

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest on 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 Provider CCN:14-0228 Period: From 07/01/2019 To 06/30/2020 Worksheet S Parts I-III Date/Time Prepared: 12/28/2020 12:33 pm
SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date:12/28/2020 Time:12:33 pm
2. ☐ Manually prepared 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 6. Date Received: 10. NPR Date:
(1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
(2) Settled without Audit 8. ☐ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
(3) Settled with Audit 9. ☐ Final Report for this Provider CCN number of times reopened = 0-9.
(4) Reopened
(5) Amended

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISHAMERICAN HOSPITAL (14-0228) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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) PATTI DEWANE

Officer or Administrator of Provider(s)

VICE PRESIDENT, FINANCE & TREASURER

Title

(Dated when report is electronically signed.)

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	439,275	-184,792	0	0	1.00
2.00	Subprovider - IPF	0	11,586	4		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	450,861	-184,788	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 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 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.

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0228		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 12/28/2020 12:33 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:1401 EAST STATE ST.		PO Box:				1.00			
2.00	City: ROCKFORD		State: IL		Zip Code:61104		County: WINNEBAGO			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		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		SWEDISHAMERICAN HOSPITAL	L140228	40420	1	06/30/1966	O	P	O
4.00	Subprovider - IPF		SWEDISHAMERICAN HOSPITAL	L14S228	40420	4	05/31/1986	N	P	O
5.00	Subprovider - IRF		PSYCH UNIT							
			SWEDISHAMERICAN HOSPITAL	L14T228	40420	5	06/10/2020	N	P	O
6.00	Subprovider - (Other)		REHAB UNIT							
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		SWEDISHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019		06/30/2020		
21.00	Type of Control (see instructions)					2				
						1.00		2.00		
						2.00		3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	Y			
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
			1.00	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.		1,933	1,680	0	0	9,515	230		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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 Status	Date of Geographic Reclassification	
					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 OPPS 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)					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
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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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.						
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	
				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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	2	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1	60.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.20	1	60.03
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			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
				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" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				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	0.00	0.000000 64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
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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		
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)	USOF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.86	0.000000		66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	USOF I ROCKFORD SCHOOL OF MEDICINE	1350	6.35	11.81	0.349670	67.00
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						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)						71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.						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)						76.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
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			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.			N	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.			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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	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	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	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	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	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	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	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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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	Occupational	Speech
			1.00	2.00	3.00
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	109.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 12/28/2020 12:33 pm	
			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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
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			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	322,335	0	6,355,128	118.01
			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 §312N 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			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				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

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228		Period: From 07/01/2019 To 06/30/2020		
				Worksheet S-2 Part I Date/Time Prepared: 12/28/2020 12:33 pm		
		1.00		2.00		
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)				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:		141.00	
142.00	Street:		PO Box:		142.00	
143.00	City:		State:		143.00	
				Zip Code:		
				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.				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				146.00	
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A		Part B		
		1.00		2.00		
		Title V		Title XIX		
		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multicampus						
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name		County		
		0		1.00		
		State		Zip Code		
		2.00		3.00		
		CBSA		FTE/Campus		
		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00	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		Ending		
		1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 12/28/2020 12:33 pm
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 12/28/2020 12:33 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/05/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 12/28/2020 12:33 pm
	Description	Y/N	Y/N	
	0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEWANE		41.00
42.00	Enter the employer/company name of the cost report preparer	SWEDISHAMERICAN HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-4009 PDEWANE@SWEDISHAMERICAN.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
12/28/2020 12:33 pm

		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.	CEO, COMPLIANCE OFFICER & TREASURER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

