	0	7,850,362	55.02
57.00	05700	CT SCAN	8,399,555		8,399,555	0	8,399,555	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,766,626		8,766,626	0	8,766,626	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,145,816		9,145,816	0	9,145,816	59.00
60.00	06000	LABORATORY	61,208,449		61,208,449	165,298	61,373,747	60.00
60.01	06001	ANATOMICAL LABORATORY	7,506,816		7,506,816	59,902	7,566,718	60.01
60.02	03140	CARDIOLOGY	12,770,634		12,770,634	0	12,770,634	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,645,733		10,645,733	0	10,645,733	63.00
65.00	06500	RESPIRATORY THERAPY	16,070,159	0	16,070,159	0	16,070,159	65.00
66.00	06600	PHYSICAL THERAPY	9,252,763	0	9,252,763	0	9,252,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,301,613	0	3,301,613	0	3,301,613	67.00
69.00	06900	ELECTROCARDIOLOGY	1,034,054		1,034,054	0	1,034,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,385,452		5,385,452	0	5,385,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,655,374		43,655,374	0	43,655,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,248,991		98,248,991	0	98,248,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	252,881,032		252,881,032	0	252,881,032	73.00
74.00	07400	RENAL DIALYSIS	12,607,090		12,607,090	0	12,607,090	74.00
76.00	03950	IVF/CULTURE LAB	4,165,960		4,165,960	0	4,165,960	76.00
76.02	03952	URODYNAMICS	254,585		254,585	0	254,585	76.02
76.03	03953	SPINE TREATMENT CENTER	965,069		965,069	0	965,069	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	9,087,035		9,087,035	0	9,087,035	76.05
76.06	03580	RECREATIONAL THERAPY	1,339,882		1,339,882	0	1,339,882	76.06
76.07	03957	CDC - REHAB	1,120,060		1,120,060	0	1,120,060	76.07
76.08	03958	DIABETES EDUCATION	770,680		770,680	0	770,680	76.08
76.97	07697	CARDIAC REHABILITATION	1,216,061		1,216,061	0	1,216,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	672,303		672,303	0	672,303	76.98
76.99	07699	LITHOTRIPSY	1,830,687		1,830,687	0	1,830,687	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,096,380		5,096,380	0	5,096,380	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	2,103,527		2,103,527	0	2,103,527	90.01
90.02	09002	DERMATOLOGY CLINIC	3,463,307		3,463,307	0	3,463,307	90.02
90.03	09003	ORAL SURGERY CLINIC	3,953,792		3,953,792	0	3,953,792	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	20,248,988		20,248,988	0	20,248,988	90.04
90.05	09005	NEUROLOGY CLINIC	4,703,509		4,703,509	0	4,703,509	90.05
90.06	09006	OB-GYN CLINIC	7,679,889		7,679,889	0	7,679,889	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,012,522		13,012,522	0	13,012,522	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,944,879		9,944,879	0	9,944,879	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,060,716		10,060,716	0	10,060,716	90.09
90.10	09010	PEDIATRIC CLINIC	23,710,829		23,710,829	0	23,710,829	90.10
90.11	09011	SURGERY CLINIC	9,050,215		9,050,215	0	9,050,215	90.11
90.12	09012	UROLOGY CLINIC	3,202,080		3,202,080	0	3,202,080	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,135,133		8,135,133	0	8,135,133	90.13
90.14	09014	CANCER CLINIC	18,267,498		18,267,498	0	18,267,498	90.14
90.15	09015	FAMILY CARE CLINIC	4,464,778		4,464,778	0	4,464,778	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,108,425		3,108,425	0	3,108,425	90.16
90.19	09019	BURN CLINIC	536,522		536,522	0	536,522	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,912,473		2,912,473	0	2,912,473	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	340,835		340,835	0	340,835	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,204,978		1,204,978	0	1,204,978	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,717,163		4,717,163	0	4,717,163	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
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Part I
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11/20/2019 1:59 pm

				Title XIX		Hospital		Cost	
Cost Center Description				Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
				1.00	2.00	3.00	4.00	5.00	
90.56	09056	IRL-OB/GYN CLINIC	3,590,798		3,590,798	0	3,590,798	90.56	
90.57	09057	IRL-OPHTHALMOLOGY	2,186,264		2,186,264	0	2,186,264	90.57	
90.58	09058	IRL - ORTHOPAEDICS CLINIC	732,875		732,875	0	732,875	90.58	
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,315,656		1,315,656	0	1,315,656	90.59	
90.60	09060	IRL-PEDIATRICS CLINIC	2,699,404		2,699,404	0	2,699,404	90.60	
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61	
90.62	09062	IRL-UROLOGY CLINIC	2,147,333		2,147,333	0	2,147,333	90.62	
90.65	09065	IRL - FAMILY CARE CLINIC	1,724		1,724	0	1,724	90.65	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,184,984		1,184,984	0	1,184,984	90.68	
90.70	09070	IRL-DIABETES CENTER CLINIC	1,401,518		1,401,518	0	1,401,518	90.70	
90.72	09072	IRL-ANTICOAGULATION CLINIC	13,239		13,239	0	13,239	90.72	
90.76	09076	IRL - PROCEDURE SUITES	5,756,829		5,756,829	0	5,756,829	90.76	
90.77	09077	IRL- GASTROENTERGOGLOGY BREATH TESTIN	45,213		45,213	0	45,213	90.77	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,944,031		2,944,031	0	2,944,031	90.80	
90.81	09081	IRL EAST- PEDIATRICS CLINIC	686,752		686,752	0	686,752	90.81	
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	34,872		34,872	0	34,872	90.82	
90.83	09083	IRL EAST-SURGERY CLINIC	91,074		91,074	0	91,074	90.83	
90.84	09084	IRL EAST-NEUROLOGY CLINIC	724,523		724,523	0	724,523	90.84	
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12,443		12,443	0	12,443	90.85	
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	271,199		271,199	0	271,199	90.86	
90.95	09095	QUAD CITIES - CANCER CENTER	2,272,825		2,272,825	0	2,272,825	90.95	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,583,993		1,583,993	0	1,583,993	90.96	
90.97	09097	NORTH DODGE - REI CLINIC	14,615		14,615	0	14,615	90.97	
91.00	09100	EMERGENCY	17,286,609		17,286,609	0	17,286,609	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,204,344		7,204,344	0	7,204,344	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,325,896		6,325,896	0	6,325,896	92.01	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	987,637		987,637	0	987,637	93.99	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	1,246,699		1,246,699	0	1,246,699	94.00	
95.00	09500	AMBULANCE SERVICES	1,900,822		1,900,822	0	1,900,822	95.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	7,609,374		7,609,374		7,609,374	105.00	
106.00	10600	HEART ACQUISITION	1,707,889		1,707,889		1,707,889	106.00	
107.00	10700	LIVER ACQUISITION	3,053,683		3,053,683		3,053,683	107.00	
108.00	10800	LUNG ACQUISITION	2,258,331		2,258,331		2,258,331	108.00	
109.00	10900	PANCREAS ACQUISITION	747,930		747,930		747,930	109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,343,279,951	0	1,343,279,951	225,200	1,343,505,151	200.00	
201.00		Less Observation Beds	7,204,344		7,204,344		7,204,344	201.00	
202.00		Total (see instructions)	1,336,075,607	0	1,336,075,607	225,200	1,336,300,807	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
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Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	404,153,969		404,153,969		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	42,997,707		42,997,707		31.01
32.00	03200	CORONARY CARE UNIT	41,790,260		41,790,260		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,037,877		19,037,877		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64,790,501		64,790,501		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82,359,617		82,359,617		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	43,994,846		43,994,846		35.01
40.00	04000	SUBPROVIDER - IPF	45,755,125		45,755,125		40.00
43.00	04300	NURSERY	68,978,113		68,978,113		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	350,215,853	284,341,443	634,557,296	0.220221	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,508,523	897,753	28,406,276	0.245842	0.000000
53.00	05300	ANESTHESIOLOGY	42,552,455	41,350,628	83,903,083	0.130703	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,215,865	120,289,937	181,505,802	0.226804	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	6,360,075	99,767,070	106,127,145	0.125592	0.000000
55.01	03630	ULTRA SOUND	8,079,391	29,929,997	38,009,388	0.141117	0.000000
55.02	05501	RADIOLOGY - PET SCAN	5,113,079	37,578,764	42,691,843	0.183884	0.000000
57.00	05700	CT SCAN	68,877,763	129,706,996	198,584,759	0.042297	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,233,087	118,120,006	154,353,093	0.056796	0.000000
59.00	05900	CARDIAC CATHETERIZATION	43,551,783	64,215,841	107,767,624	0.084866	0.000000
60.00	06000	LABORATORY	237,590,561	278,120,732	515,711,293	0.118687	0.000000
60.01	06001	ANATOMICAL LABORATORY	12,127,827	31,458,958	43,586,785	0.172227	0.000000
60.02	03140	CARDIOLOGY	49,894,884	44,972,812	94,867,696	0.134615	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,327,839	10,134,270	40,462,109	0.263104	0.000000
65.00	06500	RESPIRATORY THERAPY	77,274,746	3,100,975	80,375,721	0.199938	0.000000
66.00	06600	PHYSICAL THERAPY	17,836,135	15,547,512	33,383,647	0.277165	0.000000
67.00	06700	OCCUPATIONAL THERAPY	10,797,336	2,307,376	13,104,712	0.251941	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,417,306	4,591,491	10,008,797	0.103315	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,219,309	9,929,525	30,148,834	0.178629	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,477,382	40,597,411	130,074,793	0.335617	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	165,334,709	75,615,475	240,950,184	0.407756	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	324,429,904	639,989,760	964,419,664	0.262211	0.000000
74.00	07400	RENAL DIALYSIS	22,893,079	40,196,076	63,089,155	0.199830	0.000000
76.00	03950	IVF/CULTURE LAB	3,501	5,326,143	5,329,644	0.781658	0.000000
76.02	03952	URODYNAMICS	17,106	3,296,566	3,313,672	0.076829	0.000000
76.03	03953	SPINE TREATMENT CENTER	6,902	2,340,676	2,347,578	0.411091	0.000000
76.05	03340	DIGESTIVE DISEASE CENTER	13,247,312	39,784,188	53,031,500	0.171352	0.000000
76.06	03580	RECREATIONAL THERAPY	616	532,280	532,896	2.514341	0.000000
76.07	03957	CDC - REHAB	962	1,165,109	1,166,071	0.960542	0.000000
76.08	03958	DIABETES EDUCATION	1,080	602,923	604,003	1.275954	0.000000
76.97	07697	CARDIAC REHABILITATION	1,334,973	2,106,572	3,441,545	0.353347	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	569,737	1,691,074	2,260,811	0.297372	0.000000
76.99	07699	LITHOTRIPSY	477,419	11,303,129	11,780,548	0.155399	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	12,300,934	3,904,310	16,205,244	0.314490	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	ANESTHESIA PAIN CLINIC	46,207	9,619,197	9,665,404	0.217635	0.000000
90.02	09002	DERMATOLOGY CLINIC	34,765	13,377,022	13,411,787	0.258229	0.000000
90.03	09003	ORAL SURGERY CLINIC	5,946	5,088,221	5,094,167	0.776141	0.000000
90.04	09004	INTERNAL MEDICINE CLINIC	276,357	18,222,250	18,498,607	1.094622	0.000000
90.05	09005	NEUROLOGY CLINIC	505,755	11,364,994	11,870,749	0.396227	0.000000
90.06	09006	OB-GYN CLINIC	170,790	7,230,801	7,401,591	1.037600	0.000000
90.07	09007	OPHTHALMOLOGY CLINIC	403,327	32,589,555	32,992,882	0.394404	0.000000
90.08	09008	ORTHOPAEDICS CLINIC	81,724	13,672,995	13,754,719	0.723016	0.000000
90.09	09009	OTOLARYNGOLOGY CLINIC	2,512,266	17,500,231	20,012,497	0.502722	0.000000
90.10	09010	PEDIATRIC CLINIC	199,737	14,447,995	14,647,732	1.618737	0.000000
90.11	09011	SURGERY CLINIC	76,985	7,871,947	7,948,932	1.138545	0.000000
90.12	09012	UROLOGY CLINIC	99,222	10,050,594	10,149,816	0.315482	0.000000
90.13	09013	PSYCHIATRIC CLINIC	158,524	12,088,145	12,246,669	0.664273	0.000000
90.14	09014	CANCER CLINIC	972,780	46,700,799	47,673,579	0.383179	0.000000
90.15	09015	FAMILY CARE CLINIC	55,200	6,493,552	6,548,752	0.681775	0.000000
90.16	09016	ORTHO SPORTS MED CLINIC	6,376	9,541,131	9,547,507	0.325575	0.000000
90.19	09019	BURN CLINIC	1,032	1,050,827	1,051,859	0.510070	0.000000
90.50	09050	IRL-CARDIOLOGY CLINIC	138,289	11,748,560	11,886,849	0.245016	0.000000
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,170	493,420	495,590	0.687736	0.000000
90.52	09052	IRL-DERMATOLOGY CLINIC	1,707	3,276,517	3,278,224	0.367570	0.000000
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	55,831	8,924,696	8,980,527	0.525266	0.000000
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000
90.56	09056	IRL-OB/GYN CLINIC	124,627	10,307,933	10,432,560	0.344191	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
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Part I
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			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		10.00	
90.57	09057	IRL-OPHTHALMOLOGY	2,324	5,603,028	5,605,352	0.390032	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	7,558	2,059,582	2,067,140	0.354536	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	11,204	4,169,887	4,181,091	0.314668	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	62,476	5,273,735	5,336,211	0.505865	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	23,671	9,146,743	9,170,414	0.234159	0.000000	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	33,478	33,478	0.051497	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	7,792	2,245,163	2,252,955	0.525969	0.000000	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	4,222	2,187,434	2,191,656	0.639479	0.000000	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	19,771	19,771	0.669617	0.000000	90.72
90.76	09076	IRL - PROCEDURE SUITES	18,274	18,252,804	18,271,078	0.315079	0.000000	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	383,670	383,670	0.117843	0.000000	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	24,312	5,913,315	5,937,627	0.495826	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,519	900,913	902,432	0.761001	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	274,781	274,781	0.126908	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	651	184,737	185,388	0.491262	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	434	2,363,055	2,363,489	0.306548	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	18,060	18,060	0.688981	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	500	49,749	50,249	5.397102	0.000000	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	7,327	5,150,870	5,158,197	0.440624	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	39,195	3,255,708	3,294,903	0.480740	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	217	89,206	89,423	0.163437	0.000000	90.97
91.00	09100	EMERGENCY	65,186,374	70,963,249	136,149,623	0.126968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,889,788	22,471,931	27,361,719	0.263300	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,196,826	9,805,767	12,002,593	0.527044	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	2,088	844,255	846,343	1.166946	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	10,925,574	10,925,574	0.114108	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,175,435	804,712	1,980,147	0.959940	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,717,000	0	12,717,000			105.00
106.00	10600	HEART ACQUISITION	2,330,000	0	2,330,000			106.00
107.00	10700	LIVER ACQUISITION	5,239,000	0	5,239,000			107.00
108.00	10800	LUNG ACQUISITION	5,475,000	0	5,475,000			108.00
109.00	10900	PANCREAS ACQUISITION	780,000	0	780,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,661,280,252	2,649,866,337	5,311,146,589			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,661,280,252	2,649,866,337	5,311,146,589			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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
55.01	03630	ULTRA SOUND	0.000000			55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000			55.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	ANATOMICAL LABORATORY	0.000000			60.01
60.02	03140	CARDIOLOGY	0.000000			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03950	IVF/CULTURE LAB	0.000000			76.00
76.02	03952	URODYNAMICS	0.000000			76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000			76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.000000			76.05
76.06	03580	RECREATIONAL THERAPY	0.000000			76.06
76.07	03957	CDC - REHAB	0.000000			76.07
76.08	03958	DIABETES EDUCATION	0.000000			76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000			90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000			90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000			90.04
90.05	09005	NEUROLOGY CLINIC	0.000000			90.05
90.06	09006	OB-GYN CLINIC	0.000000			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000			90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000			90.09
90.10	09010	PEDIATRIC CLINIC	0.000000			90.10
90.11	09011	SURGERY CLINIC	0.000000			90.11
90.12	09012	UROLOGY CLINIC	0.000000			90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000			90.13
90.14	09014	CANCER CLINIC	0.000000			90.14
90.15	09015	FAMILY CARE CLINIC	0.000000			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000			90.16
90.19	09019	BURN CLINIC	0.000000			90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000000			90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000			90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000000			90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.000000			90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000			90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000000			90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000000			90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000000			90.58