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	260	95,160	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)		260	95,160	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,065	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		288	105,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,320		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		308			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,553	1,863	44,621		1.00
2.00	HMO and other (see instructions)	10,601	7,680			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)	14,553	1,863	44,621		7.00
8.00	INTENSIVE CARE UNIT	1,825	245	6,497		8.00
8.01	PEDIATRIC ICU	0	0	0		8.01
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		3,340	6,178		13.00
14.00	Total (see instructions)	16,378	5,448	57,296	19.02	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	765	2,378	5,075	0.00	76.79
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	9,178	0	24,119	0.00	41.54
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			96		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
27.00	Total (sum of lines 14-26)				19.02	2,323.42
28.00	Observation Bed Days		2,078	8,617		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	675		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/28/2020 12:33 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	3,522	555	11,989	1.00
2.00 HMO and other (see instructions)			1,843	2,973		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 PEDIATRIC ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,522	555	11,989	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	110	108	999	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
12/28/2020 12:33 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	234,201,323	-190,387	234,010,936	6,084,441.59	38.46	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		380,180	0	380,180	2,786.50	136.44	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,435,044	0	3,435,044	59,254.74	57.97	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		62,406,046	-1,357,089	61,048,957	1,313,327.18	46.48	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,252,872	0	1,252,872	16,145.19	77.60	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,097,095	0	1,097,095	8,758.35	125.26	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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		49,756,000	0	49,756,000			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		14,784,536	0	14,784,536			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		34,543	0	34,543			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		711,588	0	711,588			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
12/28/2020 12:33 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,477,184	-7,360	2,469,824	56,092.92	44.03	26.00
27.00	Administrative & General	5.00	34,701,737	-372,436	34,329,301	963,223.37	35.64	27.00
28.00	Administrative & General under contract (see inst.)		1,914,605	0	1,914,605	11,984.44	159.76	28.00
29.00	Maintenance & Repairs	6.00	416,166	560,646	976,812	45,373.79	21.53	29.00
30.00	Operation of Plant	7.00	827,558	0	827,558	27,977.74	29.58	30.00
31.00	Laundry & Linen Service	8.00	82,814	-4,518	78,296	5,892.20	13.29	31.00
32.00	Housekeeping	9.00	2,655,878	-18,478	2,637,400	174,895.54	15.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,414,516	-6,170	2,408,346	150,209.29	16.03	34.00
35.00	Dietary under contract (see instructions)		624,072	0	624,072	8,480.00	73.59	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,584,941	0	1,584,941	30,032.75	52.77	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	6,264,631	-40,109	6,224,522	133,343.68	46.68	40.00
41.00	Medical Records & Medical Records Library	16.00	1,493,863	-2,664	1,491,199	61,766.88	24.14	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
12/28/2020 12:33 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	233,304,956	-190,387	233,114,569	6,045,651.29	38.56	1.00
2.00	Excluded area salaries (see instructions)	62,406,046	-1,357,089	61,048,957	1,313,327.18	46.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	170,898,910	1,166,702	172,065,612	4,732,324.11	36.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,349,967	0	2,349,967	24,903.54	94.36	4.00
5.00	Subtotal wage-related costs (see inst.)	49,790,543	0	49,790,543	0.00	28.94	5.00
6.00	Total (sum of lines 3 thru 5)	223,039,420	1,166,702	224,206,122	4,757,227.65	47.13	6.00
7.00	Total overhead cost (see instructions)	55,457,965	108,911	55,566,876	1,669,272.60	33.29	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
12/28/2020 12:33 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	9,518,484	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	2,259,779	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)	30,785,483	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	481,594	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,766,841	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,353,616	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	15,299,629	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,164,840	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	1,060,399	22.00
23.00	Tuition Reimbursement	1,525,908	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	65,216,573	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
12/28/2020 12:33 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	1,252,872	65,216,573	1.00
2.00	Hospital	1,252,872	64,658,573	2.00
3.00	Subprovider - IPF	0	280,981	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	277,019	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0228 Component CCN:14-7448		Period: From 07/01/2019 To 06/30/2020	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 12/28/2020 12:33 pm	
						PPS	
				1.00			
0.00 County				WINNEBAGO		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
						Total	5.00
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	856	299	1,628	2,783	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	493.00	172.00	938.00	1,603.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00	
5.00	Other Administrative Personnel		19.86	0.00	19.86	5.00	
6.00	Direct Nursing Service		11.11	0.00	11.11	6.00	
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service		5.32	0.00	5.32	8.00	
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service		1.43	0.00	1.43	10.00	
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service		0.38	0.00	0.38	12.00	
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00	
14.00	Medical Social Service		1.00	0.00	1.00	14.00	
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00	
16.00	Home Health Aide		1.34	0.00	1.34	16.00	
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00	
18.00	CERTIFIED OCCUPATIONAL THERAPY AIDE		0.10	0.00	0.10	18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		4				19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974				20.00
20.01			20994				20.01
20.02			40420				20.02
20.03			99914				20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,083	884	88	29	4,084	21.00
22.00	Skilled Nursing Visit Charges	605,300	172,155	18,160	5,780	801,395	22.00
23.00	Physical Therapy Visits	2,982	451	47	36	3,516	23.00
24.00	Physical Therapy Visit Charges	584,510	86,410	10,550	7,200	688,670	24.00
25.00	Occupational Therapy Visits	589	189	6	9	793	25.00
26.00	Occupational Therapy Visit Charges	111,910	35,910	1,140	1,710	150,670	26.00
27.00	Speech Pathology Visits	156	113	0	0	269	27.00
28.00	Speech Pathology Visit Charges	29,640	21,470	0	0	51,110	28.00
29.00	Medical Social Service Visits	47	34	0	1	82	29.00
30.00	Medical Social Service Visit Charges	10,575	7,650	0	225	18,450	30.00
31.00	Home Health Aide Visits	196	91	1	4	292	31.00
32.00	Home Health Aide Visit Charges	21,952	10,192	112	448	32,704	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,053	1,762	142	79	9,036	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,363,887	333,787	29,962	15,363	1,742,999	35.00
36.00	Total Number of Episodes (standard/non outlier)	591		61	9	661	36.00
37.00	Total Number of Outlier Episodes		69		0	69	37.00
38.00	Total Non-Routine Medical Supply Charges	427,868	212,898	7,190	6,890	654,846	38.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 12/28/2020 12:33 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)	0.129205		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	33,546,216		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	28,931,666		5.00	
6.00	Medicaid charges	456,068,671		6.00	
7.00	Medicaid cost (line 1 times line 6)	58,926,353		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP	0		9.00	
10.00	Stand-alone CHIP charges	0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	15,723,806	2,202,768	17,926,574	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,031,594	2,202,768	4,234,362	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,031,594	2,202,768	4,234,362	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)	55,212,614		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,111,654		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,710,238		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	53,502,376		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,511,358		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	11,745,720		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,745,720		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
12/28/2020 12:33 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		10,298,249	10,298,249	0	10,298,249	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,942,451	14,942,451	2,287,646	17,230,097	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,477,184	2,197,942	4,675,126	-3,791	4,671,335	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,701,737	56,339,070	91,040,807	-4,524,309	86,516,498	5.00
6.00	00600	MAINTENANCE & REPAIRS	416,166	867,533	1,283,699	929,659	2,213,358	6.00
7.00	00700	OPERATION OF PLANT	827,558	3,871,866	4,699,424	-9,183	4,690,241	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	82,814	1,150,634	1,233,448	-93,024	1,140,424	8.00
9.00	00900	HOUSEKEEPING	2,655,878	1,495,570	4,151,448	0	4,151,448	9.00
10.00	01000	DIETARY	2,414,516	2,826,265	5,240,781	-49,528	5,191,253	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,584,941	710,999	2,295,940	-40	2,295,900	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,372,999	2,372,999	-1,827,055	545,944	14.00
15.00	01500	PHARMACY	6,264,631	11,746,655	18,011,286	-9,009,256	9,002,030	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,493,863	2,465,697	3,959,560	0	3,959,560	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,638,022	4,638,022	0	4,638,022	22.00
23.00	02300	PARAMED ED PRGM	126,612	42,811	169,423	0	169,423	23.00
23.01	02304	PHARMACY RESIDENCY	98,082	54,713	152,795	0	152,795	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	727,676	899,005	1,626,681	-22,767	1,603,914	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,932,415	14,605,941	39,538,356	17,355	39,555,711	30.00
31.00	03100	INTENSIVE CARE UNIT	5,692,464	4,080,668	9,773,132	-118,055	9,655,077	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,068,485	1,560,988	5,629,473	-2,054,063	3,575,410	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	3,745,748	1,781,739	5,527,487	1,199,082	6,726,569	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,119,890	34,754,772	44,874,662	-20,695,002	24,179,660	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	828,836	1,205,440	2,034,276	-673,087	1,361,189	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,994,319	1,453,796	4,448,115	321,776	4,769,891	52.00
53.00	05300	ANESTHESIOLOGY	121,559	2,815,731	2,937,290	2,475,430	5,412,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,717,977	14,571,853	23,289,830	-7,439,815	15,850,015	54.00
54.10	03480	ONCOLOGY	11,045,203	29,909,823	40,955,026	-21,007,758	19,947,268	54.10
54.20	05401	CT	749,233	1,435,573	2,184,806	-168,498	2,016,308	54.20
54.30	05402	MRI	585,865	1,061,799	1,647,664	-18,998	1,628,666	54.30
60.00	06000	LABORATORY	5,146,378	9,882,536	15,028,914	-613,000	14,415,914	60.00
60.01	06001	BLOOD	271,032	1,135,276	1,406,308	-15,552	1,390,756	60.01
65.00	06500	RESPIRATORY THERAPY	3,127,132	1,919,006	5,046,138	-123,801	4,922,337	65.00
66.00	06600	PHYSICAL THERAPY	5,068,693	2,367,701	7,436,394	-5,088	7,431,306	66.00
69.00	06900	ELECTROCARDIOLOGY	1,043,482	1,079,687	2,123,169	-55,582	2,067,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,599	127,279	265,878	-853	265,025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,854,473	28,854,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,804,543	1,804,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,529,887	17,600,709	19,130,596	29,741,776	48,872,372	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	437,915	532,534	970,449	-2,121	968,328	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	34,410	34,410	75.10
75.20	03951	HEMODIALYSIS	0	1,055,172	1,055,172	-65,624	989,548	75.20
76.97	07697	CARDIAC REHABILITATION	479,570	435,438	915,008	-2,511	912,497	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,212,162	3,059,283	4,271,445	-2,053,374	2,218,071	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	504,846	228,103	732,949	0	732,949	90.02
90.03	09003	STATELINE CLINIC	459,939	480,624	940,563	-661	939,902	90.03
90.04	09004	ORTHOPEDICS CLINIC	3,269,439	1,237,313	4,506,752	-26,828	4,479,924	90.04
90.05	09005	PULMONOLOGY CLINIC	2,718,421	1,250,491	3,968,912	-6,606	3,962,306	90.05
90.06	09006	CVT CLINIC	476,327	1,081,637	1,557,964	-2,756	1,555,208	90.06
90.07	09007	MWH CLINIC	6,658,677	1,661,743	8,320,420	-2,707	8,317,713	90.07
90.08	09008	NEUROSURGERY CLINIC	1,872,387	522,554	2,394,941	-100	2,394,841	90.08
90.09	09009	HEADACHE CLINIC	1,131,797	1,552,488	2,684,285	-23	2,684,262	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3,542,926	1,910,173	5,453,099	-34,492	5,418,607	90.10
90.11	09011	MFM CLINIC	1,134,562	312,595	1,447,157	-545	1,446,612	90.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
12/28/2020 12:33 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	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	894,111	2,322,229	3,216,340	-18,392	3,197,948	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	683,241	183,201	866,442	-736	865,706	90.13
91.00	09100	EMERGENCY	7,540,957	7,920,451	15,461,408	172,346	15,633,754	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	566,961	566,961	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,555,658	1,862,792	5,418,450	-88,995	5,329,455	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	180,371,790	287,879,619	468,251,409	-2,429,119	465,822,290	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43	43	0	43	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	51,539,069	32,508,585	84,047,654	-19,221	84,028,433	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-22,944	-22,944	0	-22,944	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	395,572	551,743	947,315	-285	947,030	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	2,462,290	2,462,290	193.80
193.90	19308	COMPLIMENTARY MEDICINE	776,407	566,680	1,343,087	0	1,343,087	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,118,485	1,246,072	2,364,557	-13,665	2,350,892	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	234,201,323	322,729,798	556,931,121	0	556,931,121	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
12/28/2020 12:33 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	-641,429	9,656,820	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	3,176,360	20,406,457	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-1,041,879	3,629,456	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-19,923,668	66,592,830	5.00
6.00	00600 MAINTENANCE & REPAIRS	-9,954	2,203,404	6.00
7.00	00700 OPERATION OF PLANT	-3,639	4,686,602	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-5,742	1,134,682	8.00
9.00	00900 HOUSEKEEPING	0	4,151,448	9.00
10.00	01000 DIETARY	-1,298,289	3,892,964	10.00
11.00	01100 CAFETERIA	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	2,295,900	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	545,944	14.00
15.00	01500 PHARMACY	99	9,002,129	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-9,528	3,950,032	16.00
17.00	01700 SOCIAL SERVICE	0	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-271,836	4,366,186	22.00
23.00	02300 PARAMED ED PRGM	0	169,423	23.00
23.01	02304 PHARMACY RESIDENCY	0	152,795	23.01
23.20	02301 PARAMED ED PRGM - RADIOLOGY	0	0	23.20
23.30	02302 PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303 PARAMED ED - PARAMEDICAL TECHS	-118,940	1,484,974	23.40
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-4,474,477	35,081,234	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,187,021	8,468,056	31.00
31.01	03101 PEDIATRIC ICU	0	0	31.01
40.00	04000 SUBPROVIDER - IPF	-263,646	3,311,764	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
43.00	04300 NURSERY	-61,619	6,664,950	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-6,391,167	17,788,493	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	-9,238	1,351,951	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,769,891	52.00
53.00	05300 ANESTHESIOLOGY	-2,565,974	2,846,746	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-411,497	15,438,518	54.00
54.10	03480 ONCOLOGY	-1,202,649	18,744,619	54.10
54.20	05401 CT	-4,000	2,012,308	54.20
54.30	05402 MRI	-2,550	1,626,116	54.30
60.00	06000 LABORATORY	-41,460	14,374,454	60.00
60.01	06001 BLOOD	0	1,390,756	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,922,337	65.00
66.00	06600 PHYSICAL THERAPY	-53,497	7,377,809	66.00
69.00	06900 ELECTROCARDIOLOGY	-150	2,067,437	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-47,490	217,535	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,854,473	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,804,543	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-29,225,104	19,647,268	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 SLEEP LAB	-25,032	943,296	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	34,410	75.10
75.20	03951 HEMODIALYSIS	0	989,548	75.20
76.97	07697 CARDIAC REHABILITATION	-42,845	869,652	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	-365,193	1,852,878	76.98
76.99	07699 LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	90.01
90.02	09002 DIABETES CLINIC	-1,172	731,777	90.02
90.03	09003 STATELINE CLINIC	0	939,902	90.03
90.04	09004 ORTHOPEDICS CLINIC	-3,244,209	1,235,715	90.04
90.05	09005 PULMONOLOGY CLINIC	-2,013,943	1,948,363	90.05
90.06	09006 CMT CLINIC	-1,402,111	153,097	90.06
90.07	09007 MWH CLINIC	-4,697,937	3,619,776	90.07
90.08	09008 NEUROSURGERY CLINIC	-2,346,394	48,447	90.08
90.09	09009 HEADACHE CLINIC	-845,590	1,838,672	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	-4,032,651	1,385,956	90.10
90.11	09011 MFM CLINIC	-1,238,698	207,914	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	-1,643,140	1,554,808	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	-716,233	149,473	90.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-3,071,286	12,562,468	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	566,961	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	138,539	5,467,994	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-91,637,879	374,184,411	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	-136,453	83,891,980	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-22,944	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	31,930	978,960	193.60
193.70	19306	WOMENS CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,462,290	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,343,087	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	93,308	2,444,200	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-91,649,094	465,282,027	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	929,659	1.00	
	0		0	929,659		
	B - CHARGABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,854,473	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	
	0		0	28,854,473		
	C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,741,776	1.00	
2.00		0.00	0	0	2.00	
	0		0	29,741,776		
	D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	10,995	1.00	
	0		0	10,995		
	E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	22,767	1.00	
	0		0	22,767		
	F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	2,475,430	1.00	
	0		0	2,475,430		
	G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,287,646	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	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	2,287,646		
H - PSYCHIATRIC						
1.00	ADULTS & PEDIATRICS	30.00	1,071,007	409,224		1.00
2.00	PSYCHIATRIC PARTIAL	91.10	410,219	156,742		2.00
	0		1,481,226	565,966		
I - NURSERY						
1.00	NURSERY	43.00	861,592	374,320		1.00
	0		861,592	374,320		
J - NUTRITIONAL SUPPORT						
1.00	NUTRITIONAL SUPPORT	75.10	0	34,410		1.00
	0		0	34,410		
K - MARKETING						
1.00	MARKETING EXPENSES	193.80	338,325	2,123,965		1.00
	0		338,325	2,123,965		
M - MAINTENANCE & REPAIRS						
1.00	MAINTENANCE & REPAIRS	6.00	565,402	0		1.00
	0		565,402	0		
N - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,804,543		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
	0		0	1,804,543		
O - EQUIPMENT RENTAL						
1.00	ADULTS & PEDIATRICS	30.00	0	1,143,497		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	263,387		2.00
3.00	SUBPROVIDER - IPF	40.00	0	386		3.00
4.00	NURSERY	43.00	0	292		4.00
5.00	OPERATING ROOM	50.00	0	45,155		5.00
6.00	GASTRO INTESTINAL SERVICES	50.20	0	9,364		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	76,602		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,541		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	5,899		9.00
10.00	EMERGENCY	91.00	0	59,690		10.00
	0		0	1,656,813		
P - SHORT TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,360		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	79,731		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,756		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4,518		4.00
5.00	HOUSEKEEPING	9.00	0	18,478		5.00
6.00	DIETARY	10.00	0	6,170		6.00
7.00	PHARMACY	15.00	0	40,109		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,664		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	72,711		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	34,381		10.00
11.00	SUBPROVIDER - IPF	40.00	0	1,801		11.00
12.00	NURSERY	43.00	0	21,977		12.00
13.00	OPERATING ROOM	50.00	0	53,356		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,309		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,758		15.00
16.00	ONCOLOGY	54.10	0	24,442		16.00
17.00	CT	54.20	0	3,322		17.00
18.00	LABORATORY	60.00	0	14,238		18.00
19.00	RESPIRATORY THERAPY	65.00	0	5,966		19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,396		20.00
21.00	CARDIAC REHABILITATION	76.97	0	656		21.00
22.00	PULMONOLOGY CLINIC	90.05	0	5,613		22.00
23.00	MWH CLINIC	90.07	0	16,270		23.00
24.00	NEUROSURGERY CLINIC	90.08	0	27,780		24.00
25.00	HEADACHE CLINIC	90.09	0	6,882		25.00
26.00	UW GENERAL SURGERY CLINIC	90.10	0	4,248		26.00
27.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	2,498		27.00
28.00	EMERGENCY	91.00	0	47,012		28.00
29.00	HOME HEALTH AGENCY	101.00	0	24,572		29.00
30.00	SPECIALISTS/PCPS	192.01	0	176,494		30.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	11,321	31.00
	0		0	755,789	
	Q - PHLEBOTOMY				
1.00	EMERGENCY	91.00	227,703	155,046	1.00
	0		227,703	155,046	
	R - AMBULATORY SERVICES				
1.00	ADMINISTRATIVE & GENERAL	5.00	45,620	0	1.00
	0		45,620	0	
	S - WOMENS HEALTH				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	251,798	0	1.00
	0		251,798	0	
500.00	Grand Total: Increases		3,771,666	71,793,598	500.00

		Decreases							
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.				
6.00		7.00	8.00	9.00	10.00				
A - MEDICAL MAINTENANCE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	929,659	0			1.00	
0			0	929,659					
B - CHARGABLE MED SUPPLIES									
1.00	DIETARY	10.00	0	122	0			1.00	
2.00	NURSING ADMINISTRATION	13.00	0	40	0			2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	170,242	0			3.00	
4.00	PHARMACY	15.00	0	58,858	0			4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	1,079,953	0			5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	381,442	0			6.00	
7.00	SUBPROVIDER - IPF	40.00	0	880	0			7.00	
8.00	NURSERY	43.00	0	37,122	0			8.00	
9.00	OPERATING ROOM	50.00	0	18,070,455	0			9.00	
10.00	GASTRO INTESTINAL SERVICES	50.20	0	441,471	0			10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,624	0			11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,814,514	0			12.00	
13.00	ONCOLOGY	54.10	0	67,753	0			13.00	
14.00	CT	54.20	0	168,498	0			14.00	
15.00	MRI	54.30	0	18,998	0			15.00	
16.00	LABORATORY	60.00	0	3,099	0			16.00	
17.00	RESPIRATORY THERAPY	65.00	0	115,445	0			17.00	
18.00	PHYSICAL THERAPY	66.00	0	5,088	0			18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	15,291	0			19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	853	0			20.00	
21.00	SLEEP LAB	75.01	0	1,971	0			21.00	
22.00	HEMODIALYSIS	75.20	0	65,624	0			22.00	
23.00	CARDIAC REHABILITATION	76.97	0	1,900	0			23.00	
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,995,095	0			24.00	
25.00	STATELINE CLINIC	90.03	0	661	0			25.00	
26.00	ORTHOPEDICS CLINIC	90.04	0	26,808	0			26.00	
27.00	PULMONOLOGY CLINIC	90.05	0	6,606	0			27.00	
28.00	CVT CLINIC	90.06	0	2,756	0			28.00	
29.00	MWH CLINIC	90.07	0	2,707	0			29.00	
30.00	NEUROSURGERY CLINIC	90.08	0	100	0			30.00	
31.00	HEADACHE CLINIC	90.09	0	23	0			31.00	
32.00	UW GENERAL SURGERY CLINIC	90.10	0	9,572	0			32.00	
33.00	MFM CLINIC	90.11	0	545	0			33.00	
34.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	18,392	0			34.00	
35.00	INFECTIOUS DISEASE CLINIC	90.13	0	736	0			35.00	
36.00	EMERGENCY	91.00	0	206,923	0			36.00	
37.00	HOME HEALTH AGENCY	101.00	0	57,306	0			37.00	
0			0	28,854,473					
C - CHARGEABLE DRUGS									
1.00	PHARMACY	15.00	0	8,950,398	0			1.00	
2.00	ONCOLOGY	54.10	0	20,791,378	0			2.00	
0			0	29,741,776					
D - MEDICAL SUPPLIES									
1.00	DIETARY	10.00	0	10,995	0			1.00	
0			0	10,995					
E - PR EXPENSE									
1.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	22,767	0			1.00	
0			0	22,767					
F - ANESTHESIA PHYSICIANS									
1.00	OPERATING ROOM	50.00	0	2,475,430	0			1.00	
0			0	2,475,430					
G - CAPITAL RELATED COSTS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,786	10			1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,200,747	0			2.00	
3.00	OPERATION OF PLANT	7.00	0	9,183	0			3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	93,024	0			4.00	
5.00	DIETARY	10.00	0	4,001	0			5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	49,705	0			6.00	
7.00	SUBPROVIDER - IPF	40.00	0	6,377	0			7.00	
8.00	GASTRO INTESTINAL SERVICES	50.20	0	240,980	0			8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,360	0			9.00	
10.00	ONCOLOGY	54.10	0	148,627	0			10.00	
11.00	LABORATORY	60.00	0	227,152	0			11.00	
12.00	BLOOD	60.01	0	15,552	0			12.00	
13.00	RESPIRATORY THERAPY	65.00	0	8,356	0			13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	46,190	0			14.00	
15.00	SLEEP LAB	75.01	0	150	0			15.00	
16.00	CARDIAC REHABILITATION	76.97	0	611	0			16.00	
17.00	HYPERBARIC OXYGEN THERAPY	76.98	0	7,875	0			17.00	