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000000			90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000000			90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000			90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000000			90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000			90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.000000			90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000			90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000			90.72
90.76	09076	IRL - PROCEDURE SUITES	0.000000			90.76
90.77	09077	IRL- GASTROENTERGOGLOGY BREATH TESTIN	0.000000			90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000000			90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000			90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000			90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000			90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000			90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000			90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000			90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000			90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000			90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000			90.97
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

			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	11,690,512	0	11,690,512	152,130	76.85	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	MEDICAL INTENSIVE CARE UNIT	999,972		999,972	8,234	121.44	31.01	
32.00	CORONARY CARE UNIT	1,196,440		1,196,440	7,293	164.05	32.00	
33.00	BURN INTENSIVE CARE UNIT	656,883		656,883	5,305	123.82	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	1,024,154		1,024,154	11,343	90.29	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT	1,103,066		1,103,066	12,473	88.44	35.00	
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,344,874		1,344,874	7,103	189.34	35.01	
40.00	SUBPROVIDER - IPF	1,201,599	0	1,201,599	26,302	45.68	40.00	
43.00	NURSERY	1,460,024		1,460,024	18,620	78.41	43.00	
200.00	Total (lines 30 through 199)	20,677,524		20,677,524	248,803		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	50,816	3,905,210					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	MEDICAL INTENSIVE CARE UNIT	3,318	402,938					31.01
32.00	CORONARY CARE UNIT	3,391	556,294					32.00
33.00	BURN INTENSIVE CARE UNIT	1,502	185,978					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,360	393,664					34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					35.01
40.00	SUBPROVIDER - IPF	6,852	312,999					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	70,239	5,757,083					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,120,423	634,557,296	0.022252	107,040,632	2,381,868	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	529,292	28,406,276	0.018633	250,038	4,659	52.00
53.00	05300 ANESTHESIOLOGY	1,345,064	83,903,083	0.016031	12,013,173	192,583	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,078,883	181,505,802	0.027982	19,892,994	556,646	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,411,045	106,127,145	0.022718	2,332,539	52,991	55.00
55.01	03630 ULTRA SOUND	460,861	38,009,388	0.012125	1,961,888	23,788	55.01
55.02	05501 RADIOLOGY - PET SCAN	1,057,938	42,691,843	0.024781	2,047,519	50,740	55.02
57.00	05700 CT SCAN	1,831,371	198,584,759	0.009222	27,033,529	249,303	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,649,899	154,353,093	0.017168	11,717,661	201,169	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,380,889	107,767,624	0.012814	22,045,601	282,492	59.00
60.00	06000 LABORATORY	3,983,258	515,711,293	0.007724	74,743,000	577,315	60.00
60.01	06001 ANATOMICAL LABORATORY	856,081	43,586,785	0.019641	3,634,278	71,381	60.01
60.02	03140 CARDIOLOGY	1,808,770	94,867,696	0.019066	14,651,092	279,338	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	588,098	40,462,109	0.014535	9,150,574	133,004	63.00
65.00	06500 RESPIRATORY THERAPY	818,793	80,375,721	0.010187	19,418,964	197,821	65.00
66.00	06600 PHYSICAL THERAPY	407,869	33,383,647	0.012218	6,706,621	81,941	66.00
67.00	06700 OCCUPATIONAL THERAPY	129,874	13,104,712	0.009910	3,248,662	32,194	67.00
69.00	06900 ELECTROCARDIOLOGY	78,070	10,008,797	0.007800	2,373,096	18,510	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	359,903	30,148,834	0.011938	6,106,925	72,904	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,358,029	130,074,793	0.010440	27,315,680	285,176	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,789,527	240,950,184	0.011577	66,502,139	769,895	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,751,756	964,419,664	0.007001	93,826,722	656,881	73.00
74.00	07400 RENAL DIALYSIS	1,160,610	63,089,155	0.018396	10,367,345	190,718	74.00
76.00	03950 IVF/CULTURE LAB	306,458	5,329,644	0.057501	0	0	76.00
76.02	03952 URODYNAMICS	24,562	3,313,672	0.007412	8,918	66	76.02
76.03	03953 SPINE TREATMENT CENTER	86,277	2,347,578	0.036751	1,925	71	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	1,196,920	53,031,500	0.022570	5,265,737	118,848	76.05
76.06	03580 RECREATIONAL THERAPY	128,740	532,896	0.241586	5	1	76.06
76.07	03957 CDC - REHAB	55,332	1,166,071	0.047452	100	5	76.07
76.08	03958 DIABETES EDUCATION	58,109	604,003	0.096206	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	157,752	3,441,545	0.045838	690,460	31,649	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	52,726	2,260,811	0.023322	219,023	5,108	76.98
76.99	07699 LITHOTRIPSY	186,989	11,780,548	0.015873	9,970	158	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	185,796	16,205,244	0.011465	3,006,263	34,467	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	321,521	9,665,404	0.033265	16,694	555	90.01
90.02	09002 DERMATOLOGY CLINIC	401,454	13,411,787	0.029933	12,876	385	90.02
90.03	09003 ORAL SURGERY CLINIC	387,489	5,094,167	0.076065	1,089	83	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	2,254,582	18,498,607	0.121878	114,498	13,955	90.04
90.05	09005 NEUROLOGY CLINIC	588,773	11,870,749	0.049599	196,522	9,747	90.05
90.06	09006 OB-GYN CLINIC	856,136	7,401,591	0.115669	4,629	535	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,459,415	32,992,882	0.044234	142,172	6,289	90.07
90.08	09008 ORTHOPAEDICS CLINIC	913,419	13,754,719	0.066408	29,495	1,959	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	1,475,033	20,012,497	0.073706	939,796	69,269	90.09
90.10	09010 PEDIATRIC CLINIC	3,191,804	14,647,732	0.217904	1,210	264	90.10
90.11	09011 SURGERY CLINIC	1,013,253	7,948,932	0.127470	24,044	3,065	90.11
90.12	09012 UROLOGY CLINIC	474,625	10,149,816	0.046762	6,761	316	90.12
90.13	09013 PSYCHIATRIC CLINIC	741,323	12,246,669	0.060533	16,121	976	90.13
90.14	09014 CANCER CLINIC	1,489,425	47,673,579	0.031242	317,128	9,908	90.14
90.15	09015 FAMILY CARE CLINIC	630,764	6,548,752	0.096318	10,313	993	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	330,692	9,547,507	0.034636	2,501	87	90.16
90.19	09019 BURN CLINIC	15,646	1,051,859	0.014875	174	3	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	486,858	11,886,849	0.040958	63,196	2,588	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	18,187	495,590	0.036698	697	26	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	207,988	3,278,224	0.063445	878	56	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	542,866	8,980,527	0.060449	29,343	1,774	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	461,926	10,432,560	0.044277	697	31	90.56
90.57	09057 IRL-OPHTHALMOLOGY	333,038	5,605,352	0.059414	408	24	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	101,144	2,067,140	0.048929	4,012	196	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	209,950	4,181,091	0.050214	3,234	162	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	347,484	5,336,211	0.065118	0	0	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	368,232	9,170,414	0.040154	5,046	203	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	553	33,478	0.016518	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	213,942	2,252,955	0.094961	2,267	215	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	174,077	2,191,656	0.079427	1,945	154	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	353	19,771	0.017854	0	0	90.72

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

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)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.76	09076	IRL - PROCEDURE SUITES	1,090,322	18,271,078	0.059675	4,170	249	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	6,353	383,670	0.016559	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	474,770	5,937,627	0.079960	9,197	735	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	139,078	902,432	0.154115	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	8,912	274,781	0.032433	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	9,934	185,388	0.053585	174	9	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	109,639	2,363,489	0.046389	174	8	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,416	18,060	0.133776	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	102,518	50,249	2.040200	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	107,522	5,158,197	0.020845	377	8	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	42,364	3,294,903	0.012857	1,764	23	90.96
90.97	09097	NORTH DODGE - REI CLINIC	288	89,423	0.003221	0	0	90.97
91.00	09100	EMERGENCY	1,380,683	136,149,623	0.010141	23,447,829	237,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	525,009	27,361,719	0.019188	752,675	14,442	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	329,790	12,002,593	0.027477	364,531	10,016	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	126,779	846,343	0.149796	858	129	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	101,313	10,925,574	0.009273	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	78,965,606	4,468,767,427		580,112,568	7,940,911	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/20/2019 1:59 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	982,741	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	35,366	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	347,727	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	44,176	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	77,758	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	46,703	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	93,826	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	36,500	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	1,664,797	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	982,741	152,130	6.46	50,816	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0.00	0	0	31.00	
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	35,366	8,234	4.30	3,318	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	347,727	7,293	47.68	3,391	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	44,176	5,305	8.33	1,502	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	77,758	11,343	6.86	4,360	0	34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	46,703	12,473	3.74	0	0	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	93,826	7,103	13.21	0	0	35.01	
40.00	04000	SUBPROVIDER - IPF	0	36,500	26,302	1.39	6,852	0	40.00	
43.00	04300	NURSERY	0	0	18,620	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)	0	1,664,797	248,803		70,239	0	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	328,271						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,267						31.01	
32.00	03200	CORONARY CARE UNIT	161,683						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	12,512						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	29,910						34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						35.01	
40.00	04000	SUBPROVIDER - IPF	9,524						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	556,167						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 16-0058 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm

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	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,714,327	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630 ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501 RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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
60.01	06001 ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140 CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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 PATIENTS	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
74.00	07400 RENAL DIALYSIS	0	0	0	0	3,401	74.00
76.00	03950 IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952 URODYNAMICS	0	0	0	0	0	76.02
76.03	03953 SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580 RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957 CDC - REHAB	0	0	0	0	0	76.07
76.08	03958 DIABETES EDUCATION	0	0	0	0	0	76.08
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
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002 DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	0	0	0	0	225,139	90.04
90.05	09005 NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006 OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010 PEDIATRIC CLINIC	0	0	0	0	4,535	90.10
90.11	09011 SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012 UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014 CANCER CLINIC	0	0	0	0	89,291	90.14
90.15	09015 FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0	0	0	0	1,134	90.16
90.19	09019 BURN CLINIC	0	0	0	0	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	0	0	0	0	2,834	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	57,893	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	0	0	0	0	567	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	92,323	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056 IRL-OB/GYN CLINIC	0	0	0	0	2,267	90.56
90.57	09057 IRL-OPHTHALMOLOGY	0	0	0	0	1,134	90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	0	0	0	0	567	90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	1,134	90.59
90.60	09060 IRL-PEDIATRICS CLINIC	0	0	0	0	1,134	90.60
90.61	09061 IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062 IRL-UROLOGY CLINIC	0	0	0	0	2,267	90.62
90.65	09065 IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068 IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	567	90.68
90.70	09070 IRL-DIABETES CENTER CLINIC	0	0	0	0	567	90.70
90.72	09072 IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.76	09076 IRL - PROCEDURE SUITES	0	0	0	0	3,968	90.76
90.77	09077 IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/20/2019 1:59 pm

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	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,134	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	104,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	44,134	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,354,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm			
					Title XVIII		Hospital	PPS		
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	634,557,296	0.000000	50.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,406,276	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	83,903,083	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,714,327	1,714,327	181,505,802	0.009445	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	106,127,145	0.000000	55.00		
55.01	03630	ULTRA SOUND	0	0	0	38,009,388	0.000000	55.01		
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	42,691,843	0.000000	55.02		
57.00	05700	CT SCAN	0	0	0	198,584,759	0.000000	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	154,353,093	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	107,767,624	0.000000	59.00		
60.00	06000	LABORATORY	0	0	0	515,711,293	0.000000	60.00		
60.01	06001	ANATOMICAL LABORATORY	0	0	0	43,586,785	0.000000	60.01		
60.02	03140	CARDIOLOGY	0	0	0	94,867,696	0.000000	60.02		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	40,462,109	0.000000	63.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	80,375,721	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	33,383,647	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,104,712	0.000000	67.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,008,797	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	30,148,834	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	130,074,793	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	240,950,184	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	964,419,664	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	0	3,401	3,401	63,089,155	0.000054	74.00		
76.00	03950	IVF/CULTURE LAB	0	0	0	5,329,644	0.000000	76.00		
76.02	03952	URODYNAMICS	0	0	0	3,313,672	0.000000	76.02		
76.03	03953	SPINE TREATMENT CENTER	0	0	0	2,347,578	0.000000	76.03		
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	53,031,500	0.000000	76.05		
76.06	03580	RECREATIONAL THERAPY	0	0	0	532,896	0.000000	76.06		
76.07	03957	CDC - REHAB	0	0	0	1,166,071	0.000000	76.07		
76.08	03958	DIABETES EDUCATION	0	0	0	604,003	0.000000	76.08		
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,441,545	0.000000	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,260,811	0.000000	76.98		
76.99	07699	LITHOTRIPSY	0	0	0	11,780,548	0.000000	76.99		
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	16,205,244	0.000000	77.00		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00		
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	9,665,404	0.000000	90.01		
90.02	09002	DERMATOLOGY CLINIC	0	0	0	13,411,787	0.000000	90.02		
90.03	09003	ORAL SURGERY CLINIC	0	0	0	5,094,167	0.000000	90.03		
90.04	09004	INTERNAL MEDICINE CLINIC	0	225,139	225,139	18,498,607	0.012171	90.04		
90.05	09005	NEUROLOGY CLINIC	0	0	0	11,870,749	0.000000	90.05		
90.06	09006	OB-GYN CLINIC	0	0	0	7,401,591	0.000000	90.06		
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	32,992,882	0.000000	90.07		
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	13,754,719	0.000000	90.08		
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	20,012,497	0.000000	90.09		
90.10	09010	PEDIATRIC CLINIC	0	4,535	4,535	14,647,732	0.000310	90.10		
90.11	09011	SURGERY CLINIC	0	0	0	7,948,932	0.000000	90.11		
90.12	09012	UROLOGY CLINIC	0	0	0	10,149,816	0.000000	90.12		
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	12,246,669	0.000000	90.13		
90.14	09014	CANCER CLINIC	0	89,291	89,291	47,673,579	0.001873	90.14		
90.15	09015	FAMILY CARE CLINIC	0	0	0	6,548,752	0.000000	90.15		
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,134	1,134	9,547,507	0.000119	90.16		
90.19	09019	BURN CLINIC	0	0	0	1,051,859	0.000000	90.19		
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,834	2,834	11,886,849	0.000238	90.50		
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	57,893	57,893	495,590	0.116816	90.51		
90.52	09052	IRL-DERMATOLOGY CLINIC	0	567	567	3,278,224	0.000173	90.52		
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	92,323	92,323	8,980,527	0.010280	90.54		
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55		
90.56	09056	IRL-OB/GYN CLINIC	0	2,267	2,267	10,432,560	0.000217	90.56		
90.57	09057	IRL-OPHTHALMOLOGY	0	1,134	1,134	5,605,352	0.000202	90.57		
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	567	567	2,067,140	0.000274	90.58		
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,134	1,134	4,181,091	0.000271	90.59		
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,134	1,134	5,336,211	0.000213	90.60		
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0.000000	90.61		
90.62	09062	IRL-UROLOGY CLINIC	0	2,267	2,267	9,170,414	0.000247	90.62		
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	33,478	0.000000	90.65		
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	567	567	2,252,955	0.000252	90.68		
90.70	09070	IRL-DIABETES CENTER CLINIC	0	567	567	2,191,656	0.000259	90.70		
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	19,771	0.000000	90.72		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/20/2019 1:59 pm