Decreases						Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
18.00	ORTHOPEDICS CLINIC	90.04	0	20	0		18.00
19.00	UW GENERAL SURGERY CLINIC	90.10	0	24,920	0		19.00
20.00	EMERGENCY	91.00	0	63,170	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	31,689	0		21.00
22.00	SPECIALISTS/PCPS	192.01	0	19,221	0		22.00
23.00	PHYSICIAN RELATED AREAS	193.60	0	285	0		23.00
24.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	13,665	0		24.00
			0	2,287,646			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	1,481,226	565,966	0		1.00
2.00		0.00	0	0	0		2.00
			1,481,226	565,966			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	861,592	374,320	0		1.00
			861,592	374,320			
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	34,410	0		1.00
			0	34,410			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	338,325	2,123,965	0		1.00
			338,325	2,123,965			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	565,402	0		1.00
			0	565,402			
N - IMPLANTABLE DEVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	OPERATING ROOM	50.00	0	194,272	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,605,482	0		3.00
4.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,784	0		4.00
			0	1,804,543			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,656,813	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
			0	1,656,813			
P - SHORT TERM DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,360	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	79,731	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	4,756	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,518	0	0		4.00
5.00	HOUSEKEEPING	9.00	18,478	0	0		5.00
6.00	DIETARY	10.00	6,170	0	0		6.00
7.00	PHARMACY	15.00	40,109	0	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	2,664	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	72,711	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	34,381	0	0		10.00
11.00	SUBPROVIDER - IPF	40.00	1,801	0	0		11.00
12.00	NURSERY	43.00	21,977	0	0		12.00
13.00	OPERATING ROOM	50.00	53,356	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	12,309	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	20,758	0	0		15.00
16.00	ONCOLOGY	54.10	24,442	0	0		16.00
17.00	CT	54.20	3,322	0	0		17.00
18.00	LABORATORY	60.00	14,238	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	5,966	0	0		19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	3,396	0	0		20.00
21.00	CARDIAC REHABILITATION	76.97	656	0	0		21.00
22.00	PULMONOLOGY CLINIC	90.05	5,613	0	0		22.00
23.00	MWH CLINIC	90.07	16,270	0	0		23.00
24.00	NEUROSURGERY CLINIC	90.08	27,780	0	0		24.00
25.00	HEADACHE CLINIC	90.09	6,882	0	0		25.00
26.00	UW GENERAL SURGERY CLINIC	90.10	4,248	0	0		26.00
27.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	2,498	0	0		27.00
28.00	EMERGENCY	91.00	47,012	0	0		28.00
29.00	HOME HEALTH AGENCY	101.00	24,572	0	0		29.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
30.00	SPECIALISTS/PCPS	192.01	176,494	0	0	30.00
31.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	11,321	0	0	31.00
			755,789	0		
	Q - PHLEBOTOMY					
1.00	LABORATORY	60.00	227,703	155,046	0	1.00
			227,703	155,046		
	R - AMBULATORY SERVICES					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	45,620	0	0	1.00
			45,620	0		
	S - WOMENS HEALTH					
1.00	ADULTS & PEDIATRICS	30.00	251,798	0	0	1.00
			251,798	0		
500.00	Grand Total: Decreases		3,962,053	71,603,211		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,218,467	1,125,389	0	1,125,389	0	1.00	
2.00	Land Improvements	6,217,390	4,103,756	0	4,103,756	0	2.00	
3.00	Buildings and Fixtures	282,607,772	1,115,830	0	1,115,830	432,119	3.00	
4.00	Building Improvements	14,506,019	9,169,173	0	9,169,173	0	4.00	
5.00	Fixed Equipment	36,068,798	32,085,276	0	32,085,276	0	5.00	
6.00	Movable Equipment	107,370,836	17,324,415	0	17,324,415	696,914	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	454,989,282	64,923,839	0	64,923,839	1,129,033	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	454,989,282	64,923,839	0	64,923,839	1,129,033	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,343,856	0					1.00
2.00	Land Improvements	10,321,146	0					2.00
3.00	Buildings and Fixtures	283,291,483	0					3.00
4.00	Building Improvements	23,675,192	0					4.00
5.00	Fixed Equipment	68,154,074	0					5.00
6.00	Movable Equipment	123,998,337	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	518,784,088	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	518,784,088	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
12/28/2020 12:33 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	9,250,685	0	1,047,564	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,942,451	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,193,136	0	1,047,564	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	10,298,249				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,942,451				2.00
3.00	Total (sum of lines 1-2)	0	25,240,700				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
12/28/2020 12:33 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	394,785,751	0	394,785,751	0.760983	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	123,998,338	0	123,998,338	0.239017	0	2.00
3.00	Total (sum of lines 1-2)	518,784,089	0	518,784,089	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,250,685	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,118,811	2,287,646	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,369,496	2,287,646	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	406,135	0	0	0	9,656,820	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,406,457	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	30,063,277	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,047,564	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-8,460	ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00	Television and radio service (chapter 21)		0		0.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-18,542,819				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	-619,111				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-1,296,968	DIETARY	10.00		0	14.00
15.00	Rental of quarters to employees and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts		0		0.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	CUDDLE CARE	B	-3,522	ADULTS & PEDIATRICS	30.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
12/28/2020 12:33 pm

				Expense Classification on Worksheet A			
				To/From Which the Amount is to be Adjusted			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	SCHOOL OF MEDICAL TECHNOL	B		0PARAMED ED PRGM	23.00		0 33.01
	TUITION						
33.02	CT SCANNER LUNG SCREENING	B		0CT	54.20		0 33.02
33.03	BABY PICTURES	B		0ADULTS & PEDIATRICS	30.00		0 33.03
33.04	EMS EDUCATION FEES	B	-138,044	0PARAMED ED - PARAMEDICAL	23.40		0 33.04
				TECHS			
33.05	TRAUMA OTHER REVENUE	B	-48,835	0EMERGENCY	91.00		0 33.05
33.06	OTHER REVENUE 1	B	-11,793	0CARDIAC REHABILITATION	76.97		0 33.06
33.07	TUITION	B	-260,281	0RADIOLOGY-DIAGNOSTIC	54.00		0 33.07
33.08	MED REC TRANSCRIPTS	B		0RADIOLOGY-DIAGNOSTIC	54.00		0 33.08
33.09	RECYCLING	B	-135	0MAINTENANCE & REPAIRS	6.00		0 33.09
33.10	RADIOLOGY ONCOLOGY OTHER	B	-1,110	0ONCOLOGY	54.10		0 33.10
	REVENUE						
33.11	OTHER REVENUE	B	-206,032	0MWH CLINIC	90.07		0 33.11
33.12	GROSS REVENUE	B	-8,292	0EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.12
33.13	EMPLOYEE HEALTH	B	-1,029,069	0EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.13
33.14	OTHER REVENUE/TRANSCRIPTS	B	-5,600	0MEDICAL RECORDS & LIBRARY	16.00		0 33.14
33.15	PHARMACY OTHER REVENUE	B	99	0PHARMACY	15.00		0 33.15
33.16	PHOTO	B	-1,464	0ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17	VENDING MACHINES	B		0HOUSEKEEPING	9.00		0 33.17
33.18	NON PATIENT LINEN	B	-5,742	0LAUNDRY & LINEN SERVICE	8.00		0 33.18
33.19	GUEST ROOM RENTAL	B	-10,260	0ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20	COMMUNICATIONS	B	-4,177	0ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21	PHYSICIAN PAGING AND ANSWERING	B	-420,372	0ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22	OTHER REVENUE 4	B	-1,732,457	0ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23	OTHER REVENUE 5	B	250	0EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.23
33.24	OTHER REVENUE 6	B	-105,955	0ADMINISTRATIVE & GENERAL	5.00		0 33.24
33.25	INVESTMENT MANAGEMENT	B		0ADMINISTRATIVE & GENERAL	5.00		0 33.25
33.26	COURIER FEES TO SAHMC	B	-286,140	0ADMINISTRATIVE & GENERAL	5.00		0 33.26
33.27	MALPRACTICE EXPENSE	A	4,332,502	0ADMINISTRATIVE & GENERAL	5.00		0 33.27
33.28	T.V. REPAIR SALARY	A	-9,819	0MAINTENANCE & REPAIRS	6.00		0 33.28
33.29	T.V. ELECTRICITY COST	A	-2,753	0OPERATION OF PLANT	7.00		0 33.29
33.30	LOSS ON DEFEASANCE	A	406,135	0CAP REL COSTS-BLDG & FIXT	1.00	11	33.30
33.31	DUES RELATED TO LOBBYING	A	-61,045	0ADMINISTRATIVE & GENERAL	5.00		0 33.31
33.32	CORPORATE SPONSORSHIP	A	-64,400	0ADMINISTRATIVE & GENERAL	5.00		0 33.32
33.33	CORPORATE SPONSORSHIP	A	-5,000	0ONCOLOGY	54.10		0 33.33
33.34	SITTERS COST	A	-150	0ELECTROCARDIOLOGY	69.00		0 33.34
33.35	SITTERS COST	A	-221,765	0ADULTS & PEDIATRICS	30.00		0 33.35
33.36	SITTERS COST	A	-53,021	0INTENSIVE CARE UNIT	31.00		0 33.36
33.37	SITTERS COST	A	-263,646	0SUBPROVIDER - IPF	40.00		0 33.37
33.38	SITTERS COST	A	-87	0NURSERY	43.00		0 33.38
33.39	SITTERS COST	A	-14,197	0EMERGENCY	91.00		0 33.39
33.40	ALCOHOL COSTS	A	-4,688	0ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41	INTERNAL RENT REVENUE	B	-26,562	0OPERATING ROOM	50.00		0 33.41
33.42	IPA PROVIDER ASSESSMENT	A	-20,904,016	0ADMINISTRATIVE & GENERAL	5.00		0 33.42
33.43	REALIZED SELF INSURANCE	B	-126,729	0ADMINISTRATIVE & GENERAL	5.00		0 33.43
33.44	CANCER CENTER PROFESSIONAL	A	-719,242	0ONCOLOGY	54.10		0 33.44
	OFFSET						
33.45	STATELINE PROFESSIONAL OFFSET	A		0STATELINE CLINIC	90.03		0 33.45
33.46	RENAISSANCE PROFESSIONAL OFFSET	A	-3,270,567	0ORTHOPEDICS CLINIC	90.04		0 33.46
33.47	RENAISSANCE PROFESSIONAL OFFSET	A	-1,986,288	0PULMONOLOGY CLINIC	90.05		0 33.47
33.48	RENAISSANCE PROFESSIONAL OFFSET	A	-1,419,829	0CVT CLINIC	90.06		0 33.48
33.49	RENAISSANCE PROFESSIONAL OFFSET	A	-4,515,549	0MWH CLINIC	90.07		0 33.49
33.50	RENAISSANCE PROFESSIONAL OFFSET	A	-2,353,607	0NEUROSURGERY CLINIC	90.08		0 33.50
33.51	RENAISSANCE PROFESSIONAL OFFSET	A	-852,805	0HEADACHE CLINIC	90.09		0 33.51
33.52	RENAISSANCE PROFESSIONAL OFFSET	A	-4,052,949	0UW GENERAL SURGERY CLINIC	90.10		0 33.52
33.53	RENAISSANCE PROFESSIONAL OFFSET	A	-1,238,698	0MFM CLINIC	90.11		0 33.53
33.54	RENAISSANCE PROFESSIONAL OFFSET	A	-1,653,526	0ROCKFORD VASCULAR CENTER	90.12		0 33.54
				CLINIC			
33.55	EDUCATION REVENUE	B	-825	0NURSERY	43.00		0 33.55
33.56	DEPRECIATION FMV ADJ	A	3,176,360	0CAP REL COSTS-MVBLE EQUIP	2.00	9	33.56
33.57	OTHER REVENUE 7	B		0OPERATION OF PLANT	7.00		0 33.57
33.58	OTHER REVENUE 8	B	-1,399	0CVT CLINIC	90.06		0 33.58
33.59	OTHER REVENUE 9	B		0SUBPROVIDER - IPF	40.00		0 33.59
33.60	OTHER REVENUE 10	B	-29,225,104	0DRUGS CHARGED TO PATIENTS	73.00		0 33.60
33.61	CORPORATE SPONSORSHIP	A	-504	0EMPLOYEE BENEFITS DEPARTMENT	4.00	9	33.61
33.62	RENAISSANCE PROFESSIONAL OFFSET	A	-697,233	0INFECTIOUS DISEASE CLINIC	90.13		0 33.62
33.63	EDUCATION REVENUE	B	-1,580	0ADULTS & PEDIATRICS	30.00		0 33.63
33.64	OTHER REVENUE 11	B		0PARAMED ED PRGM	23.00		0 33.64

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
12/28/2020 12:33 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	
33.65	OTHER REVENUE 12	B	-19,000	INFECTIOUS DISEASE CLINIC	90.13	0	33.65
33.66	OTHER REVENUE 13	B	-3,655	PULMONOLOGY CLINIC	90.05	0	33.66
33.67	OTHER REVENUE 14	B		ROCKFORD VASCULAR CENTER CLINIC	90.12	0	33.67
33.68	OTHER REVENUE 15	B		ORTHOPEDICS CLINIC	90.04	0	33.68
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-91,649,094				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
12/28/2020 12:33 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	PARKING LOTS	14,180	294,876 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	836,627	929,659 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	140,920	145,184 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	1,005,996	1,158,275 3.01
4.00	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	29,294	30,180 4.00
4.01	10.00	DIETARY	RENTAL ADJUSTMENT	43,658	44,979 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	129,812	133,740 4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	149,004	420,840 4.03
4.04	23.40	PARAMED ED - PARAMEDICAL TECH	RENTAL ADJUSTMENT	146,880	127,776 4.04
4.05	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	34,882	6,000 4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	305,779	273,403 4.06
4.07	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	395,365	448,862 4.07
4.08	75.01	SLEEP LAB	RENTAL ADJUSTMENT	184,996	210,028 4.08
4.09	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	197,536	224,265 4.09
4.10	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	77,852	80,208 4.10
4.11	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	38,719	39,891 4.11
4.12	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	248,937	222,579 4.12
4.13	90.05	PULMONOLOGY CLINIC	RENTAL ADJUSTMENT	0	24,000 4.13
4.14	90.06	CVT CLINIC	RENTAL ADJUSTMENT	180,555	161,438 4.14
4.15	90.07	MWH CLINIC	RENTAL ADJUSTMENT	223,307	199,663 4.15
4.16	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	68,120	60,907 4.16
4.17	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	68,148	60,933 4.17
4.18	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	191,704	171,406 4.18
4.19	90.12	ROCKFORD VASCULAR CENTER CLINIC	RENTAL ADJUSTMENT	98,084	87,698 4.19
4.20	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	234,287	95,748 4.20
4.21	192.01	SPECIALISTS/PCPS	RENTAL ADJUSTMENT	1,524,372	1,660,825 4.21
4.22	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	53,998	22,068 4.22
4.23	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	157,796	64,488 4.23
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		6,780,808	7,399,919	5.00