				Title XVIII		Hospital	PPS		
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
90.76	09076	IRL - PROCEDURE SUITES	0	3,968	3,968	18,271,078	0.000217	90.76	
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0	0	383,670	0.000000	90.77	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,134	1,134	5,937,627	0.000191	90.80	
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	902,432	0.000000	90.81	
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	274,781	0.000000	90.82	
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	185,388	0.000000	90.83	
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	2,363,489	0.000000	90.84	
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	18,060	0.000000	90.85	
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	50,249	0.000000	90.86	
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	5,158,197	0.000000	90.95	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	3,294,903	0.000000	90.96	
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	89,423	0.000000	90.97	
91.00	09100	EMERGENCY	0	104,480	104,480	136,149,623	0.000767	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	44,134	44,134	27,361,719	0.001613	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	12,002,593	0.000000	92.01	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	846,343	0.000000	93.99	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	10,925,574	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	2,354,797	2,354,797	4,468,767,427		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	107,040,632	0	57,486,705	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	250,038	0	5,257	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	12,013,173	0	6,631,971	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.009445	19,892,994	187,889	35,163,815	332,122	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	2,332,539	0	32,508,299	0	55.00
55.01	03630	ULTRA SOUND		0.000000	1,961,888	0	4,029,402	0	55.01
55.02	05501	RADIOLOGY - PET SCAN		0.000000	2,047,519	0	14,523,376	0	55.02
57.00	05700	CT SCAN		0.000000	27,033,529	0	43,947,294	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	11,717,661	0	26,920,712	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	22,045,601	0	18,984,722	0	59.00
60.00	06000	LABORATORY		0.000000	74,743,000	0	51,350,335	0	60.00
60.01	06001	ANATOMICAL LABORATORY		0.000000	3,634,278	0	7,210,129	0	60.01
60.02	03140	CARDIOLOGY		0.000000	14,651,092	0	10,796,530	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	9,150,574	0	3,073,433	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	19,418,964	0	539,107	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	6,706,621	0	119,487	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	3,248,662	0	74,079	0	67.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,373,096	0	1,273,475	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	6,106,925	0	1,354,225	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	27,315,680	0	9,080,031	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	66,502,139	0	22,179,251	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	93,826,722	0	191,862,460	0	73.00
74.00	07400	RENAL DIALYSIS		0.000054	10,367,345	560	3,096	0	74.00
76.00	03950	IVF/CULTURE LAB		0.000000	0	0	13,756	0	76.00
76.02	03952	URODYNAMICS		0.000000	8,918	0	972,303	0	76.02
76.03	03953	SPINE TREATMENT CENTER		0.000000	1,925	0	587,478	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER		0.000000	5,265,737	0	12,123,433	0	76.05
76.06	03580	RECREATIONAL THERAPY		0.000000	5	0	28,490	0	76.06
76.07	03957	CDC - REHAB		0.000000	100	0	130,283	0	76.07
76.08	03958	DIABETES EDUCATION		0.000000	0	0	19,949	0	76.08
76.97	07697	CARDIAC REHABILITATION		0.000000	690,460	0	873,465	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	219,023	0	638,940	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	9,970	0	180,938	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	3,006,263	0	309,634	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC		0.000000	16,694	0	2,955,416	0	90.01
90.02	09002	DERMATOLOGY CLINIC		0.000000	12,876	0	5,219,060	0	90.02
90.03	09003	ORAL SURGERY CLINIC		0.000000	1,089	0	548,438	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC		0.012171	114,498	1,394	5,773,081	70,264	90.04
90.05	09005	NEUROLOGY CLINIC		0.000000	196,522	0	3,568,188	0	90.05
90.06	09006	OB-GYN CLINIC		0.000000	4,629	0	421,150	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC		0.000000	142,172	0	11,966,053	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC		0.000000	29,495	0	2,646,289	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC		0.000000	939,796	0	3,404,546	0	90.09
90.10	09010	PEDIATRIC CLINIC		0.000310	1,210	0	67,096	21	90.10
90.11	09011	SURGERY CLINIC		0.000000	24,044	0	1,653,164	0	90.11
90.12	09012	UROLOGY CLINIC		0.000000	6,761	0	1,088,045	0	90.12
90.13	09013	PSYCHIATRIC CLINIC		0.000000	16,121	0	1,165,381	0	90.13
90.14	09014	CANCER CLINIC		0.001873	317,128	594	15,708,343	29,422	90.14
90.15	09015	FAMILY CARE CLINIC		0.000000	10,313	0	737,902	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC		0.000119	2,501	0	1,249,154	149	90.16
90.19	09019	BURN CLINIC		0.000000	174	0	561,636	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC		0.000238	63,196	15	4,417,598	1,051	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC		0.116816	697	81	137,868	16,105	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC		0.000173	878	0	671,969	116	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC		0.010280	29,343	302	2,813,254	28,920	90.54
90.55	09055	IRL - NEUROLOGY CLINIC		0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC		0.000217	697	0	913,111	198	90.56
90.57	09057	IRL-OPHTHALMOLOGY		0.000202	408	0	2,245,765	454	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC		0.000274	4,012	1	675,824	185	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC		0.000271	3,234	1	536,622	145	90.59
90.60	09060	IRL-PEDIATRICS CLINIC		0.000213	0	0	332	0	90.60
90.61	09061	IRL - SURGERY CLINIC		0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC		0.000247	5,046	1	1,193,441	295	90.62
90.65	09065	IRL - FAMILY CARE CLINIC		0.000000	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC		0.000252	2,267	1	483,618	122	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC		0.000259	1,945	1	603,909	156	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC		0.000000	0	0	2,702	0	90.72

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/20/2019 1:59 pm

				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	
90.76	09076	IRL - PROCEDURE SUITES	0.000217	4,170	1	3,364,392	730	90.76	
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0.000000	0	0	71,328	0	90.77	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000191	9,197	2	1,028,347	196	90.80	
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	8,962	0	90.81	
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	31,922	0	90.82	
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	174	0	18,753	0	90.83	
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000	174	0	333,743	0	90.84	
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85	
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	432	0	90.86	
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	377	0	2,223,810	0	90.95	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	1,764	0	56,246	0	90.96	
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	332	0	90.97	
91.00	09100	EMERGENCY	0.000767	23,447,829	17,984	11,879,254	9,111	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001613	752,675	1,214	2,561,205	4,131	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	364,531	0	1,460,764	0	92.01	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	858	0	30,941	0	93.99	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		580,112,568	210,041	651,495,246	493,893	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/20/2019 1:59 pm

				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	0.220221	57,486,705	1,836,049	0	12,659,780	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245842	5,257	0	0	1,292	52.00	
53.00	05300	ANESTHESIOLOGY	0.130703	6,631,971	0	0	866,819	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226804	35,163,815	0	0	7,975,294	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125592	32,508,299	0	0	4,082,782	55.00	
55.01	03630	ULTRA SOUND	0.141117	4,029,402	0	0	568,617	55.01	
55.02	05501	RADIOLOGY - PET SCAN	0.183884	14,523,376	0	0	2,670,616	55.02	
57.00	05700	CT SCAN	0.042297	43,947,294	0	0	1,858,839	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056796	26,920,712	0	0	1,528,989	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.084866	18,984,722	0	0	1,611,157	59.00	
60.00	06000	LABORATORY	0.118687	51,350,335	375	0	6,094,617	60.00	
60.01	06001	ANATOMICAL LABORATORY	0.172227	7,210,129	0	0	1,241,779	60.01	
60.02	03140	CARDIOLOGY	0.134615	10,796,530	0	0	1,453,375	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263104	3,073,433	1,147	0	808,633	63.00	
65.00	06500	RESPIRATORY THERAPY	0.199938	539,107	0	0	107,788	65.00	
66.00	06600	PHYSICAL THERAPY	0.277165	119,487	0	0	33,118	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.251941	74,079	0	0	18,664	67.00	
69.00	06900	ELECTROCARDIOLOGY	0.103315	1,273,475	0	0	131,569	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.178629	1,354,225	0	0	241,904	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335617	9,080,031	9,858	0	3,047,413	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.407756	22,179,251	0	0	9,043,723	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262211	191,862,460	878,759	0	50,308,447	73.00	
74.00	07400	RENAL DIALYSIS	0.199830	3,096	0	0	619	74.00	
76.00	03950	IVF/CULTURE LAB	0.781658	13,756	0	0	10,752	76.00	
76.02	03952	URODYNAMICS	0.076829	972,303	0	0	74,701	76.02	
76.03	03953	SPINE TREATMENT CENTER	0.411091	587,478	0	0	241,507	76.03	
76.05	03340	DIGESTIVE DISEASE CENTER	0.171352	12,123,433	0	0	2,077,374	76.05	
76.06	03580	RECREATIONAL THERAPY	2.514341	28,490	0	0	71,634	76.06	
76.07	03957	CDC - REHAB	0.960542	130,283	0	0	125,142	76.07	
76.08	03958	DIABETES EDUCATION	1.275954	19,949	0	0	25,454	76.08	
76.97	07697	CARDIAC REHABILITATION	0.353347	873,465	0	0	308,636	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.297372	638,940	0	0	190,003	76.98	
76.99	07699	LITHOTRIPSY	0.155399	180,938	0	0	28,118	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.314490	309,634	0	0	97,377	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	ANESTHESIA PAIN CLINIC	0.217635	2,955,416	0	0	643,202	90.01	
90.02	09002	DERMATOLOGY CLINIC	0.258229	5,219,060	0	0	1,347,713	90.02	
90.03	09003	ORAL SURGERY CLINIC	0.776141	548,438	0	0	425,665	90.03	
90.04	09004	INTERNAL MEDICINE CLINIC	1.094622	5,773,081	0	0	6,319,341	90.04	
90.05	09005	NEUROLOGY CLINIC	0.396227	3,568,188	0	0	1,413,812	90.05	
90.06	09006	OB-GYN CLINIC	1.037600	421,150	0	0	436,985	90.06	
90.07	09007	OPHTHALMOLOGY CLINIC	0.394404	11,966,053	0	0	4,719,459	90.07	
90.08	09008	ORTHOPAEDICS CLINIC	0.723016	2,646,289	0	0	1,913,309	90.08	
90.09	09009	OTOLARYNGOLOGY CLINIC	0.502722	3,404,546	0	0	1,711,540	90.09	
90.10	09010	PEDIATRIC CLINIC	1.618737	67,096	0	0	108,611	90.10	
90.11	09011	SURGERY CLINIC	1.138545	1,653,164	0	0	1,882,202	90.11	
90.12	09012	UROLOGY CLINIC	0.315482	1,088,045	0	0	343,259	90.12	
90.13	09013	PSYCHIATRIC CLINIC	0.664273	1,165,381	0	0	774,131	90.13	
90.14	09014	CANCER CLINIC	0.383179	15,708,343	0	0	6,019,107	90.14	
90.15	09015	FAMILY CARE CLINIC	0.681775	737,902	0	0	503,083	90.15	
90.16	09016	ORTHO SPORTS MED CLINIC	0.325575	1,249,154	0	0	406,693	90.16	
90.19	09019	BURN CLINIC	0.510070	561,636	0	0	286,474	90.19	
90.50	09050	IRL-CARDIOLOGY CLINIC	0.245016	4,417,598	0	0	1,082,382	90.50	
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.687736	137,868	0	0	94,817	90.51	
90.52	09052	IRL-DERMATOLOGY CLINIC	0.367570	671,969	0	0	246,996	90.52	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.525266	2,813,254	0	0	1,477,707	90.54	
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55	
90.56	09056	IRL-OB/GYN CLINIC	0.344191	913,111	0	0	314,285	90.56	
90.57	09057	IRL-OPHTHALMOLOGY	0.390032	2,245,765	0	0	875,920	90.57	
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.354536	675,824	0	0	239,604	90.58	
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.314668	536,622	0	0	168,858	90.59	
90.60	09060	IRL-PEDIATRICS CLINIC	0.505865	332	0	0	168	90.60	
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61	
90.62	09062	IRL-UROLOGY CLINIC	0.234159	1,193,441	0	0	279,455	90.62	
90.65	09065	IRL - FAMILY CARE CLINIC	0.051497	0	0	0	0	90.65	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.525969	483,618	0	0	254,368	90.68	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/20/2019 1:59 pm

			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	
90.70	09070	IRL-DIABETES CENTER CLINIC	0.639479	603,909	0	0	386,187	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.669617	2,702	0	0	1,809	90.72
90.76	09076	IRL - PROCEDURE SUITES	0.315079	3,364,392	0	0	1,060,049	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0.117843	71,328	0	0	8,406	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.495826	1,028,347	0	0	509,881	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.761001	8,962	0	0	6,820	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.126908	31,922	0	0	4,051	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.491262	18,753	0	0	9,213	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.306548	333,743	0	0	102,308	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.688981	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5.397102	432	0	0	2,332	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.440624	2,223,810	0	0	979,864	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.480740	56,246	0	0	27,040	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.163437	332	0	0	54	90.97
91.00	09100	EMERGENCY	0.126968	11,879,254	0	0	1,508,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.263300	2,561,205	0	0	674,365	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.527044	1,460,764	0	0	769,887	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.166946	30,941	0	0	36,106	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.114108		0			94.00
95.00	09500	AMBULANCE SERVICES	0.959940		0			95.00
200.00		Subtotal (see instructions)		651,495,246	2,726,188	0	149,982,335	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		651,495,246	2,726,188	0	149,982,335	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/20/2019 1:59 pm
			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	404,337	0		50.00
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
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	45	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	302	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,309	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	230,420	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.19	09019	BURN CLINIC	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/20/2019 1:59 pm

			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		
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0		90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0		90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0	0		90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	638,413	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	638,413	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/20/2019 1:59 pm
				Component CCN: 16-S058		
				Title XVIII	Subprovider - IPF	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	14,120,423	634,557,296	0.022252	763,196	16,983	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	529,292	28,406,276	0.018633	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,345,064	83,903,083	0.016031	260,021	4,168	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,078,883	181,505,802	0.027982	27,440	768	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,411,045	106,127,145	0.022718	70,084	1,592	55.00
55.01 03630 ULTRA SOUND	460,861	38,009,388	0.012125	9,452	115	55.01
55.02 05501 RADIOLOGY - PET SCAN	1,057,938	42,691,843	0.024781	14,781	366	55.02
57.00 05700 CT SCAN	1,831,371	198,584,759	0.009222	147,160	1,357	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,649,899	154,353,093	0.017168	101,782	1,747	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,380,889	107,767,624	0.012814	0	0	59.00
60.00 06000 LABORATORY	3,983,258	515,711,293	0.007724	951,359	7,348	60.00
60.01 06001 ANATOMICAL LABORATORY	856,081	43,586,785	0.019641	1,359	27	60.01
60.02 03140 CARDIOLOGY	1,808,770	94,867,696	0.019066	21,612	412	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	588,098	40,462,109	0.014535	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	818,793	80,375,721	0.010187	144,603	1,473	65.00
66.00 06600 PHYSICAL THERAPY	407,869	33,383,647	0.012218	37,334	456	66.00
67.00 06700 OCCUPATIONAL THERAPY	129,874	13,104,712	0.009910	486,786	4,824	67.00
69.00 06900 ELECTROCARDIOLOGY	78,070	10,008,797	0.007800	67,380	526	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	359,903	30,148,834	0.011938	22,789	272	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,358,029	130,074,793	0.010440	49,808	520	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,789,527	240,950,184	0.011577	5,044	58	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,751,756	964,419,664	0.007001	1,117,086	7,821	73.00
74.00 07400 RENAL DIALYSIS	1,160,610	63,089,155	0.018396	0	0	74.00
76.00 03950 IVF/CULTURE LAB	306,458	5,329,644	0.057501	0	0	76.00
76.02 03952 URODYNAMICS	24,562	3,313,672	0.007412	0	0	76.02
76.03 03953 SPINE TREATMENT CENTER	86,277	2,347,578	0.036751	0	0	76.03
76.05 03340 DIGESTIVE DISEASE CENTER	1,196,920	53,031,500	0.022570	7,298	165	76.05
76.06 03580 RECREATIONAL THERAPY	128,740	532,896	0.241586	0	0	76.06
76.07 03957 CDC - REHAB	55,332	1,166,071	0.047452	0	0	76.07
76.08 03958 DIABETES EDUCATION	58,109	604,003	0.096206	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	157,752	3,441,545	0.045838	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	52,726	2,260,811	0.023322	0	0	76.98
76.99 07699 LITHOTRIPSY	186,989	11,780,548	0.015873	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	185,796	16,205,244	0.011465	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 ANESTHESIA PAIN CLINIC	321,521	9,665,404	0.033265	0	0	90.01
90.02 09002 DERMATOLOGY CLINIC	401,454	13,411,787	0.029933	0	0	90.02
90.03 09003 ORAL SURGERY CLINIC	387,489	5,094,167	0.076065	0	0	90.03
90.04 09004 INTERNAL MEDICINE CLINIC	2,254,582	18,498,607	0.121878	0	0	90.04
90.05 09005 NEUROLOGY CLINIC	588,773	11,870,749	0.049599	0	0	90.05
90.06 09006 OB-GYN CLINIC	856,136	7,401,591	0.115669	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	1,459,415	32,992,882	0.044234	0	0	90.07
90.08 09008 ORTHOPAEDICS CLINIC	913,419	13,754,719	0.066408	0	0	90.08
90.09 09009 OTOLARYNGOLOGY CLINIC	1,475,033	20,012,497	0.073706	19,771	1,457	90.09
90.10 09010 PEDIATRIC CLINIC	3,191,804	14,647,732	0.217904	0	0	90.10
90.11 09011 SURGERY CLINIC	1,013,253	7,948,932	0.127470	0	0	90.11
90.12 09012 UROLOGY CLINIC	474,625	10,149,816	0.046762	0	0	90.12
90.13 09013 PSYCHIATRIC CLINIC	741,323	12,246,669	0.060533	45,003	2,724	90.13
90.14 09014 CANCER CLINIC	1,489,425	47,673,579	0.031242	0	0	90.14
90.15 09015 FAMILY CARE CLINIC	630,764	6,548,752	0.096318	0	0	90.15
90.16 09016 ORTHO SPORTS MED CLINIC	330,692	9,547,507	0.034636	0	0	90.16
90.19 09019 BURN CLINIC	15,646	1,051,859	0.014875	0	0	90.19
90.50 09050 IRL-CARDIOLOGY CLINIC	486,858	11,886,849	0.040958	0	0	90.50
90.51 09051 IRL - ANESTHESIA PAIN CLINIC	18,187	495,590	0.036698	0	0	90.51
90.52 09052 IRL-DERMATOLOGY CLINIC	207,988	3,278,224	0.063445	0	0	90.52
90.54 09054 IRL-INTERNAL MEDICINE CLINIC	542,866	8,980,527	0.060449	0	0	90.54
90.55 09055 IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56 09056 IRL-OB/GYN CLINIC	461,926	10,432,560	0.044277	0	0	90.56
90.57 09057 IRL-OPHTHALMOLOGY	333,038	5,605,352	0.059414	0	0	90.57
90.58 09058 IRL - ORTHOPAEDICS CLINIC	101,144	2,067,140	0.048929	0	0	90.58
90.59 09059 IRL-OTOLARYNGOLOGY CLINIC	209,950	4,181,091	0.050214	0	0	90.59
90.60 09060 IRL-PEDIATRICS CLINIC	347,484	5,336,211	0.065118	0	0	90.60
90.61 09061 IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62 09062 IRL-UROLOGY CLINIC	368,232	9,170,414	0.040154	0	0	90.62
90.65 09065 IRL - FAMILY CARE CLINIC	553	33,478	0.016518	0	0	90.65
90.68 09068 IRL-GASTROENTEROLOGY CLINIC	213,942	2,252,955	0.094961	0	0	90.68
90.70 09070 IRL-DIABETES CENTER CLINIC	174,077	2,191,656	0.079427	0	0	90.70