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

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

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

Provider CCN:14-0228

 Period:
 From 07/01/2019
 To 06/30/2020

Worksheet A-8-1

 Date/Time Prepared:
 12/28/2020 12:33 pm

	Net Adjustment (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	-280,696	0		1.00
2.00	-93,032	0		2.00
3.00	-4,264	0		3.00
3.01	-152,279	0		3.01
4.00	-886	0		4.00
4.01	-1,321	0		4.01
4.02	-3,928	0		4.02
4.03	-271,836	0		4.03
4.04	19,104	0		4.04
4.05	28,882	0		4.05
4.06	32,376	0		4.06
4.07	-53,497	0		4.07
4.08	-25,032	0		4.08
4.09	-26,729	0		4.09
4.10	-2,356	0		4.10
4.11	-1,172	0		4.11
4.12	26,358	0		4.12
4.13	-24,000	0		4.13
4.14	19,117	0		4.14
4.15	23,644	0		4.15
4.16	7,213	0		4.16
4.17	7,215	0		4.17
4.18	20,298	0		4.18
4.19	10,386	0		4.19
4.20	138,539	0		4.20
4.21	-136,453	0		4.21
4.22	31,930	0		4.22
4.23	93,308	0		4.23
5.00	-619,111			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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
12/28/2020 12:33 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	30.00	ADULTS & PEDIATRICS	565,763	540,763	25,000	211,500	176	1.00
2.00	31.00	INTENSIVE CARE UNIT	50,000	0	50,000	211,500	501	2.00
3.00	40.00	SUBPROVIDER - IPF	25,000	0	25,000	181,300	317	3.00
4.00	43.00	NURSERY	80,230	55,230	25,000	211,500	192	4.00
5.00	50.00	OPERATING ROOM	152,112	152,112	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	127,384	0	127,384	271,900	845	6.00
7.00	54.10	ONCOLOGY	381,154	306,154	75,000	271,900	407	7.00
8.00	76.97	CARDIAC REHABILITATION	15,000	0	15,000	211,500	105	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	343,633	343,633	0	211,500	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	3,774,175	3,699,169	75,006	211,500	732	10.00
11.00	31.00	INTENSIVE CARE UNIT	1,134,000	1,134,000	0	211,500	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	181,300	0	12.00
13.00	43.00	NURSERY	0	0	0	211,500	0	13.00
14.00	50.00	OPERATING ROOM	6,298,710	6,208,710	90,000	246,400	484	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	25,000	0	25,000	197,500	166	15.00
16.00	53.00	ANESTHESIOLOGY	2,614,430	2,554,430	60,000	239,400	421	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	176,267	166,667	9,600	271,900	120	17.00
18.00	54.10	ONCOLOGY	511,574	57,872	453,702	271,900	2,771	18.00
19.00	54.20	CT	4,000	4,000	0	271,900	0	19.00
20.00	54.30	MRI	2,550	2,550	0	271,900	0	20.00
21.00	60.00	LABORATORY	261,460	41,460	220,000	211,500	2,852	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	47,490	47,490	0	211,500	0	23.00
24.00	75.01	SLEEP LAB	6,875	0	6,875	211,500	103	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	25,000	0	25,000	211,500	57	25.00
26.00	91.00	EMERGENCY	3,115,326	2,983,413	131,913	211,500	1,053	26.00
200.00			19,737,133	18,297,653	1,439,480		11,302	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	17,896	895	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	50,943	2,547	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	27,631	1,382	0	0	0	3.00
4.00	43.00	NURSERY	19,523	976	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	110,459	5,523	0	0	0	6.00
7.00	54.10	ONCOLOGY	53,203	2,660	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	10,677	534	0	0	0	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	74,432	3,722	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
13.00	43.00	NURSERY	0	0	0	0	0	13.00
14.00	50.00	OPERATING ROOM	57,335	2,867	0	0	0	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	15,762	788	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	48,456	2,423	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	17.00
18.00	54.10	ONCOLOGY	362,228	18,111	0	0	0	18.00
19.00	54.20	CT	0	0	0	0	0	19.00
20.00	54.30	MRI	0	0	0	0	0	20.00
21.00	60.00	LABORATORY	289,999	14,500	0	0	0	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	23.00
24.00	75.01	SLEEP LAB	10,473	524	0	0	0	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	5,796	290	0	0	0	25.00
26.00	91.00	EMERGENCY	107,072	5,354	0	0	0	26.00
200.00			1,277,571	63,880	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	17,896	7,104	547,867		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	50,943	0	0		2.00
3.00	40.00	SUBPROVIDER - IPF	0	27,631	0	0		3.00
4.00	43.00	NURSERY	0	19,523	5,477	60,707		4.00
5.00	50.00	OPERATING ROOM	0	0	0	152,112		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	110,459	16,925	16,925		6.00
7.00	54.10	ONCOLOGY	0	53,203	21,797	327,951		7.00
8.00	76.97	CARDIAC REHABILITATION	0	10,677	4,323	4,323		8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	343,633		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	74,432	574	3,699,743		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
12/28/2020 12:33 pm