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/20/2019 1:59 pm	
				Title XVIII		Subprovider - IPF		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	
90.72	09072	IRL-ANTICOAGULATION CLINIC		353	19,771	0.017854	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES		1,090,322	18,271,078	0.059675	0	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN		6,353	383,670	0.016559	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC		474,770	5,937,627	0.079960	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC		139,078	902,432	0.154115	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC		8,912	274,781	0.032433	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC		9,934	185,388	0.053585	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC		109,639	2,363,489	0.046389	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC		2,416	18,060	0.133776	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC		102,518	50,249	2.040200	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER		107,522	5,158,197	0.020845	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC		42,364	3,294,903	0.012857	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC		288	89,423	0.003221	0	0	90.97
91.00	09100	EMERGENCY		1,380,683	136,149,623	0.010141	735,291	7,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	27,361,719	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		329,790	12,002,593	0.027477	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		126,779	846,343	0.149796	0	0	93.99
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		101,313	10,925,574	0.009273	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		78,440,597	4,468,767,427		5,106,439	62,636	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	1,714,327	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND		0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN		0	0	0	0	0	55.02
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	ANATOMICAL LABORATORY		0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY		0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
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 PATIENTS		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
74.00	07400	RENAL DIALYSIS		0	0	0	0	3,401	74.00
76.00	03950	IVF/CULTURE LAB		0	0	0	0	0	76.00
76.02	03952	URODYNAMICS		0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER		0	0	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER		0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY		0	0	0	0	0	76.06
76.07	03957	CDC - REHAB		0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION		0	0	0	0	0	76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC		0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC		0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC		0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC		0	0	0	0	225,139	90.04
90.05	09005	NEUROLOGY CLINIC		0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC		0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC		0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC		0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC		0	0	0	0	4,535	90.10
90.11	09011	SURGERY CLINIC		0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC		0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC		0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC		0	0	0	0	89,291	90.14
90.15	09015	FAMILY CARE CLINIC		0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC		0	0	0	0	1,134	90.16
90.19	09019	BURN CLINIC		0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC		0	0	0	0	2,834	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC		0	0	0	0	57,893	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC		0	0	0	0	567	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC		0	0	0	0	92,323	90.54
90.55	09055	IRL - NEUROLOGY CLINIC		0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC		0	0	0	0	2,267	90.56
90.57	09057	IRL-OPHTHALMOLOGY		0	0	0	0	1,134	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC		0	0	0	0	567	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC		0	0	0	0	1,134	90.59
90.60	09060	IRL-PEDIATRICS CLINIC		0	0	0	0	1,134	90.60
90.61	09061	IRL - SURGERY CLINIC		0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC		0	0	0	0	2,267	90.62
90.65	09065	IRL - FAMILY CARE CLINIC		0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC		0	0	0	0	567	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC		0	0	0	0	567	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC		0	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES		0	0	0	0	3,968	90.76

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
			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	
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,134	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	104,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,310,663	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	634,557,296	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	28,406,276	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	83,903,083	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,714,327	1,714,327	0	181,505,802	0.009445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	106,127,145	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	38,009,388	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	42,691,843	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	0	198,584,759	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	154,353,093	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	107,767,624	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	515,711,293	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	43,586,785	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	94,867,696	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	40,462,109	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	80,375,721	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	33,383,647	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	13,104,712	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,008,797	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	30,148,834	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	130,074,793	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	240,950,184	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	964,419,664	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,401	3,401	0	63,089,155	0.000054	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	5,329,644	0.000000	76.00
76.02	03952	URODYNAMICS	0	0	0	0	3,313,672	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	2,347,578	0.000000	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	53,031,500	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	532,896	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0	1,166,071	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	604,003	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3,441,545	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	2,260,811	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	11,780,548	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	16,205,244	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	9,665,404	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	13,411,787	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	5,094,167	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	225,139	225,139	0	18,498,607	0.012171	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	11,870,749	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	7,401,591	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	32,992,882	0.000000	90.07
90.08	09008	ORTHO PAEDICS CLINIC	0	0	0	0	13,754,719	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	20,012,497	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	4,535	4,535	0	14,647,732	0.000310	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	7,948,932	0.000000	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	10,149,816	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	12,246,669	0.000000	90.13
90.14	09014	CANCER CLINIC	0	89,291	89,291	0	47,673,579	0.001873	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	6,548,752	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,134	1,134	0	9,547,507	0.000119	90.16
90.19	09019	BURN CLINIC	0	0	0	0	1,051,859	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,834	2,834	0	11,886,849	0.000238	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	57,893	57,893	0	495,590	0.116816	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	567	567	0	3,278,224	0.000173	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	92,323	92,323	0	8,980,527	0.010280	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,267	2,267	0	10,432,560	0.000217	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,134	1,134	0	5,605,352	0.000202	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	567	567	0	2,067,140	0.000274	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,134	1,134	0	4,181,091	0.000271	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,134	1,134	0	5,336,211	0.000213	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	2,267	2,267	0	9,170,414	0.000247	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	33,478	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	567	567	0	2,252,955	0.000252	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	567	567	0	2,191,656	0.000259	90.70

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
				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	
90.72	09072	IRL-ANTICOAGULATION CLINIC		0	0	0	19,771	0.000000	90.72
90.76	09076	IRL - PROCEDURE SUITES		0	3,968	3,968	18,271,078	0.000217	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN		0	0	0	383,670	0.000000	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC		0	1,134	1,134	5,937,627	0.000191	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC		0	0	0	902,432	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC		0	0	0	274,781	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC		0	0	0	185,388	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC		0	0	0	2,363,489	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC		0	0	0	18,060	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC		0	0	0	50,249	0.000000	90.86
90.95	09095	QUAD CITIES - CANCER CENTER		0	0	0	5,158,197	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC		0	0	0	3,294,903	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC		0	0	0	89,423	0.000000	90.97
91.00	09100	EMERGENCY		0	104,480	104,480	136,149,623	0.000767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	27,361,719	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	12,002,593	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	846,343	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	10,925,574	0.000000	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	2,310,663	2,310,663	4,468,767,427		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/20/2019 1:59 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	763,196	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	260,021	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.009445	27,440	259	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	70,084	0	0	0	55.00
55.01	03630	ULTRA SOUND		0.000000	9,452	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN		0.000000	14,781	0	0	0	55.02
57.00	05700	CT SCAN		0.000000	147,160	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	101,782	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	951,359	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY		0.000000	1,359	0	0	0	60.01
60.02	03140	CARDIOLOGY		0.000000	21,612	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	144,603	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	37,334	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	486,786	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	67,380	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	22,789	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	49,808	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,044	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,117,086	0	124	0	73.00
74.00	07400	RENAL DIALYSIS		0.000054	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB		0.000000	0	0	0	0	76.00
76.02	03952	URODYNAMICS		0.000000	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER		0.000000	0	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER		0.000000	7,298	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY		0.000000	0	0	0	0	76.06
76.07	03957	CDC - REHAB		0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION		0.000000	0	0	0	0	76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC		0.012171	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC		0.000000	0	0	0	0	90.07
90.08	09008	ORTHO PAEDICS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC		0.000000	19,771	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC		0.000310	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC		0.000000	45,003	0	0	0	90.13
90.14	09014	CANCER CLINIC		0.001873	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC		0.000000	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC		0.000119	0	0	0	0	90.16
90.19	09019	BURN CLINIC		0.000000	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC		0.000238	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC		0.116816	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC		0.000173	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC		0.010280	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC		0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC		0.000217	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY		0.000202	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC		0.000274	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC		0.000271	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC		0.000213	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC		0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC		0.000247	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC		0.000000	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC		0.000252	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC		0.000259	0	0	0	0	90.70

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0058
Component CCN: 16-S058

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

Worksheet D
Part IV
Date/Time Prepared:
11/20/2019 1:59 pm

				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
90.72	09072	IRL-ANTICOAGULATION CLINIC		0.000000	0	0	0	0
90.76	09076	IRL - PROCEDURE SUITES		0.000217	0	0	0	0
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN		0.000000	0	0	0	0
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC		0.000191	0	0	0	0
90.81	09081	IRL EAST- PEDIATRICS CLINIC		0.000000	0	0	0	0
90.82	09082	IRL EAST-DERMATOLOGY CLINIC		0.000000	0	0	0	0
90.83	09083	IRL EAST-SURGERY CLINIC		0.000000	0	0	0	0
90.84	09084	IRL EAST-NEUROLOGY CLINIC		0.000000	0	0	0	0
90.85	09085	IRL EAST-DIABETES CENTER CLINIC		0.000000	0	0	0	0
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC		0.000000	0	0	0	0
90.95	09095	QUAD CITIES - CANCER CENTER		0.000000	0	0	0	0
90.96	09096	NORTH DODGE - OB/GYN CLINIC		0.000000	0	0	0	0
90.97	09097	NORTH DODGE - REI CLINIC		0.000000	0	0	0	0
91.00	09100	EMERGENCY		0.000767	735,291	564	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0
95.00	09500	AMBULANCE SERVICES						
200.00		Total (lines 50 through 199)			5,106,439	823	124	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:

Worksheet D

Component CCN: 16-S058

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

11/20/2019 1:59 pm

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	0.220221	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245842	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.130703	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226804	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.125592	0	0	0	0 55.00
55.01	03630 ULTRA SOUND	0.141117	0	0	0	0 55.01
55.02	05501 RADIOLOGY - PET SCAN	0.183884	0	0	0	0 55.02
57.00	05700 CT SCAN	0.042297	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056796	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084866	0	0	0	0 59.00
60.00	06000 LABORATORY	0.118687	0	0	0	0 60.00
60.01	06001 ANATOMICAL LABORATORY	0.172227	0	0	0	0 60.01
60.02	03140 CARDIOLOGY	0.134615	0	0	0	0 60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.263104	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.199938	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.277165	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.251941	0	0	0	0 67.00
69.00	06900 ELECTROCARDIOLOGY	0.103315	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.178629	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335617	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.407756	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262211	124	165	0	33 73.00
74.00	07400 RENAL DIALYSIS	0.199830	0	0	0	0 74.00
76.00	03950 IVF/CULTURE LAB	0.781658	0	0	0	0 76.00
76.02	03952 URODYNAMICS	0.076829	0	0	0	0 76.02
76.03	03953 SPINE TREATMENT CENTER	0.411091	0	0	0	0 76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0.171352	0	0	0	0 76.05
76.06	03580 RECREATIONAL THERAPY	2.514341	0	0	0	0 76.06
76.07	03957 CDC - REHAB	0.960542	0	0	0	0 76.07
76.08	03958 DIABETES EDUCATION	1.275954	0	0	0	0 76.08
76.97	07697 CARDIAC REHABILITATION	0.353347	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.297372	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.155399	0	0	0	0 76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.314490	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0.217635	0	0	0	0 90.01
90.02	09002 DERMATOLOGY CLINIC	0.258229	0	0	0	0 90.02
90.03	09003 ORAL SURGERY CLINIC	0.776141	0	0	0	0 90.03
90.04	09004 INTERNAL MEDICINE CLINIC	1.094622	0	0	0	0 90.04
90.05	09005 NEUROLOGY CLINIC	0.396227	0	0	0	0 90.05
90.06	09006 OB-GYN CLINIC	1.037600	0	0	0	0 90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.394404	0	0	0	0 90.07
90.08	09008 ORTHOPAEDICS CLINIC	0.723016	0	0	0	0 90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0.502722	0	0	0	0 90.09
90.10	09010 PEDIATRIC CLINIC	1.618737	0	0	0	0 90.10
90.11	09011 SURGERY CLINIC	1.138545	0	0	0	0 90.11
90.12	09012 UROLOGY CLINIC	0.315482	0	0	0	0 90.12
90.13	09013 PSYCHIATRIC CLINIC	0.664273	0	0	0	0 90.13
90.14	09014 CANCER CLINIC	0.383179	0	0	0	0 90.14
90.15	09015 FAMILY CARE CLINIC	0.681775	0	0	0	0 90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0.325575	0	0	0	0 90.16
90.19	09019 BURN CLINIC	0.510070	0	0	0	0 90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	0.245016	0	0	0	0 90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	0.687736	0	0	0	0 90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	0.367570	0	0	0	0 90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	0.525266	0	0	0	0 90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0 90.55
90.56	09056 IRL-OB/GYN CLINIC	0.344191	0	0	0	0 90.56
90.57	09057 IRL-OPHTHALMOLOGY	0.390032	0	0	0	0 90.57
90.58	09058 IRL - ORTHOPAEDICS CLINIC	0.354536	0	0	0	0 90.58
90.59	09059 IRL-OTOLARYNGOLOGY CLINIC	0.314668	0	0	0	0 90.59
90.60	09060 IRL-PEDIATRICS CLINIC	0.505865	0	0	0	0 90.60
90.61	09061 IRL - SURGERY CLINIC	0.000000	0	0	0	0 90.61
90.62	09062 IRL-UROLOGY CLINIC	0.234159	0	0	0	0 90.62
90.65	09065 IRL - FAMILY CARE CLINIC	0.051497	0	0	0	0 90.65

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:

Worksheet D

Component CCN: 16-S058

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

11/20/2019 1:59 pm

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	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.525969	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.639479	0	0	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.669617	0	0	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0.315079	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.117843	0	0	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.495826	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.761001	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.126908	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.491262	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.306548	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.688981	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5.397102	0	0	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.440624	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.480740	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.163437	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.126968	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.263300	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.527044	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.166946	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.114108		0			94.00
95.00	09500	AMBULANCE SERVICES	0.959940		0			95.00
200.00		Subtotal (see instructions)		124	165	0	33	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		124	165	0	33	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:

Worksheet D

Component CCN: 16-S058

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/20/2019 1:59 pm

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
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
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.19	09019	BURN CLINIC	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

Period:

Worksheet D

Component CCN: 16-S058

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/20/2019 1:59 pm

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		
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0		90.72
90.76	09076	IRL - PROCEDURE SUITES	0	0		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0		90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	43	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	43	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/20/2019 1:59 pm
		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)		152,130	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		152,130	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)		145,298	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)		50,816	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)		160,421,128	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)		160,421,128	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)		160,421,128	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)		1,054.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		53,585,472	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)		53,585,472	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0058

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

Worksheet D-1

Date/Time Prepared:
11/20/2019 1:59 pm

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	0	0	0.00	0	0	43.00	
43.01	MEDICAL INTENSIVE CARE UNIT	14,650,786	8,234	1,779.30	3,318	5,903,717	43.01	
44.00	CORONARY CARE UNIT	14,413,230	7,293	1,976.31	3,391	6,701,667	44.00	
45.00	BURN INTENSIVE CARE UNIT	8,588,428	5,305	1,618.93	1,502	2,431,633	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	19,227,396	11,343	1,695.09	4,360	7,390,592	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	22,987,338	12,473	1,842.97	0	0	47.00	
47.01	PEDIATRIC INTENSIVE CARE UNIT	16,769,769	7,103	2,360.94	0	0	47.01	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						125,613,136	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						201,626,217	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)						5,990,727	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						8,150,952	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						14,141,679	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						187,484,538	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)						6,832	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,054.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,204,344	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0058

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

Worksheet D-1

Date/Time Prepared:
11/20/2019 1:59 pm

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	11,690,512	160,421,128	0.072874	7,204,344	525,009
91.00	Nursing School cost	0	160,421,128	0.000000	7,204,344	0
92.00	Allied health cost	982,741	160,421,128	0.006126	7,204,344	44,134
93.00	All other Medical Education	0	160,421,128	0.000000	7,204,344	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/20/2019 1:59 pm
		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)		26,302	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,302	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)		26,302	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)		6,852	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)		20,774,446	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)		20,774,446	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)		20,774,446	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)		789.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,411,984	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)		5,411,984	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 16-S058		Date/Time Prepared: 11/20/2019 1:59 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					968,565	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,380,549	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)					322,523	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					63,459	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					385,982	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,994,567	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)						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0058 Component CCN: 16-S058		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/20/2019 1:59 pm	
		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	1,201,599	20,774,446	0.057840	0	0	90.00
91.00 Nursing School cost	0	20,774,446	0.000000	0	0	91.00
92.00 Allied health cost	36,500	20,774,446	0.001757	0	0	92.00
93.00 All other Medical Education	0	20,774,446	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/20/2019 1:59 pm
Title XVIII			Hospital		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		140,495,244	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		17,251,481	31.01
32.00	03200	CORONARY CARE UNIT		19,447,696	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		5,473,350	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		24,819,097	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	35.01
40.00	04000	SUBPROVIDER - IPF		476	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220221	107,040,632	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245842	250,038	52.00
53.00	05300	ANESTHESIOLOGY	0.130703	12,013,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226804	19,892,994	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125592	2,332,539	55.00
55.01	03630	ULTRA SOUND	0.141117	1,961,888	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.183884	2,047,519	55.02
57.00	05700	CT SCAN	0.042297	27,033,529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056796	11,717,661	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084866	22,045,601	59.00
60.00	06000	LABORATORY	0.119008	74,743,000	60.00
60.01	06001	ANATOMICAL LABORATORY	0.173601	3,634,278	60.01
60.02	03140	CARDIOLOGY	0.134615	14,651,092	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263104	9,150,574	63.00
65.00	06500	RESPIRATORY THERAPY	0.199938	19,418,964	65.00
66.00	06600	PHYSICAL THERAPY	0.277165	6,706,621	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251941	3,248,662	67.00
69.00	06900	ELECTROCARDIOLOGY	0.103315	2,373,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.178629	6,106,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335617	27,315,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.407756	66,502,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262211	93,826,722	73.00
74.00	07400	RENAL DIALYSIS	0.199830	10,367,345	74.00
76.00	03950	IVF/CULTURE LAB	0.781658	0	76.00
76.02	03952	URODYNAMICS	0.076829	8,918	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411091	1,925	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.171352	5,265,737	76.05
76.06	03580	RECREATIONAL THERAPY	2.514341	5	76.06
76.07	03957	CDC - REHAB	0.960542	100	76.07
76.08	03958	DIABETES EDUCATION	1.275954	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.353347	690,460	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.297372	219,023	76.98
76.99	07699	LITHOTRIPSY	0.155399	9,970	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.314490	3,006,263	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.217635	16,694	90.01
90.02	09002	DERMATOLOGY CLINIC	0.258229	12,876	90.02
90.03	09003	ORAL SURGERY CLINIC	0.776141	1,089	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.094622	114,498	90.04
90.05	09005	NEUROLOGY CLINIC	0.396227	196,522	90.05
90.06	09006	OB-GYN CLINIC	1.037600	4,629	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394404	142,172	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.723016	29,495	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.502722	939,796	90.09
90.10	09010	PEDIATRIC CLINIC	1.618737	1,210	90.10
90.11	09011	SURGERY CLINIC	1.138545	24,044	90.11
90.12	09012	UROLOGY CLINIC	0.315482	6,761	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.664273	16,121	90.13
90.14	09014	CANCER CLINIC	0.383179	317,128	90.14
90.15	09015	FAMILY CARE CLINIC	0.681775	10,313	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.325575	2,501	90.16
90.19	09019	BURN CLINIC	0.510070	174	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.245016	63,196	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.687736	697	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.367570	878	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.525266	29,343	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.344191	697	90.56

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/20/2019 1:59 pm	
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	
90.57	09057	IRL-OPHTHALMOLOGY	0.390032	408	159	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.354536	4,012	1,422	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.314668	3,234	1,018	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.505865	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.234159	5,046	1,182	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.051497	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.525969	2,267	1,192	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.639479	1,945	1,244	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.669617	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0.315079	4,170	1,314	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0.117843	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.495826	9,197	4,560	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.761001	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.126908	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.491262	174	85	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.306548	174	53	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.688981	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5.397102	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.440624	377	166	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.480740	1,764	848	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.163437	0	0	90.97
91.00	09100	EMERGENCY	0.126968	23,447,829	2,977,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.263300	752,675	198,179	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.527044	364,531	192,124	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.166946	858	1,001	93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.114108	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		580,112,568	125,613,136	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)		580,112,568		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/20/2019 1:59 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 MEDICAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		35.01
40.00	04000 SUBPROVIDER - IPF		11,298,202		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.220221	763,196	168,072	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245842	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.130703	260,021	33,986	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226804	27,440	6,224	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.125592	70,084	8,802	55.00
55.01	03630 ULTRA SOUND	0.141117	9,452	1,334	55.01
55.02	05501 RADIOLOGY - PET SCAN	0.183884	14,781	2,718	55.02
57.00	05700 CT SCAN	0.042297	147,160	6,224	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056796	101,782	5,781	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084866	0	0	59.00
60.00	06000 LABORATORY	0.119008	951,359	113,219	60.00
60.01	06001 ANATOMICAL LABORATORY	0.173601	1,359	236	60.01
60.02	03140 CARDIOLOGY	0.134615	21,612	2,909	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.263104	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.199938	144,603	28,912	65.00
66.00	06600 PHYSICAL THERAPY	0.277165	37,334	10,348	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.251941	486,786	122,641	67.00
69.00	06900 ELECTROCARDIOLOGY	0.103315	67,380	6,961	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.178629	22,789	4,071	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335617	49,808	16,716	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.407756	5,044	2,057	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262211	1,117,086	292,912	73.00
74.00	07400 RENAL DIALYSIS	0.199830	0	0	74.00
76.00	03950 IVF/CULTURE LAB	0.781658	0	0	76.00
76.02	03952 URODYNAMICS	0.076829	0	0	76.02
76.03	03953 SPINE TREATMENT CENTER	0.411091	0	0	76.03
76.05	03340 DIGESTIVE DISEASE CENTER	0.171352	7,298	1,251	76.05
76.06	03580 RECREATIONAL THERAPY	2.514341	0	0	76.06
76.07	03957 CDC - REHAB	0.960542	0	0	76.07
76.08	03958 DIABETES EDUCATION	1.275954	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.353347	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.297372	0	0	76.98
76.99	07699 LITHOTRIPSY	0.155399	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.314490	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ANESTHESIA PAIN CLINIC	0.217635	0	0	90.01
90.02	09002 DERMATOLOGY CLINIC	0.258229	0	0	90.02
90.03	09003 ORAL SURGERY CLINIC	0.776141	0	0	90.03
90.04	09004 INTERNAL MEDICINE CLINIC	1.094622	0	0	90.04
90.05	09005 NEUROLOGY CLINIC	0.396227	0	0	90.05
90.06	09006 OB-GYN CLINIC	1.037600	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.394404	0	0	90.07
90.08	09008 ORTHOPAEDICS CLINIC	0.723016	0	0	90.08
90.09	09009 OTOLARYNGOLOGY CLINIC	0.502722	19,771	9,939	90.09
90.10	09010 PEDIATRIC CLINIC	1.618737	0	0	90.10
90.11	09011 SURGERY CLINIC	1.138545	0	0	90.11
90.12	09012 UROLOGY CLINIC	0.315482	0	0	90.12
90.13	09013 PSYCHIATRIC CLINIC	0.664273	45,003	29,894	90.13
90.14	09014 CANCER CLINIC	0.383179	0	0	90.14
90.15	09015 FAMILY CARE CLINIC	0.681775	0	0	90.15
90.16	09016 ORTHO SPORTS MED CLINIC	0.325575	0	0	90.16
90.19	09019 BURN CLINIC	0.510070	0	0	90.19
90.50	09050 IRL-CARDIOLOGY CLINIC	0.245016	0	0	90.50
90.51	09051 IRL - ANESTHESIA PAIN CLINIC	0.687736	0	0	90.51
90.52	09052 IRL-DERMATOLOGY CLINIC	0.367570	0	0	90.52
90.54	09054 IRL-INTERNAL MEDICINE CLINIC	0.525266	0	0	90.54
90.55	09055 IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/20/2019 1:59 pm	
			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	
90.56	09056	IRL-OB/GYN CLINIC	0.344191	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.390032	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.354536	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.314668	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.505865	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.234159	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.051497	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.525969	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.639479	0	0	90.70
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.669617	0	0	90.72
90.76	09076	IRL - PROCEDURE SUITES	0.315079	0	0	90.76
90.77	09077	IRL- GASTROENTEROLOGY BREATH TESTIN	0.117843	0	0	90.77
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.495826	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.761001	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.126908	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.491262	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.306548	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.688981	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	5.397102	0	0	90.86
90.95	09095	QUAD CITIES - CANCER CENTER	0.440624	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.480740	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.163437	0	0	90.97
91.00	09100	EMERGENCY	0.126968	735,291	93,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.263300	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.527044	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.166946	0	0	93.99
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.114108	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,106,439	968,565	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)		5,106,439		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

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

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	99,242	1,054.50	44	46,398	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	20,089	1,779.30	3	5,338	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,976.31	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	15,084	1,618.93	5	8,095	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	110,390	1,695.09	19	32,207	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.97	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,210	2,360.94	1	2,361	6.01
7.00	TOTAL (sum of lines 1 through 6)		248,015		72	94,399	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.220221	1,027,693	226,320	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.245842	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.130703	129,891	16,977	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.226804	214,581	48,668	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.125592	0	0	13.00	
13.01	ULTRA SOUND	55.01	0.141117	23,319	3,291	13.01	
13.02	RADIOLOGY - PET SCAN	55.02	0.183884	433,590	79,730	13.02	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.042297	686,844	29,051	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.056796	18,424	1,046	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.084866	194,131	16,475	17.00	
18.00	LABORATORY	60.00	0.118687	1,619,142	192,171	18.00	
18.01	ANATOMICAL LABORATORY	60.01	0.172227	17,468	3,008	18.01	
18.02	CARDIOLOGY	60.02	0.134615	1,354,330	182,313	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.263104	6,362	1,674	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.199938	75,985	15,192	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277165	1,035	287	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.251941	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.103315	61,538	6,358	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.178629	3,116	557	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.335617	97,902	32,858	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.407756	28,893	11,781	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.262211	589,450	154,560	31.00	
32.00	RENAL DIALYSIS	74.00	0.199830	3,268	653	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	IVF/CULTURE LAB	76.00	0.781658	0	0	34.00	
34.02	URODYNAMICS	76.02	0.076829	9,078	697	34.02	
34.03	SPINE TREATMENT CENTER	76.03	0.411091	217	89	34.03	
34.05	DIGESTIVE DISEASE CENTER	76.05	0.171352	29,658	5,082	34.05	
34.06	RECREATIONAL THERAPY	76.06	2.514341	0	0	34.06	
34.07	CDC - REHAB	76.07	0.960542	0	0	34.07	
34.08	DIABETES EDUCATION	76.08	1.275954	23,640	30,164	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.353347	7,780	2,749	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.297372	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.155399	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	ANESTHESIA PAIN CLINIC	90.01	0.217635	0	0	37.01	
37.02	DERMATOLOGY CLINIC	90.02	0.258229	15,298	3,950	37.02	
37.03	ORAL SURGERY CLINIC	90.03	0.776141	217	168	37.03	
37.04	INTERNAL MEDICINE CLINIC	90.04	1.094622	18,047	19,755	37.04	
37.05	NEUROLOGY CLINIC	90.05	0.396227	217	86	37.05	
37.06	OB-GYN CLINIC	90.06	1.037600	0	0	37.06	
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394404	2,053	810	37.07	
37.08	ORTHOPAEDICS CLINIC	90.08	0.723016	0	0	37.08	
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.502722	0	0	37.09	
37.10	PEDIATRIC CLINIC	90.10	1.618737	5,970	9,664	37.10	
37.11	SURGERY CLINIC	90.11	1.138545	162,871	185,436	37.11	
37.12	UROLOGY CLINIC	90.12	0.315482	6,745	2,128	37.12	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

		Kidney		Hospital	PPS	
	Cost Center Description	Worksheet C	Ratio of	Organ	Organ	
		Line Numbers	Cost/Charges	Acquisition	Acquisition	
			(from Wkst. C)	Ancillary	Ancillary	
				Charges	Costs	
		0	1.00	2.00	3.00	
37.13	PSYCHIATRIC CLINIC	90.13	0.664273	24,337	16,166	37.13
37.14	CANCER CLINIC	90.14	0.383179	3,223	1,235	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681775	217	148	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.325575	0	0	37.16
37.19	BURN CLINIC	90.19	0.510070	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.245016	60,266	14,766	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.687736	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.367570	434	160	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.525266	15,450	8,115	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.344191	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.390032	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.354536	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.314668	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.505865	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.234159	8,367	1,959	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.051497	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.525969	217	114	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.639479	6,480	4,144	37.70
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.669617	0	0	37.72
37.76	IRL - PROCEDURE SUITES	90.76	0.315079	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.117843	0	0	37.77
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.495826	434	215	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.761001	217	165	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.126908	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.491262	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.306548	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	0.688981	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	5.397102	0	0	37.86
37.95	QUAD CITIES - CANCER CENTER	90.95	0.440624	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.480740	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	0.163437	0	0	37.97
38.00	EMERGENCY	91.00	0.126968	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.263300	6,808	1,793	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.527044	1,380	727	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.166946	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			6,996,583	1,333,455	41.00
Cost Center Description		Worksheet D-2,	Average Cost	Organ	Organ	
		Part I Line	Per Day (from	Acquisition	Acquisition	
		Numbers	Wkst. D-2,		Costs (col. 1	
			Part I, col.		x col. 2)	
		0	4)	2.00	3.00	
			1.00			
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	44	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	3	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	5	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	19	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			72	0	48.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01	
51.02	DERMATOLOGY CLINIC	23.02	15,298	0.000000	0	51.02	
51.03	ORAL SURGERY CLINIC	23.03	217	0.000000	0	51.03	
51.04	INTERNAL MEDICINE CLINIC	23.04	18,047	0.000000	0	51.04	
51.05	NEUROLOGY CLINIC	23.05	217	0.000000	0	51.05	
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06	
51.07	OPHTHALMOLOGY CLINIC	23.07	2,053	0.000000	0	51.07	
51.08	ORTHO PAEDICS CLINIC	23.08	0	0.000000	0	51.08	
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09	
51.10	PEDIATRIC CLINIC	23.10	5,970	0.000000	0	51.10	
51.11	SURGERY CLINIC	23.11	162,871	0.000000	0	51.11	
51.12	UROLOGY CLINIC	23.12	6,745	0.000000	0	51.12	
51.13	PSYCHIATRIC CLINIC	23.13	24,337	0.000000	0	51.13	
51.14	CANCER CLINIC	23.14	3,223	0.000000	0	51.14	
51.15	FAMILY CARE CLINIC	23.15	217	0.000000	0	51.15	
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16	
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19	
51.50	IRL-CARDIOLOGY CLINIC	23.50	60,266	0.000000	0	51.50	
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51	
51.52	IRL-DERMATOLOGY CLINIC	23.52	434	0.000000	0	51.52	
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	15,450	0.000000	0	51.54	
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55	
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56	
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57	
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58	
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59	
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60	
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61	
51.62	IRL-UROLOGY CLINIC	23.62	8,367	0.000000	0	51.62	
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65	
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	217	0.000000	0	51.68	
51.70	IRL-DIABETES CENTER CLINIC	23.70	6,480	0.000000	0	51.70	
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72	
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76	
51.77	IRL- GASTROENTEROLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77	
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	434	0.000000	0	51.80	
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	217	0.000000	0	51.81	
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82	
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83	
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84	
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85	
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86	
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95	
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96	
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	6,808	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	1,380	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99	
55.00	TOTAL (sum of lines 49 through 52)		339,248		0	55.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/20/2019 1:59 pm