	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		
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,134,000		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0		12.00
13.00	43.00	NURSERY	0	0	0	0		13.00
14.00	50.00	OPERATING ROOM	0	57,335	32,665	6,241,375		14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	0	15,762	9,238	9,238		15.00
16.00	53.00	ANESTHESIOLOGY	0	48,456	11,544	2,565,974		16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	166,667		17.00
18.00	54.10	ONCOLOGY	0	362,228	91,474	149,346		18.00
19.00	54.20	CT	0	0	0	4,000		19.00
20.00	54.30	MRI	0	0	0	2,550		20.00
21.00	60.00	LABORATORY	0	289,999	0	41,460		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0		22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	47,490		23.00
24.00	75.01	SLEEP LAB	0	10,473	0	0		24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	0	5,796	19,204	19,204		25.00
26.00	91.00	EMERGENCY	0	107,072	24,841	3,008,254		26.00
200.00			0	1,277,571	245,166	18,542,819		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,656,820	9,656,820			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,406,457	20,406,457			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,629,456	76,448	161,548	3,867,452	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,592,830	1,954,856	4,130,934	677,722	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,203,404	13,758	29,073	12,947	6.00
7.00	00700	OPERATION OF PLANT	4,686,602	791,478	1,672,524	18,637	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,134,682	68,469	144,685	3,917	8.00
9.00	00900	HOUSEKEEPING	4,151,448	119,848	253,260	115,203	9.00
10.00	01000	DIETARY	3,892,964	302,102	638,392	96,003	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,295,900	8,682	18,346	19,846	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	545,944	9,631	20,351	0	14.00
15.00	01500	PHARMACY	9,002,129	74,721	157,899	86,890	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,950,032	96,384	203,674	39,844	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,366,186	12,259	25,905	0	22.00
23.00	02300	PARAMED ED PRGM	169,423	0	0	2,350	23.00
23.01	02301	PHARMACY RESIDENCY	152,795	0	0	3,326	23.01
23.20	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	1,484,974	3,682	7,780	17,029	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,081,234	1,441,465	3,046,053	469,031	30.00
31.00	03100	INTENSIVE CARE UNIT	8,468,056	236,366	499,481	94,078	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,311,764	171,579	362,576	54,014	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	6,664,950	141,463	298,935	77,159	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,788,493	798,338	1,687,021	208,058	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	1,351,951	66,267	140,034	13,689	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,769,891	78,261	165,378	53,368	52.00
53.00	05300	ANESTHESIOLOGY	2,846,746	7,335	15,499	5,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,438,518	638,781	1,349,849	169,492	54.00
54.10	03480	ONCOLOGY	18,744,619	581,205	1,228,182	129,868	54.10
54.20	05401	CT	2,012,308	29,205	61,716	13,428	54.20
54.30	05402	MRI	1,626,116	42,926	90,709	9,648	54.30
60.00	06000	LABORATORY	14,374,454	221,991	469,105	116,371	60.00
60.01	06001	BLOOD	1,390,756	23,114	48,843	5,374	60.01
65.00	06500	RESPIRATORY THERAPY	4,922,337	74,987	158,460	59,911	65.00
66.00	06600	PHYSICAL THERAPY	7,377,809	158,068	334,024	89,240	66.00
69.00	06900	ELECTROCARDIOLOGY	2,067,437	68,459	144,665	20,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,535	14,451	30,537	3,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,854,473	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,804,543	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,647,268	38,229	80,784	23,365	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	943,296	49,644	104,905	9,923	75.01
75.10	03950	NUTRITIONAL SUPPORT	34,410	0	0	0	75.10
75.20	03951	HEMODIALYSIS	989,548	17,781	37,575	0	75.20
76.97	07697	CARDIAC REHABILITATION	869,652	79,323	167,623	11,023	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,852,878	47,158	99,652	14,830	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	731,777	32,090	67,811	10,610	90.02
90.03	09003	STATELINE CLINIC	939,902	0	0	9,002	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,235,715	80,177	169,428	16,026	90.04
90.05	09005	PULMONOLOGY CLINIC	1,948,363	15,210	32,141	11,490	90.05
90.06	09006	CVT CLINIC	153,097	10,172	21,494	371	90.06
90.07	09007	MW CLINIC	3,619,776	145,353	307,156	28,065	90.07
90.08	09008	NEUROSURGERY CLINIC	48,447	21,055	44,492	8,906	90.08
90.09	09009	HEADACHE CLINIC	1,838,672	22,649	47,861	9,800	90.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.10	09010	UW GENERAL SURGERY CLINIC	1,385,956	44,083	93,155	12,219	1,535,413	90.10
90.11	09011	MFM CLINIC	207,914	23,294	49,224	3,409	283,841	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	1,554,808	29,253	61,816	7,229	1,653,106	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	149,473	7,809	16,502	3,450	177,234	90.13
91.00	09100	EMERGENCY	12,562,468	265,989	562,080	158,195	13,548,732	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	566,961	27,203	57,485	7,257	658,906	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,467,994	75,025	158,540	57,711	5,759,270	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,184,411	9,358,076	19,775,162	3,089,080	372,476,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43	18,683	39,480	0	58,206	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	83,891,980	246,557	521,016	714,846	85,374,399	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	-22,944	0	0	0	-22,944	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	978,960	9,688	20,472	7,092	1,016,212	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	2,462,290	0	0	6,281	2,468,571	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,343,087	23,816	50,327	22,101	1,439,331	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	2,444,200	0	0	28,052	2,472,252	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	465,282,027	9,656,820	20,406,457	3,867,452	465,282,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	73,356,342				5.00
6.00	00600	MAINTENANCE & REPAIRS	422,824	2,682,006			6.00
7.00	00700	OPERATION OF PLANT	1,341,781	278,878	8,789,900		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	252,991	24,125	88,242	1,717,111	8.00
9.00	00900	HOUSEKEEPING	868,368	42,229	154,459	0	9.00
10.00	01000	DIETARY	922,588	106,446	389,346	7,006	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	438,469	3,059	11,189	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	107,789	3,393	12,412	0	14.00
15.00	01500	PHARMACY	1,744,619	26,328	96,300	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	802,895	33,961	124,218	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	824,309	4,319	15,799	2,258	22.00
23.00	02300	PARAMED ED PRGM	32,149	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	29,219	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	283,257	1,297	4,745	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,493,391	507,900	1,857,747	670,144	30.00
31.00	03100	INTENSIVE CARE UNIT	1,740,192	83,284	304,626	110,993	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	729,904	60,456	221,130	27,949	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,344,264	49,845	182,316	35,348	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,833,353	281,295	1,028,889	201,777	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	294,201	23,349	85,404	24,208	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	948,310	27,575	100,861	66,767	52.00
53.00	05300	ANESTHESIOLOGY	538,040	2,584	9,453	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,293,352	225,075	823,253	127,091	54.00
54.10	03480	ONCOLOGY	3,871,152	204,788	749,050	0	54.10
54.20	05401	CT	396,149	10,291	37,640	62,158	54.20
54.30	05402	MRI	331,157	15,125	55,322	13,223	54.30
60.00	06000	LABORATORY	2,841,418	78,219	286,100	2,187	60.00
60.01	06001	BLOOD	274,764	8,144	29,789	0	60.01
65.00	06500	RESPIRATORY THERAPY	976,159	26,422	96,643	312	65.00
66.00	06600	PHYSICAL THERAPY	1,489,617	55,695	203,716	0	66.00
69.00	06900	ELECTROCARDIOLOGY	430,712	24,122	88,229	20,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,841	5,092	18,624	2,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,400,345	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,735	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,703,791	13,470	49,269	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	207,328	17,492	63,980	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	6,440	0	0	0	75.10
75.20	03951	HEMODIALYSIS	195,562	6,265	22,916	4,224	75.20
76.97	07697	CARDIAC REHABILITATION	211,043	27,950	102,231	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	377,033	16,616	60,776	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	157,641	11,307	41,357	0	90.02
90.03	09003	STATELINE CLINIC	177,595	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	280,989	28,251	103,332	0	90.04
90.05	09005	PULMONOLOGY CLINIC	375,664	5,359	19,602	0	90.05
90.06	09006	CVT CLINIC	34,649	3,584	13,109	0	90.06
90.07	09007	MWH CLINIC	767,413	51,215	187,330	0	90.07
90.08	09008	NEUROSURGERY CLINIC	23,002	7,419	27,135	0	90.08
90.09	09009	HEADACHE CLINIC	359,153	7,980	29,190	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	287,365	15,533	56,814	0	90.10
90.11	09011	MFH CLINIC	53,123	8,208	30,021	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	309,392	10,307	37,701	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	33,171	2,751	10,064	0	90.13
91.00	09100	EMERGENCY	2,535,754	93,721	342,804	334,274	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	123,320	9,585	35,059	4,432	23,400	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,077,893	26,435	96,691	0	64,537	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,982,635	2,576,744	8,404,883	1,717,111	5,447,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,894	6,583	24,078	0	16,071	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	15,978,524	86,874	317,760	0	212,088	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	190,192	3,413	12,485	0	8,333	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	462,013	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	269,382	8,392	30,694	0	20,487	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	462,702	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	73,356,342	2,682,006	8,789,900	1,717,111	5,704,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	6,614,715				10.00
11.00	01100	CAFETERIA	3,792,736	3,792,736			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	35,903	0	2,838,862	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	707,804	14.00
15.00	01500	PHARMACY	0	145,735	0	15	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,783	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	4,485	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	6,347	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	331	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,243,004	889,622	0	1,148,824	30.00
31.00	03100	INTENSIVE CARE UNIT	206,738	179,514	0	321,860	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	372,237	103,066	0	74,649	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	147,230	0	184,396	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	377,333	0	359,628	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	26,121	0	41,476	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	101,834	0	145,573	52.00
53.00	05300	ANESTHESIOLOGY	0	9,939	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	294,591	0	125,591	54.00
54.10	03480	ONCOLOGY	0	0	0	7,403	54.10
54.20	05401	CT	0	25,622	0	0	54.20
54.30	05402	MRI	0	18,410	0	0	54.30
60.00	06000	LABORATORY	0	221,999	0	0	60.00
60.01	06001	BLOOD	0	10,254	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	100,391	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	149,197	0	69	66.00
69.00	06900	ELECTROCARDIOLOGY	0	38,525	0	24,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,212	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,583	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	16,994	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	21,033	0	4,523	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	28,297	0	37,358	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	20,246	0	14,575	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	30,579	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	21,610	0	0	90.05
90.06	09006	CVT CLINIC	0	708	0	0	90.06
90.07	09007	MWH CLINIC	0	53,553	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	16,994	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	18,699	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	23,314	0	0	90.10
90.11	09011	MFM CLINIC	0	6,504	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	13,795	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	6,583	0	0	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	249,615	0	343,286	24,894	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	13,847	0	813	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	146	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,614,715	3,551,067	0	2,834,422	707,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	187,513	0	3,008	1	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	1	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	11,985	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	42,171	0	1,432	4	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	22	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,614,715	3,792,736	0	2,838,862	707,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2019
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	11,402,003					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,404,701				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	7,799	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	202	310,604	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,174	120,528	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	111	25,803	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8	43,974	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,638	450,357	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	162	29,535	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,321	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	192	58,710	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,282	361,487	0	0	0	54.00
54.10	03480	ONCOLOGY	4,818	182,403	0	0	0	54.10
54.20	05401	CT	61,056	194,226	0	0	0	54.20
54.30	05402	MRI	22,515	77,130	0	0	0	54.30
60.00	06000	LABORATORY	0	497,651	0	0	0	60.00
60.01	06001	BLOOD	0	20,613	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,439	65,976	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	163	92,623	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,173	98,117	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,061	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	336,393	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	475,761	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,232,777	1,406,610	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	21,319	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	319	0	0	0	75.10
75.20	03951	HEMODIALYSIS	263	7,214	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	7	3,213	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,444	21,839	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	76	2,280	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	31,811	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	16,618	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	3,855	0	0	0	90.05
90.06	09006	CVT CLINIC	0	266	0	0	0	90.06
90.07	09007	MWH CLINIC	0	31,395	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	701	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	8,780	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	4,817	0	0	0	90.10
90.11	09011	MFM CLINIC	0	308	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	11,014	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	355	0	0	0	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.00	09100	EMERGENCY	5,766	308,607	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	18	3,973	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	11,134	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,400,083	5,404,701	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,920	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,402,003	5,404,701	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,261,580				22.00
23.00	02300	PARAMED ED PRGM			208,407			23.00