		Kidney		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	1,427,854		7,244,598		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,609,374		12,717,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	9,037,228		19,961,598		61.00
62.00	Total Usable Organs (see instructions)		130			62.00
63.00	Medicare Usable Organs (see instructions)		86			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.661538			64.00
65.00	Medicare Cost/Charges (see instructions)	5,978,470		13,205,356		65.00
66.00	Revenue for Organs Sold	304,178		304,178		66.00
67.00	Subtotal (line 65 minus line 66)	5,674,292		12,901,178		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,674,292	0	12,901,178	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		20	43		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	67		73.00
74.00	Total (sum of lines 70 through 73)		20	110		74.00
75.00	Organs Transplanted		20	67	12,717,000	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	43	304,178	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		20	110		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

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

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/20/2019 1:59 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,114	1,054.50	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	19,989	1,779.30	3	5,338	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,976.31	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	7,542	1,618.93	3	4,857	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	51,217	1,695.09	8	13,561	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.97	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,210	2,360.94	1	2,361	6.01
7.00	TOTAL (sum of lines 1 through 6)		83,072		15	26,117	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
	Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.220221	193,156	42,537	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.245842	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.130703	22,718	2,969	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.226804	21,307	4,833	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.125592	4,238	532	13.00
13.01	ULTRA SOUND		55.01	0.141117	44,588	6,292	13.01
13.02	RADIOLOGY - PET SCAN		55.02	0.183884	96,560	17,756	13.02
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.042297	62,306	2,635	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.056796	36,391	2,067	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.084866	61,872	5,251	17.00
18.00	LABORATORY		60.00	0.118687	442,937	52,571	18.00
18.01	ANATOMICAL LABORATORY		60.01	0.172227	12,614	2,172	18.01
18.02	CARDIOLOGY		60.02	0.134615	261,678	35,226	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.263104	2,652	698	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.199938	48,740	9,745	23.00
24.00	PHYSICAL THERAPY		66.00	0.277165	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.251941	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.103315	8,441	872	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.178629	1,558	278	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.335617	6,541	2,195	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.407756	2,127	867	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.262211	150,315	39,414	31.00
32.00	RENAL DIALYSIS		74.00	0.199830	3,523	704	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB		76.00	0.781658	0	0	34.00
34.02	URODYNAMICS		76.02	0.076829	0	0	34.02
34.03	SPINE TREATMENT CENTER		76.03	0.411091	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER		76.05	0.171352	9,873	1,692	34.05
34.06	RECREATIONAL THERAPY		76.06	2.514341	0	0	34.06
34.07	CDC - REHAB		76.07	0.960542	0	0	34.07
34.08	DIABETES EDUCATION		76.08	1.275954	3,240	4,134	34.08
34.97	CARDIAC REHABILITATION		76.97	0.353347	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.297372	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.155399	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC		90.01	0.217635	0	0	37.01
37.02	DERMATOLOGY CLINIC		90.02	0.258229	0	0	37.02
37.03	ORAL SURGERY CLINIC		90.03	0.776141	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC		90.04	1.094622	4,685	5,128	37.04
37.05	NEUROLOGY CLINIC		90.05	0.396227	217	86	37.05
37.06	OB-GYN CLINIC		90.06	1.037600	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC		90.07	0.394404	0	0	37.07
37.08	ORTHOPAEDICS CLINIC		90.08	0.723016	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC		90.09	0.502722	0	0	37.09
37.10	PEDIATRIC CLINIC		90.10	1.618737	0	0	37.10
37.11	SURGERY CLINIC		90.11	1.138545	21,606	24,599	37.11
37.12	UROLOGY CLINIC		90.12	0.315482	0	0	37.12

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Liver		Hospital	PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.13	PSYCHIATRIC CLINIC	90.13	0.664273	5,334	3,543	37.13
37.14	CANCER CLINIC	90.14	0.383179	5,795	2,221	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681775	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.325575	0	0	37.16
37.19	BURN CLINIC	90.19	0.510070	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.245016	5,325	1,305	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.687736	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.367570	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.525266	824	433	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.344191	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.390032	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.354536	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.314668	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.505865	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.234159	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.051497	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.525969	217	114	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.639479	300	192	37.70
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.669617	0	0	37.72
37.76	IRL - PROCEDURE SUITES	90.76	0.315079	0	0	37.76
37.77	IRL- GASTROENTEROLOGY BREATH TESTIN	90.77	0.117843	0	0	37.77
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.495826	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.761001	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.126908	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.491262	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.306548	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	0.688981	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	5.397102	0	0	37.86
37.95	QUAD CITIES - CANCER CENTER	90.95	0.440624	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.480740	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	0.163437	0	0	37.97
38.00	EMERGENCY	91.00	0.126968	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.263300	4,991	1,314	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.527044	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.166946	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,546,669	274,375	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	3	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	3	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	8	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 16-0058 Component CCN:	Period: From 07/01/2018 To 06/30/2019	Worksheet D-4 Date/Time Prepared: 11/20/2019 1:59 pm	
		Liver	Hospital	PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00	3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0 51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0 51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0 51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	4,685	0.000000	0 51.04
51.05	NEUROLOGY CLINIC	23.05	217	0.000000	0 51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0 51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0 51.07
51.08	ORTHO PAEDICS CLINIC	23.08	0	0.000000	0 51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0 51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0 51.10
51.11	SURGERY CLINIC	23.11	21,606	0.000000	0 51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0 51.12
51.13	PSYCHIATRIC CLINIC	23.13	5,334	0.000000	0 51.13
51.14	CANCER CLINIC	23.14	5,795	0.000000	0 51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0 51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0 51.16
51.19	BURN CLINIC	23.19	0	0.000000	0 51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	5,325	0.000000	0 51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0 51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0 51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	824	0.000000	0 51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0 51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0 51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0 51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0 51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0 51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0 51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0 51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0 51.62
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0 51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	217	0.000000	0 51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	300	0.000000	0 51.70
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0 51.72
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0 51.76
51.77	IRL- GASTROENTERGODOLOGY BREATH TESTIN	23.77	0	0.000000	0 51.77
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0 51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0 51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0 51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0 51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0 51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0 51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0 51.86
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0 51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0 51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0 51.97
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	4,991	0.000000	0 53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0 53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0 54.99
55.00	TOTAL (sum of lines 49 through 52)		49,294		0 55.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/20/2019 1:59 pm

		Liver		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	300,492		1,629,741		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,053,683		5,239,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,354,175		6,868,741		61.00
62.00	Total Usable Organs (see instructions)		54			62.00
63.00	Medicare Usable Organs (see instructions)		30			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.555556			64.00
65.00	Medicare Cost/Charges (see instructions)	1,863,432		3,815,970		65.00
66.00	Revenue for Organs Sold	169,633		169,633		66.00
67.00	Subtotal (line 65 minus line 66)	1,693,799		3,646,337		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,693,799	0	3,646,337	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	23		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	31		73.00
74.00	Total (sum of lines 70 through 73)		0	54		74.00
75.00	Organs Transplanted		0	31	5,239,000	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	23	169,633	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	54		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/20/2019 1:59 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	371	1,054.50	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	9,547	1,779.30	1	1,779	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,976.31	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,611	1,618.93	1	1,619	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	11,934	1,695.09	2	3,390	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.97	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,210	2,360.94	2	4,722	6.01
7.00	TOTAL (sum of lines 1 through 6)		27,673		6	11,510	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.220221	55,372	12,194	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.245842	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.130703	7,273	951	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.226804	20,406	4,628	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.125592	0	0	13.00	
13.01	ULTRA SOUND	55.01	0.141117	19,020	2,684	13.01	
13.02	RADIOLOGY - PET SCAN	55.02	0.183884	18,660	3,431	13.02	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.042297	36,440	1,541	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.056796	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.084866	170,103	14,436	17.00	
18.00	LABORATORY	60.00	0.118687	303,222	35,989	18.00	
18.01	ANATOMICAL LABORATORY	60.01	0.172227	951	164	18.01	
18.02	CARDIOLOGY	60.02	0.134615	117,068	15,759	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.263104	4,693	1,235	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.199938	14,542	2,907	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277165	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.251941	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.103315	6,270	648	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.178629	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.335617	35,941	12,062	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.407756	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.262211	37,601	9,859	31.00	
32.00	RENAL DIALYSIS	74.00	0.199830	1,451	290	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	IVF/CULTURE LAB	76.00	0.781658	0	0	34.00	
34.02	URODYNAMICS	76.02	0.076829	0	0	34.02	
34.03	SPINE TREATMENT CENTER	76.03	0.411091	0	0	34.03	
34.05	DIGESTIVE DISEASE CENTER	76.05	0.171352	3,785	649	34.05	
34.06	RECREATIONAL THERAPY	76.06	2.514341	0	0	34.06	
34.07	CDC - REHAB	76.07	0.960542	0	0	34.07	
34.08	DIABETES EDUCATION	76.08	1.275954	600	766	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.353347	880	311	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.297372	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.155399	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	ANESTHESIA PAIN CLINIC	90.01	0.217635	0	0	37.01	
37.02	DERMATOLOGY CLINIC	90.02	0.258229	661	171	37.02	
37.03	ORAL SURGERY CLINIC	90.03	0.776141	0	0	37.03	
37.04	INTERNAL MEDICINE CLINIC	90.04	1.094622	34,834	38,130	37.04	
37.05	NEUROLOGY CLINIC	90.05	0.396227	0	0	37.05	
37.06	OB-GYN CLINIC	90.06	1.037600	0	0	37.06	
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394404	0	0	37.07	
37.08	ORTHOPAEDICS CLINIC	90.08	0.723016	0	0	37.08	
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.502722	0	0	37.09	
37.10	PEDIATRIC CLINIC	90.10	1.618737	7,125	11,534	37.10	
37.11	SURGERY CLINIC	90.11	1.138545	585	666	37.11	
37.12	UROLOGY CLINIC	90.12	0.315482	0	0	37.12	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Heart		Hospital	PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.13	PSYCHIATRIC CLINIC	90.13	0.664273	1,134	753	37.13
37.14	CANCER CLINIC	90.14	0.383179	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681775	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.325575	0	0	37.16
37.19	BURN CLINIC	90.19	0.510070	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.245016	7,776	1,905	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.687736	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.367570	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.525266	434	228	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.344191	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.390032	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.354536	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.314668	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.505865	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.234159	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.051497	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.525969	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.639479	1,288	824	37.70
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.669617	0	0	37.72
37.76	IRL - PROCEDURE SUITES	90.76	0.315079	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.117843	0	0	37.77
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.495826	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.761001	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.126908	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.491262	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.306548	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	0.688981	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	5.397102	0	0	37.86
37.95	QUAD CITIES - CANCER CENTER	90.95	0.440624	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.480740	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	0.163437	0	0	37.97
38.00	EMERGENCY	91.00	0.126968	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.263300	12,686	3,340	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.527044	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.166946	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			920,801	178,055	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	2	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	2	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/20/2019 1:59 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01	
51.02	DERMATOLOGY CLINIC	23.02	661	0.000000	0	51.02	
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03	
51.04	INTERNAL MEDICINE CLINIC	23.04	34,834	0.000000	0	51.04	
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05	
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06	
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07	
51.08	ORTHO PAEDICS CLINIC	23.08	0	0.000000	0	51.08	
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09	
51.10	PEDIATRIC CLINIC	23.10	7,125	0.000000	0	51.10	
51.11	SURGERY CLINIC	23.11	585	0.000000	0	51.11	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12	
51.13	PSYCHIATRIC CLINIC	23.13	1,134	0.000000	0	51.13	
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14	
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15	
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16	
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19	
51.50	IRL-CARDIOLOGY CLINIC	23.50	7,776	0.000000	0	51.50	
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51	
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52	
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	434	0.000000	0	51.54	
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55	
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56	
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57	
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58	
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59	
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60	
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61	
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62	
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65	
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68	
51.70	IRL-DIABETES CENTER CLINIC	23.70	1,288	0.000000	0	51.70	
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72	
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76	
51.77	IRL- GASTROENTEROLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77	
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80	
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81	
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82	
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83	
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84	
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85	
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86	
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95	
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96	
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	12,686	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99	
55.00	TOTAL (sum of lines 49 through 52)		66,523		0	55.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/20/2019 1:59 pm

		Heart		Hospital		11/20/2019 1:59 pm
Cost Center Description		Cost		Charges		PPS
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	189,565		948,474		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,707,889		2,330,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,897,454		3,278,474		61.00
62.00	Total Usable Organs (see instructions)		18			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444			64.00
65.00	Medicare Cost/Charges (see instructions)	843,312		1,457,098		65.00
66.00	Revenue for Organs Sold	70,551		70,551		66.00
67.00	Subtotal (line 65 minus line 66)	772,761		1,386,547		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	772,761	0	1,386,547	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue	
			1.00	2.00	3.00	
	PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	8		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	10		73.00
74.00	Total (sum of lines 70 through 73)		0	18		74.00
75.00	Organs Transplanted		0	10	2,330,000	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	8	70,551	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	18		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

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

Worksheet D-4

Date/Time Prepared:
11/20/2019 1:59 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	371	1,054.50	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	19,989	1,779.30	3	5,338	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,976.31	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,611	1,618.93	1	1,619	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	49,626	1,695.09	9	15,256	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.97	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,210	2,360.94	1	2,361	6.01
7.00	TOTAL (sum of lines 1 through 6)		75,807		14	24,574	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.220221	178,735	39,361	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.245842	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.130703	23,999	3,137	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.226804	75,929	17,221	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.125592	0	0	13.00	
13.01	ULTRA SOUND	55.01	0.141117	6,095	860	13.01	
13.02	RADIOLOGY - PET SCAN	55.02	0.183884	17,684	3,252	13.02	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.042297	146,907	6,214	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.056796	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.084866	306,201	25,986	17.00	
18.00	LABORATORY	60.00	0.118687	529,094	62,797	18.00	
18.01	ANATOMICAL LABORATORY	60.01	0.172227	8,365	1,441	18.01	
18.02	CARDIOLOGY	60.02	0.134615	125,892	16,947	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.263104	2,652	698	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.199938	74,772	14,950	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277165	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.251941	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.103315	3,870	400	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.178629	1,558	278	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.335617	23,125	7,761	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.407756	8,712	3,552	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.262211	179,045	46,948	31.00	
32.00	RENAL DIALYSIS	74.00	0.199830	3,523	704	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	IVF/CULTURE LAB	76.00	0.781658	0	0	34.00	
34.02	URODYNAMICS	76.02	0.076829	0	0	34.02	
34.03	SPINE TREATMENT CENTER	76.03	0.411091	0	0	34.03	
34.05	DIGESTIVE DISEASE CENTER	76.05	0.171352	39,934	6,843	34.05	
34.06	RECREATIONAL THERAPY	76.06	2.514341	0	0	34.06	
34.07	CDC - REHAB	76.07	0.960542	0	0	34.07	
34.08	DIABETES EDUCATION	76.08	1.275954	1,140	1,455	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.353347	189	67	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.297372	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.155399	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	ANESTHESIA PAIN CLINIC	90.01	0.217635	217	47	37.01	
37.02	DERMATOLOGY CLINIC	90.02	0.258229	4,212	1,088	37.02	
37.03	ORAL SURGERY CLINIC	90.03	0.776141	0	0	37.03	
37.04	INTERNAL MEDICINE CLINIC	90.04	1.094622	14,876	16,284	37.04	
37.05	NEUROLOGY CLINIC	90.05	0.396227	780	309	37.05	
37.06	OB-GYN CLINIC	90.06	1.037600	0	0	37.06	
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394404	574	226	37.07	
37.08	ORTHOPAEDICS CLINIC	90.08	0.723016	0	0	37.08	
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.502722	636	320	37.09	
37.10	PEDIATRIC CLINIC	90.10	1.618737	0	0	37.10	
37.11	SURGERY CLINIC	90.11	1.138545	1,404	1,599	37.11	
37.12	UROLOGY CLINIC	90.12	0.315482	0	0	37.12	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Lung		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.13	PSYCHIATRIC CLINIC	90.13	0.664273	0	0	0	37.13
37.14	CANCER CLINIC	90.14	0.383179	5,946	2,278	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681775	0	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.325575	0	0	0	37.16
37.19	BURN CLINIC	90.19	0.510070	0	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.245016	27,998	6,860	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.687736	651	448	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.367570	217	80	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.525266	6,034	3,169	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.344191	0	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.390032	0	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.354536	0	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.314668	0	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.505865	0	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.234159	0	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.051497	0	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.525969	0	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.639479	517	331	0	37.70
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.669617	0	0	0	37.72
37.76	IRL - PROCEDURE SUITES	90.76	0.315079	622	196	0	37.76
37.77	IRL- GASTROENTEROLOGY BREATH TESTIN	90.77	0.117843	0	0	0	37.77
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.495826	0	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.761001	0	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.126908	0	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.491262	0	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.306548	0	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	0.688981	0	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	5.397102	0	0	0	37.86
37.95	QUAD CITIES - CANCER CENTER	90.95	0.440624	0	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.480740	0	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	0.163437	0	0	0	37.97
38.00	EMERGENCY	91.00	0.126968	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.263300	346	91	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.527044	0	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.166946	0	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,822,451	294,198	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	3	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	9	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			14	0	0	48.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Lung		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	ANESTHESIA PAIN CLINIC	23.01	217	0.000000	0	51.01	
51.02	DERMATOLOGY CLINIC	23.02	4,212	0.000000	0	51.02	
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03	
51.04	INTERNAL MEDICINE CLINIC	23.04	14,876	0.000000	0	51.04	
51.05	NEUROLOGY CLINIC	23.05	780	0.000000	0	51.05	
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06	
51.07	OPHTHALMOLOGY CLINIC	23.07	574	0.000000	0	51.07	
51.08	ORTHO PAEDICS CLINIC	23.08	0	0.000000	0	51.08	
51.09	OTOLARYNGOLOGY CLINIC	23.09	636	0.000000	0	51.09	
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10	
51.11	SURGERY CLINIC	23.11	1,404	0.000000	0	51.11	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12	
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	CANCER CLINIC	23.14	5,946	0.000000	0	51.14	
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15	
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16	
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19	
51.50	IRL-CARDIOLOGY CLINIC	23.50	27,998	0.000000	0	51.50	
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	651	0.000000	0	51.51	
51.52	IRL-DERMATOLOGY CLINIC	23.52	217	0.000000	0	51.52	
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	6,034	0.000000	0	51.54	
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55	
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56	
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57	
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58	
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59	
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60	
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61	
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62	
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65	
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68	
51.70	IRL-DIABETES CENTER CLINIC	23.70	517	0.000000	0	51.70	
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72	
51.76	IRL - PROCEDURE SUITES	23.76	622	0.000000	0	51.76	
51.77	IRL- GASTROENTEROLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77	
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80	
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81	
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82	
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83	
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84	
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85	
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86	
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95	
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96	
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	346	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99	
55.00	TOTAL (sum of lines 49 through 52)		65,030		0	55.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/20/2019 1:59 pm

		Lung		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	318,772		1,898,258		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,258,331		5,475,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,577,103		7,373,258		61.00
62.00	Total Usable Organs (see instructions)		55			62.00
63.00	Medicare Usable Organs (see instructions)		28			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.509091			64.00
65.00	Medicare Cost/Charges (see instructions)	1,311,980		3,753,659		65.00
66.00	Revenue for Organs Sold	65,351		65,351		66.00
67.00	Subtotal (line 65 minus line 66)	1,246,629		3,688,308		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,246,629	0	3,688,308	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	36		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	19		73.00
74.00	Total (sum of lines 70 through 73)		0	55		74.00
75.00	Organs Transplanted		0	19	5,475,000	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	22	65,351	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	14		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	55		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

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

Worksheet D-4

Date/Time Prepared:
11/20/2019 1:59 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	371	1,054.50	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	1,989	1,779.30	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,976.31	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	9,547	1,695.09	1	1,695	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.97	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,360.94	0	0	6.01
7.00	TOTAL (sum of lines 1 through 6)		11,907		1	1,695	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.220221	21,744	4,788	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.245842	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.130703	2,554	334	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.226804	3,289	746	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.125592	0	0	13.00	
13.01	ULTRA SOUND	55.01	0.141117	0	0	13.01	
13.02	RADIOLOGY - PET SCAN	55.02	0.183884	0	0	13.02	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.042297	2,510	106	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.056796	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.084866	2,602	221	17.00	
18.00	LABORATORY	60.00	0.118687	14,070	1,670	18.00	
18.01	ANATOMICAL LABORATORY	60.01	0.172227	0	0	18.01	
18.02	CARDIOLOGY	60.02	0.134615	5,652	761	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.263104	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.199938	5,093	1,018	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277165	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.251941	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.103315	745	77	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.178629	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.335617	1,336	448	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.407756	408	166	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.262211	11,108	2,913	31.00	
32.00	RENAL DIALYSIS	74.00	0.199830	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	IVF/CULTURE LAB	76.00	0.781658	0	0	34.00	
34.02	URODYNAMICS	76.02	0.076829	0	0	34.02	
34.03	SPINE TREATMENT CENTER	76.03	0.411091	0	0	34.03	
34.05	DIGESTIVE DISEASE CENTER	76.05	0.171352	0	0	34.05	
34.06	RECREATIONAL THERAPY	76.06	2.514341	0	0	34.06	
34.07	CDC - REHAB	76.07	0.960542	0	0	34.07	
34.08	DIABETES EDUCATION	76.08	1.275954	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.353347	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.297372	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.155399	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	ANESTHESIA PAIN CLINIC	90.01	0.217635	0	0	37.01	
37.02	DERMATOLOGY CLINIC	90.02	0.258229	0	0	37.02	
37.03	ORAL SURGERY CLINIC	90.03	0.776141	0	0	37.03	
37.04	INTERNAL MEDICINE CLINIC	90.04	1.094622	0	0	37.04	
37.05	NEUROLOGY CLINIC	90.05	0.396227	0	0	37.05	
37.06	OB-GYN CLINIC	90.06	1.037600	0	0	37.06	
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394404	0	0	37.07	
37.08	ORTHOPAEDICS CLINIC	90.08	0.723016	0	0	37.08	
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.502722	0	0	37.09	
37.10	PEDIATRIC CLINIC	90.10	1.618737	0	0	37.10	
37.11	SURGERY CLINIC	90.11	1.138545	0	0	37.11	
37.12	UROLOGY CLINIC	90.12	0.315482	0	0	37.12	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Pancreas		Hospital	PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.13	PSYCHIATRIC CLINIC	90.13	0.664273	0	0	37.13
37.14	CANCER CLINIC	90.14	0.383179	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681775	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.325575	0	0	37.16
37.19	BURN CLINIC	90.19	0.510070	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.245016	0	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.687736	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.367570	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.525266	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.344191	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.390032	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.354536	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.314668	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.505865	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.234159	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.051497	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.525969	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.639479	0	0	37.70
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.669617	0	0	37.72
37.76	IRL - PROCEDURE SUITES	90.76	0.315079	0	0	37.76
37.77	IRL- GASTROENTEROLOGY BREATH TESTIN	90.77	0.117843	0	0	37.77
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.495826	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.761001	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.126908	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.491262	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.306548	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	0.688981	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	5.397102	0	0	37.86
37.95	QUAD CITIES - CANCER CENTER	90.95	0.440624	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.480740	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	0.163437	0	0	37.97
38.00	EMERGENCY	91.00	0.126968	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.263300	78	21	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.527044	1,380	727	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.166946	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			72,569	13,996	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

11/20/2019 1:59 pm

Cost Center Description		Pancreas		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01	
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03	
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04	
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05	
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06	
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07	
51.08	ORTHO PAEDICS CLINIC	23.08	0	0.000000	0	51.08	
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09	
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10	
51.11	SURGERY CLINIC	23.11	0	0.000000	0	51.11	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12	
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14	
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15	
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16	
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19	
51.50	IRL-CARDIOLOGY CLINIC	23.50	0	0.000000	0	51.50	
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51	
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52	
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54	
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55	
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56	
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57	
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58	
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59	
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60	
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61	
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62	
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65	
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68	
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70	
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72	
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76	
51.77	IRL- GASTROENTEROLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77	
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80	
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81	
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82	
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83	
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84	
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85	
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86	
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95	
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96	
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	78	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	1,380	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99	
55.00	TOTAL (sum of lines 49 through 52)		1,458		0	55.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058

Period:

Worksheet D-4

Component CCN:

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/20/2019 1:59 pm

		Pancreas		Hospital		PPS
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	15,691		84,476		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	747,930		780,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	763,621		864,476		61.00
62.00	Total Usable Organs (see instructions)		13			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.461538			64.00
65.00	Medicare Cost/Charges (see instructions)	352,440		398,989		65.00
66.00	Revenue for Organs Sold	21,256		21,256		66.00
67.00	Subtotal (line 65 minus line 66)	331,184		377,733		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	331,184	0	377,733	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	11		73.00
74.00	Total (sum of lines 70 through 73)		0	14		74.00
75.00	Organs Transplanted		0	11	780,000	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	2	21,256	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	1		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	14		84.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/20/2019 1:59 pm

		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)			32,699,183	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			98,265,422	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)			11,968,151	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			35,306,890	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			702.59	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)			346.30	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)			6.88	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)			353.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			572.18	10.00
11.00	FTE count for residents in dental and podiatric programs.			24.17	11.00
12.00	Current year allowable FTE (see instructions)			377.35	12.00
13.00	Total allowable FTE count for the prior year.			377.45	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.			377.37	14.00
15.00	Sum of lines 12 through 14 divided by 3.			377.39	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			377.39	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.537141	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.545196	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.537141	21.00
22.00	IME payment adjustment (see instructions)			33,627,389	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			9,065,644	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) .			25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			219.00	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)			25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.035583	26.00
27.00	IME payments adjustment factor. (see instructions)			0.009412	27.00
28.00	IME add-on adjustment amount (see instructions)			1,232,639	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			332,308	28.01
29.00	Total IME payment (sum of lines 22 and 28)			34,860,028	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			9,397,952	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)			34.48	31.00
32.00	Sum of lines 30 and 31			40.27	32.00
33.00	Allowable disproportionate share percentage (see instructions)			22.44	33.00
34.00	Disproportionate share adjustment (see instructions)			7,347,114	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/20/2019 1:59 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.001456578	0.000933348	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		9,856,217	7,721,472	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,484,309	5,775,236	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,259,545		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)		193,399,443		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)			202,797,395	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			14,844,246	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).			7,396,052	52.00
53.00	Nursing and Allied Health Managed Care payment			244,180	53.00
54.00	Special add-on payments for new technologies			196,182	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)			9,718,665	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).			546,643	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			210,041	58.00
59.00	Total (sum of amounts on lines 49 through 58)			235,953,404	59.00
60.00	Primary payer payments			326,561	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			235,626,843	61.00
62.00	Deductibles billed to program beneficiaries			9,270,638	62.00
63.00	Coinsurance billed to program beneficiaries			966,507	63.00
64.00	Allowable bad debts (see instructions)			661,843	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			430,198	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			246,894	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			225,819,896	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-505,771	70.93
70.94	HRR adjustment amount (see instructions)			-170,575	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/20/2019 1:59 pm

		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)		225,143,550		71.00
71.01	Sequestration adjustment (see instructions)		4,502,871		71.01
71.02	Demonstration payment adjustment amount after sequestration		511,751		71.02
72.00	Interim payments		221,836,589		72.00
73.00	Tentative settlement (for contractor use only)		0	0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-1,707,661		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,153,476		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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	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	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/20/2019 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		638,413	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		149,488,442	2.00
3.00	OPPS payments		129,173,885	3.00
4.00	Outlier payment (see instructions)		1,043,171	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		493,893	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		638,413	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,726,188	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)		2,726,188	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)		2,726,188	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,087,775	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)		638,413	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)		130,710,949	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		369,411	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		21,758,958	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)		109,220,993	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,120,071	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		249	29.00
30.00	Subtotal (sum of lines 27 through 29)		114,341,313	30.00
31.00	Primary payer payments		122,067	31.00
32.00	Subtotal (line 30 minus line 31)		114,219,246	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)		769,488	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		500,167	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		120,867	36.00
37.00	Subtotal (see instructions)		114,719,413	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	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)		114,719,413	40.00
40.01	Sequestration adjustment (see instructions)		2,294,388	40.01
40.02	Demonstration payment adjustment amount after sequestration		502,591	40.02
41.00	Interim payments		111,654,558	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		267,876	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,854,566	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: 16-0058 Component CCN: 16-S058	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/20/2019 1:59 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		43	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33	2.00
3.00	OPPS payments		107	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)		43	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		165	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)		165	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)		165	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		122	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)		43	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)		107	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)		150	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)		150	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		150	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)		150	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER		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)		150	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		2	40.02
41.00	Interim payments		103	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		42	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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/20/2019 1:59 pm

		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		221,468,739		111,242,458	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	09/11/2018	35,200	01/23/2019	162,400	3.01
3.02		01/23/2019	207,350	06/20/2019	249,700	3.02
3.03		06/20/2019	125,300		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)		367,850		412,100	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)		221,836,589		111,654,558	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		267,876	6.01
6.02	SETTLEMENT TO PROGRAM		1,707,661		0	6.02
7.00	Total Medicare program liability (see instructions)		220,128,928		111,922,434	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: 16-0058
 Component CCN: 16-S058

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/20/2019 1:59 pm

		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		5,426,979		103	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,426,979		103	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		55,608		42	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,482,587		145	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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/20/2019 1:59 pm

		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: 16-0058 Component CCN: 16-S058	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/20/2019 1:59 pm
		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)	5,793,050		
2.00	Net IPF PPS Outlier Payments	138,390		
3.00	Net IPF PPS ECT Payments	127,837		
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	9.49		
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		
5.00	New Teaching program adjustment. (see instructions)	0.00		
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	16.32		
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	9.49		
9.00	Average Daily Census (see instructions)	72.060274		
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.065788		
11.00	Teaching Adjustment (line 1 multiplied by line 10).	381,113		
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,440,390		
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
16.00	Subtotal (see instructions)	6,440,390		
17.00	Primary payer payments	0		
18.00	Subtotal (line 16 less line 17).	6,440,390		
19.00	Deductibles	191,864		
20.00	Subtotal (line 18 minus line 19)	6,248,526		
21.00	Coinsurance	719,107		
22.00	Subtotal (line 20 minus line 21)	5,529,419		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	108,905		
24.00	Adjusted reimbursable bad debts (see instructions)	70,788		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	51,316		
26.00	Subtotal (sum of lines 22 and 24)	5,600,207		
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		
28.00	Other pass through costs (see instructions)	10,347		
29.00	Outlier payments reconciliation	0		
30.00	OTHER	0		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		
30.99	Demonstration payment adjustment amount before sequestration	0		
31.00	Total amount payable to the provider (see instructions)	5,610,554		
31.01	Sequestration adjustment (see instructions)	112,211		
31.02	Demonstration payment adjustment amount after sequestration	15,756		
32.00	Interim payments	5,426,979		
33.00	Tentative settlement (for contractor use only)	0		
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	55,608		
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	138,390		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 11/20/2019 1:59 pm	
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.					383.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					7.95	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)					391.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					636.69	6.00
7.00	Enter the lesser of line 5 or line 6					391.65	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.	147.28		406.85		554.13	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.	90.60		250.27		340.87	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			23.71			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	90.60		273.98			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	91.87		270.09			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	72.65		285.96			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	85.04		276.68			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	85.04		276.68			17.00
18.00	Per resident amount	85,078.38		85,078.38			18.00
19.00	Approved amount for resident costs	7,235,065		23,539,486		30,774,551	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)					25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					245.04	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					21.76	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					100,092.21	23.00
24.00	Multiply line 22 time line 23					2,178,006	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					32,952,557	25.00
		Inpatient Part		Managed care			
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	70,239		17,826			26.00
27.00	Total Inpatient Days (see instructions)	225,227		225,227			27.00
28.00	Ratio of inpatient days to total inpatient days	0.311859		0.079147			28.00
29.00	Program direct GME amount	10,276,551		2,608,096			29.00
30.00	Reduction for direct GME payments for Medicare Advantage			368,524			30.00
31.00	Net Program direct GME amount					12,516,123	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/20/2019 1:59 pm	
		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)			3,401	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			74,014,729	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000046	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			5,419,482	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			249	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			208,006,766	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			9,718,665	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			326,561	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			217,398,870	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			150,620,824	42.00
43.00	Primary payer payments (see instructions)			122,067	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			150,498,757	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			367,897,627	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.590922	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.409078	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			12,516,123	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			7,396,052	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			5,120,071	50.00

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

Provider CCN: 16-0058

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

Worksheet G

Date/Time Prepared:
11/20/2019 1:59 pm

		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	16,788,751	0	0	0	1.00
2.00	Temporary investments	74,397,379	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	279,531,433	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,439,747	0	0	0	6.00
7.00	Inventory	37,219,729	0	0	0	7.00
8.00	Prepaid expenses	12,406,829	0	0	0	8.00
9.00	Other current assets	5,426,058	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	387,330,432	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,923,359	0	0	0	12.00
13.00	Land improvements	66,512,715	0	0	0	13.00
14.00	Accumulated depreciation	-51,013,398	0	0	0	14.00
15.00	Buildings	1,598,702,803	0	0	0	15.00
16.00	Accumulated depreciation	-727,945,267	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	573,003,932	0	0	0	23.00
24.00	Accumulated depreciation	-378,549,259	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)	1,103,634,885	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	966,714,743	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	1,620,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	968,334,743	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,459,300,060	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	55,851,748	0	0	0	37.00
38.00	Salaries, wages, and fees payable	107,047,149	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	156,133,365	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	319,032,262	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	373,846,229	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	116,535,316	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	490,381,545	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	809,413,807	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,649,886,253				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)	1,649,886,253	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,459,300,060	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0058

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

Worksheet G-1

Date/Time Prepared:
11/20/2019 1:59 pm

		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		1,538,661,859		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		130,409,539				2.00
3.00	Total (sum of line 1 and line 2)		1,669,071,398		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RESTRICTED FUND TRANSACTIONS	1,233,818		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,233,818		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,670,305,216		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO UNIVERSITY	20,357,205		0		0	13.00
14.00	PRIOR YEAR AUDITED FINANCIALS	3,661		0		0	14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC	2,774		0		0	15.00
16.00	TRANSFER TO SUPPORT CDD	55,323		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		20,418,963		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,649,886,253		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	RESTRICTED FUND TRANSACTIONS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO UNIVERSITY		0				13.00
14.00	PRIOR YEAR AUDITED FINANCIALS		0				14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC		0				15.00
16.00	TRANSFER TO SUPPORT CDD		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: 16-0058

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2019 1:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	474,102,088		474,102,088	1.00
2.00	SUBPROVIDER - IPF	45,755,125		45,755,125	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)	519,857,213		519,857,213	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSIVE CARE UNIT	42,997,707		42,997,707	11.01
12.00	CORONARY CARE UNIT	41,790,260		41,790,260	12.00
13.00	BURN INTENSIVE CARE UNIT	19,037,877		19,037,877	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	64,790,501		64,790,501	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	82,359,617		82,359,617	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	43,994,846		43,994,846	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	294,970,808		294,970,808	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	814,828,021		814,828,021	17.00
18.00	Ancillary services	1,741,289,432	2,194,813,775	3,936,103,207	18.00
19.00	Outpatient services	78,285,671	442,482,957	520,768,628	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	1,175,435	804,712	1,980,147	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME PROGRAM DIALYSIS	0	10,925,574	10,925,574	27.00
27.01	TRANSPLANT CHARGES	26,541,000	0	26,541,000	27.01
27.02	NON ALLOWABLE CHARGES	16,189	182,202,353	182,218,542	27.02
27.03	FAMILY CARE PHYSICIANS	0	0	0	27.03
27.04	EMER ROOM PHYSICIANS	74,399	33,748,461	33,822,860	27.04
27.05	IOWA CARE PHYSICIANS	0	0	0	27.05
27.06	IRL PHYSICIANS	11,496	83,454,317	83,465,813	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,662,221,643	2,948,432,149	5,610,653,792	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,750,130,760		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	10,968,970			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		10,968,970		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,761,099,730		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0058

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

Worksheet G-3

Date/Time Prepared:
11/20/2019 1:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,610,653,792	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,872,951,409	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,737,702,383	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,761,099,730	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,397,347	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	43,807,268	6.00
7.00	Income from investments	56,140,503	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	10,859,197	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	732,657	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	BUSINESS OFFICE	2,484,643	24.00
24.01	RADIOLOGY	29,323	24.01
24.02	PLANT OPERATIONS	637,422	24.02
24.03	DIETARY	124,165	24.03
24.04	SOCIAL SERVICE	0	24.04
24.05	LAB	0	24.05
24.06	ORAL SURGERY CLINIC	0	24.06
24.07	FAMILY CARE CLINIC	0	24.07
24.08	EMERGENCY	31,152	24.08
24.09	NON- ALLOWABLE DIATARY- DIET-CAF	1,444,876	24.09
24.10	CARDIOLOGY	0	24.10
24.11	DERMATOLOGY CLINIC	0	24.11
24.12	NURSING ADMIN	0	24.12
24.13	CENTRAL SERVICES	0	24.13
24.14	NON-ALLOWABLE	0	24.14
24.15	NOT OFFSET	0	24.15
24.16	HOUSEKEEPING	0	24.16
24.17	OPERATING ROOM	45,456	24.17
24.18	BONE MARROW TRANSPLANT	0	24.18
24.19	PHYSICAL THERAPY	28,542	24.19
24.20	ELECTROCARDIOLOGY	30,854	24.20
24.21	CARDIAC REHABILITATION	7,280	24.21
24.22	BLOOD STORAGE	0	24.22
24.23	AMBULANCE SERVICE	3,844,591	24.23
24.24	CANCER CLINIC	0	24.24
24.25	CARDIAC CATHETERIZATION	0	24.25
24.26	INTERNAL MEDICINE	0	24.26
24.27	OPHTHALMOLOGY CLINIC	1,811	24.27
24.28	ANESTHESIOLOGY	0	24.28
24.29	RESPIRATORY THERAPY	10,128	24.29
24.30	ELECTROENCEPHALOGRAPHY	55,500	24.30
24.31	NEUROLOGY CLINIC	0	24.31
24.32	PEDIATRIC CLINIC	303	24.32
24.33	UROLOGY CLINIC	0	24.33
24.34	ALLOGENIC STEM CELL ACQUISITION	36,750	24.34
24.35	QUAD CITY - HEM ONC CLINIC	37,023	24.35
24.36	REIMB RESEARCH OVERHEAD (COST OFFSET	2,070,662	24.36
24.37	FUND 165 IRL	50,132	24.37
24.38	FUND 240 CONT EDUCATION REVENUE	1,173,910	24.38
24.39	FUND 261 INCOME FOR BIOENGINEERING	-362,965	24.39
24.40	FUND 285 INCOME FOR PHONE SERVICE	10,928,693	24.40
24.41	FUND 450 AUXILLARY - NOT OFFSET	2,224,935	24.41
24.42	FUND 500/510 RESTICTED FUNDS	4,902,152	24.42
24.43	FUND 990 IRL PHYSICIANS	319,669	24.43
24.44	FUND 175/260 OTHER CENTRAL SERVICES	12,110,254	24.44
25.00	Total other income (sum of lines 6-24)	153,806,886	25.00
26.00	Total (line 5 plus line 25)	130,409,539	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)	130,409,539	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0058

Period:

Worksheet I-1

Component CCN: 16-2306

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/20/2019 1:59 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,564,314	HOURS OF SERVICE	42,997.49	20.67
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	867,088	HOURS OF SERVICE	36,078.92	17.35
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	550,784	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	2,982,186			9.00
10.00	EMPLOYEE BENEFITS	1,174,852	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	421,659	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	1,425,555	REQUISITIONS		14.00
15.00	DRUGS	436,975	REQUISITIONS		15.00
16.00	OTHER	2,475,144	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	8,916,371			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	210,177	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	208,189	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	1,623,423	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	527,501	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	3,401			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	27,002	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	1,528,001	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,044,065			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0	30.00
30.02	URODYNAMICS	0	CHARGES	0	30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0	30.03
30.05	DIGESTIVE DISEASE CENTER	0	CHARGES	0	30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0	30.06
30.07	CDC - REHAB	0	CHARGES	0	30.07
30.08	DIABETES EDUCATION	0	CHARGES	0	30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,044,065			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0058

Period:

Worksheet I-2

Component CCN: 16-2306

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

Date/Time Prepared:

11/20/2019 1:59 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,159,337	208,189	1,564,314	867,088	1,174,852	27,002	1.00
MAINTENANCE								
2.00	Hemodialysis	551,328	90,003	1,090,444	802,811	873,560	13,024	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	8,415	11,120	55,700	10,835	34,733	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	290	397	2,001	388	1,243	0	6.00
7.00	CCPD	7,641	10,076	50,498	9,825	31,474	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	591,663	96,593	365,671	43,229	233,842	13,978	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						436,975	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,159,337	208,189	1,564,314	867,088	1,174,852	27,002	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,425,555	0	6,426,337	6,177,352	12,603,689		1.00
MAINTENANCE								
2.00	Hemodialysis	733,907	0	4,155,077	3,994,090	8,149,167		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	168,555	0	289,358	278,147	567,505		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	6,028	0	10,347	9,946	20,293		6.00
7.00	CCPD	152,743	0	262,257	252,096	514,353		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	364,322	0	1,709,298	1,643,073	3,352,371		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,425,555	0	6,426,337	6,177,352	12,603,689		17.00
18.00	Medical Educational Program Costs					3,401		18.00
19.00	Total Renal Costs (line 17 + line 18)					12,607,090		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058
Component CCN: 16-2306Period:
From 07/01/2018
To 06/30/2019Worksheet I-3
Date/Time Prepared:
11/20/2019 1:59 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	1,159,337	208,189	1,564,314	867,088	1,174,852	1.00
MAINTENANCE							
2.00	Hemodialysis	5,700	91,949.09	29,972.50	41,344.66	2,217,402	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	87	11,360.00	1,531.00	558.00	88,165	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	3	406.00	55.00	20.00	3,154	6.00
7.00	CCPD	79	10,294.00	1,388.00	506.00	79,892	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	5,339	6,117	98,682.50	10,051.00	2,226.29	593,573
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	12.00
14.00	ESAs						13.00
15.00							14.00
16.00	Other	0	0.00	0.00	0.00	0	15.00
17.00	Total Statistical Basis	11,986	212,691.59	42,997.50	44,654.95	2,982,186	16.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	96.724262	0.978830	36.381511	19.417511	0.393957	17.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	27,002	1,425,555	0	6,426,337	6,177,352	1.00
MAINTENANCE							
2.00	Hemodialysis	13,078	733,908	39,980,495			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	168,555	189,232			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	6,028	6,768			6.00
7.00	CCPD	0	152,743	171,481			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	14,036	364,322	22,893,079			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	27,114	1,425,556	63,241,055		6,426,337	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.995869	0.999999	0.000000		0.961256	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058

Period:

Worksheet I-4

Component CCN: 16-2306

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/20/2019 1:59 pm

		Rate 0		Renal Dialysis		11/20/2010 1:00 pm	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	20,358	8,149,167	400.29	13,381	5,356,280	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	84	567,505	6,756.01	24	162,144	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	3	20,293	6,764.33	0	0	5.00
6.00	Training - CCPD	71	514,353	7,244.41	18	130,399	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	20,516	9,251,318		13,423	5,648,823	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	20,516					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	4,007,912	299.52				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	8,734	363.92				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - CAPD	0	0.00				
6.00	Training - CCPD	5,611	311.72				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				
10.00	Home Program - CCPD	0	0.00				
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	4,022,257					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	UIHC MUSCATINE DIALYSIS CENTER						
20.01	UIHC GRINNELL DIALYSIS CENTER						
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER						
20.03	UIHC WASHINGTON DIALYSIS CENTER						

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0058

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

Worksheet I-1

Date/Time Prepared:
11/20/2019 1:59 pm

				Home Program Dialysis	PPS
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	242,696	HOURS OF SERVICE	6,425.67	3.09
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	5,409	HOURS OF SERVICE	1,727.91	0.83
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	30,495	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	278,600			9.00
10.00	EMPLOYEE BENEFITS	97,508	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	7,278	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	427,779	REQUISITIONS		14.00
15.00	DRUGS	0	REQUISITIONS		15.00
16.00	OTHER	74,094	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	885,259			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,768	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	24,092	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	164,368	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	89,770	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	47,442	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,246,699			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0	30.00
30.02	URODYNAMICS	0	CHARGES	0	30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0	30.03
30.05	DIGESTIVE DISEASE CENTER	0	CHARGES	0	30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0	30.06
30.07	CDC - REHAB	0	CHARGES	0	30.07
30.08	DIABETES EDUCATION	0	CHARGES	0	30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,246,699			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019	Worksheet I-2 Date/Time Prepared: 11/20/2019 1:59 pm	
						Home Program Dialysis	PPS	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	132,816	24,092	242,696	5,409	97,508	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	36,259	24,092	41,018	1,499	18,576	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	96,557	0	201,678	3,910	78,932	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	132,816	24,092	242,696	5,409	97,508	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	427,779	0	930,300	316,399	1,246,699		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	119,541	0	240,985	81,960	322,945		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	308,238	0	689,315	234,439	923,754		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	427,779	0	930,300	316,399	1,246,699		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,246,699		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet I-3

Date/Time Prepared:
11/20/2019 1:59 pm

						Home Program Dialysis	11/20/2019 1:59 pm PPS	
			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		132,816	24,092	242,696	5,409	97,508	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		549	23,181.00	1,086.00	737.00	53,075	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		1,462	0.00	5,339.67	1,922.91	225,525	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,011	23,181.00	6,425.67	2,659.91	278,600	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		66.044754	1.039299	37.769758	2.033527	0.349993	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	427,779	0	930,300	316,399		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	119,541	2,939,508				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	308,238	7,834,166				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	427,779	10,773,674		930,300		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.340104		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS				Provider CCN: 16-0058		Period: From 07/01/2018 To 06/30/2019		Worksheet I-4 Date/Time Prepared: 11/20/2019 1:59 pm	
				Rate 0		Home Program Dialysis		PPS	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00		
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00		
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00		
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00		
5.00	Training - CAPD	0	0	0.00	0	0	5.00		
6.00	Training - CCPD	0	0	0.00	0	0	6.00		
7.00	Home Program - Hemodialysis	1,745	322,945	185.07	1,004	185,810	7.00		
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00		
		Patient Weeks			Patient Weeks				
		1.00	2.00	3.00	4.00	5.00			
9.00	Home Program - CAPD	217	0	0.00	2	0	9.00		
10.00	Home Program - CCPD	11,069	923,754	83.45	5,766	481,173	10.00		
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,745	1,246,699		1,004	666,983	11.00		
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	35,603					12.00		
ADDITIONAL RENAL FACILITY NUMBERS									
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00		
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01		
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02		
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03		
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)						
		6.00	7.00						
1.00	Maintenance - Hemodialysis	0	0.00	1.00					
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00					
3.00	Training - Hemodialysis	0	0.00	3.00					
4.00	Training - Peritoneal Dialysis	0	0.00	4.00					
5.00	Training - CAPD	0	0.00	5.00					
6.00	Training - CCPD	0	0.00	6.00					
7.00	Home Program - Hemodialysis	315,966	314.71	7.00					
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00					
		6.00	7.00						
9.00	Home Program - CAPD	219	109.50	9.00					
10.00	Home Program - CCPD	691,114	119.86	10.00					
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,007,299		11.00					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00					
ADDITIONAL RENAL FACILITY NUMBERS									
20.00	UIHC MUSCATINE DIALYSIS CENTER			20.00					
20.01	UIHC GRINNELL DIALYSIS CENTER			20.01					
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER			20.02					
20.03	UIHC WASHINGTON DIALYSIS CENTER			20.03					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 11/20/2019 1:59 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	6,315,806		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	5,029,556	4,828,570	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	5,029,556	4,828,570	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	212	204	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	212	204	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,005,867	965,672	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	1,005,867	965,672	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	965,876	8.00
9.00	Program payment (see instructions)	0	3,862,693	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	10,934,992		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	10,498,017		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.960039		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0058	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/20/2019 1:59 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,643,159	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		831,463	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)		545.00	3.00
4.00	Number of interns & residents (see instructions)		402.39	4.00
5.00	Indirect medical education percentage (see instructions)		23.17	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)		2,466,020	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.48	8.00
9.00	Sum of lines 7 and 8		40.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.49	10.00
11.00	Disproportionate share adjustment (see instructions)		903,604	11.00
12.00	Total prospective capital payments (see instructions)		14,844,246	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