23.01	02304	PHARMACY RESIDENCY				191,687		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY						23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,341,873	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	128,331	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	171,108	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	149,720	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	208,407	0	0	60.00
60.01	06001	BLOOD	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	149,720	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	191,687	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		23.01	23.20	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	320,828	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,261,580	208,407	191,687	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,261,580	208,407	191,687	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY					23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		1,814,061			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	61,111,049	-4,341,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,782,336	-128,331	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	5,663,071	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	9,292,655	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	28,009,572	-171,108	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	2,308,877	-149,720	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,606,871	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,500,016	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	23,501,937	0	54.00
54.10	03480	ONCOLOGY	0	0	26,203,515	0	54.10
54.20	05401	CT	0	0	2,930,613	0	54.20
54.30	05402	MRI	0	0	2,339,311	0	54.30
60.00	06000	LABORATORY	0	0	19,509,550	0	60.00
60.01	06001	BLOOD	0	0	1,831,539	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	6,548,879	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,086,234	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,237,841	-149,720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	369,662	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	34,591,211	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,618,039	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,464,722	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,477,604	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	41,169	0	75.10
75.20	03951	HEMODIALYSIS	0	0	1,297,148	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	1,565,865	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,603,348	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	1,117,377	0	90.02
90.03	09003	STATELINE CLINIC	0	0	1,158,310	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	2,030,084	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	2,446,378	0	90.05
90.06	09006	CVT CLINIC	0	0	246,200	0	90.06
90.07	09007	MWH CLINIC	0	0	5,316,289	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	216,262	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	2,362,267	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	1,961,176	0	90.10
90.11	09011	MFM CLINIC	0	0	402,043	0	90.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
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To 06/30/2020Worksheet B
Part I
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Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	2,060,478	0	2,060,478	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	236,875	0	236,875	90.13
91.00	09100	EMERGENCY	0	1,814,061	20,151,146	-320,828	19,830,318	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	873,353	0	873,353	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	7,036,106	0	7,036,106	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,814,061	354,106,978	-5,261,580	348,845,398	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	115,832	0	115,832	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	102,160,167	0	102,160,167	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	-22,944	0	-22,944	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,230,636	0	1,230,636	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	2,942,569	0	2,942,569	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	1,813,813	0	1,813,813	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,934,976	0	2,934,976	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,814,061	465,282,027	-5,261,580	460,020,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	76,448	161,548	237,996	237,996	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,954,856	4,130,934	6,085,790	41,706	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	13,758	29,073	42,831	797	6.00
7.00	00700	OPERATION OF PLANT	0	791,478	1,672,524	2,464,002	1,147	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	68,469	144,685	213,154	241	8.00
9.00	00900	HOUSEKEEPING	0	119,848	253,260	373,108	7,089	9.00
10.00	01000	DIETARY	0	302,102	638,392	940,494	5,908	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,682	18,346	27,028	1,221	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,631	20,351	29,982	0	14.00
15.00	01500	PHARMACY	0	74,721	157,899	232,620	5,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,384	203,674	300,058	2,452	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,259	25,905	38,164	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	145	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	205	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	3,682	7,780	11,462	1,048	23.40
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,441,465	3,046,053	4,487,518	28,863	30.00
31.00	03100	INTENSIVE CARE UNIT	0	236,366	499,481	735,847	5,789	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	171,579	362,576	534,155	3,324	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	141,463	298,935	440,398	4,748	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	798,338	1,687,021	2,485,359	12,804	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	66,267	140,034	206,301	842	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,261	165,378	243,639	3,284	52.00
53.00	05300	ANESTHESIOLOGY	0	7,335	15,499	22,834	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	638,781	1,349,849	1,988,630	10,430	54.00
54.10	03480	ONCOLOGY	0	581,205	1,228,182	1,809,387	7,992	54.10
54.20	05401	CT	0	29,205	61,716	90,921	826	54.20
54.30	05402	MRI	0	42,926	90,709	133,635	594	54.30
60.00	06000	LABORATORY	0	221,991	469,105	691,096	7,161	60.00
60.01	06001	BLOOD	0	23,114	48,843	71,957	331	60.01
65.00	06500	RESPIRATORY THERAPY	0	74,987	158,460	233,447	3,687	65.00
66.00	06600	PHYSICAL THERAPY	0	158,068	334,024	492,092	5,492	66.00
69.00	06900	ELECTROCARDIOLOGY	0	68,459	144,665	213,124	1,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,451	30,537	44,988	233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,229	80,784	119,013	1,438	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	49,644	104,905	154,549	611	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	17,781	37,575	55,356	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	79,323	167,623	246,946	678	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	47,158	99,652	146,810	913	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	32,090	67,811	99,901	653	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	554	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	80,177	169,428	249,605	986	90.04
90.05	09005	PULMONOLOGY CLINIC	0	15,210	32,141	47,351	707	90.05
90.06	09006	CVT CLINIC	0	10,172	21,494	31,666	23	90.06
90.07	09007	MWH CLINIC	0	145,353	307,156	452,509	1,727	90.07
90.08	09008	NEUROSURGERY CLINIC	0	21,055	44,492	65,547	548	90.08
90.09	09009	HEADACHE CLINIC	0	22,649	47,861	70,510	603	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	44,083	93,155	137,238	752	90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.11	09011	MFM CLINIC	0	23,294	49,224	72,518	210	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	29,253	61,816	91,069	445	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	7,809	16,502	24,311	212	90.13
91.00	09100	EMERGENCY	0	265,989	562,080	828,069	9,735	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	27,203	57,485	84,688	447	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	75,025	158,540	233,565	3,551	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,358,076	19,775,162	29,133,238	190,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,683	39,480	58,163	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	246,557	521,016	767,573	43,989	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	9,688	20,472	30,160	436	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	387	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	23,816	50,327	74,143	1,360	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	1,726	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,656,820	20,406,457	30,063,277	237,996	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,127,496				5.00
6.00	00600	MAINTENANCE & REPAIRS	35,318	78,946			6.00
7.00	00700	OPERATION OF PLANT	112,077	8,209	2,585,435		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,132	710	25,955	261,192	8.00
9.00	00900	HOUSEKEEPING	72,533	1,243	45,432	0	9.00
10.00	01000	DIETARY	77,062	3,133	114,521	1,066	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,625	90	3,291	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,003	100	3,651	0	14.00
15.00	01500	PHARMACY	145,725	775	28,325	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,065	1,000	36,537	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	68,853	127	4,647	343	22.00
23.00	02300	PARAMED ED PRGM	2,685	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2,441	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	23,660	38	1,396	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	625,911	14,952	546,433	101,937	30.00
31.00	03100	INTENSIVE CARE UNIT	145,355	2,451	89,602	16,883	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	60,968	1,780	65,042	4,251	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	112,284	1,467	53,626	5,377	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	320,194	8,280	302,634	30,693	50.00
50.20	05340	GASTRO INTESTINAL SERVICES	24,574	687	25,121	3,682	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,211	812	29,667	10,156	52.00
53.00	05300	ANESTHESIOLOGY	44,942	76	2,780	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,088	6,625	242,149	19,332	54.00
54.10	05480	ONCOLOGY	323,351	6,028	220,323	0	54.10
54.20	05401	CT	33,090	303	11,071	9,455	54.20
54.30	05402	MRI	27,661	445	16,272	2,011	54.30
60.00	06000	LABORATORY	237,339	2,302	84,153	333	60.00
60.01	06001	BLOOD	22,951	240	8,762	0	60.01
65.00	06500	RESPIRATORY THERAPY	81,537	778	28,426	48	65.00
66.00	06600	PHYSICAL THERAPY	124,425	1,639	59,920	0	66.00
69.00	06900	ELECTROCARDIOLOGY	35,977	710	25,952	3,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,163	150	5,478	318	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	451,082	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,210	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	309,372	396	14,492	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	17,318	515	18,819	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	538	0	0	0	75.10
75.20	03951	HEMODIALYSIS	16,335	184	6,741	642	75.20
76.97	07697	CARDIAC REHABILITATION	17,628	823	30,070	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,493	489	17,877	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	13,167	333	12,165	0	90.02
90.03	09003	STATELINE CLINIC	14,834	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	23,471	832	30,394	0	90.04
90.05	09005	PULMONOLOGY CLINIC	31,379	158	5,766	0	90.05
90.06	09006	CVT CLINIC	2,894	105	3,856	0	90.06
90.07	09007	MWH CLINIC	64,101	1,508	55,101	0	90.07
90.08	09008	NEUROSURGERY CLINIC	1,921	218	7,981	0	90.08
90.09	09009	HEADACHE CLINIC	29,999	235	8,586	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	24,003	457	16,711	0	90.10
90.11	09011	MFM CLINIC	4,437	242	8,830	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	25,843	303	11,089	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	2,771	81	2,960	0	90.13
91.00	09100	EMERGENCY	211,807	2,759	100,831	50,847	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	10,301	282	10,312	674	2,048	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	90,035	778	28,441	0	5,650	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,676,139	75,848	2,472,188	261,192	476,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	910	194	7,082	0	1,407	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	1,334,820	2,557	93,465	0	18,566	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	15,886	100	3,672	0	730	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	38,591	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	22,501	247	9,028	0	1,793	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	38,649	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,127,496	78,946	2,585,435	261,192	499,405	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,164,933					10.00
11.00	01100	CAFETERIA	667,947	667,947				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,323	0	75,232		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	43,461	14.00
15.00	01500	PHARMACY	0	25,666	0	0	190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,466	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	790	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	1,118	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	20	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	395,021	156,673	0	30,433	22,720	30.00
31.00	03100	INTENSIVE CARE UNIT	36,409	31,615	0	8,532	5,145	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	65,556	18,151	0	1,979	15	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	25,929	0	4,888	66	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,453	0	9,533	8,078	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	4,600	0	1,099	354	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,934	0	3,859	1,438	52.00
53.00	05300	ANESTHESIOLOGY	0	1,750	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,881	0	3,329	3,506	54.00
54.10	03480	ONCOLOGY	0	0	0	196	5	54.10
54.20	05401	CT	0	4,512	0	0	104	54.20
54.30	05402	MRI	0	3,242	0	0	6	54.30
60.00	06000	LABORATORY	0	39,097	0	0	42	60.00
60.01	06001	BLOOD	0	1,806	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	17,680	0	0	21	65.00
66.00	06600	PHYSICAL THERAPY	0	26,275	0	2	3	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,785	0	646	121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,270	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,852	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	2,993	0	0	1	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	31	75.20
76.97	07697	CARDIAC REHABILITATION	0	3,704	0	120	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,984	0	990	55	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	3,566	0	386	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	5,385	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	3,806	0	0	0	90.05
90.06	09006	CVT CLINIC	0	125	0	0	0	90.06
90.07	09007	MWH CLINIC	0	9,431	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	2,993	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	3,293	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	4,106	0	0	0	90.10
90.11	09011	MFM CLINIC	0	1,145	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	2,429	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	1,159	0	0	0	90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	43,960	0	9,100	1,529	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,439	0	22	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,164,933	625,386	0	75,114	43,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	33,023	0	80	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,111	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	7,427	0	38	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,164,933	667,947	0	75,232	43,461	202.00

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	444,275				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	426,836			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0		23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0		23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0		23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	304	0	0		23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8	24,513	0		30.00
31.00	03100	INTENSIVE CARE UNIT	46	9,512	0		31.00
31.01	03101	PEDIATRIC ICU	0	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	4	2,036	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
43.00	04300	NURSERY	0	3,470	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	220	35,543	0		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6	2,331	0		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,603	0		52.00
53.00	05300	ANESTHESIOLOGY	7	4,633	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,881	28,529	0		54.00
54.10	03480	ONCOLOGY	188	14,395	0		54.10
54.20	05401	CT	2,379	15,329	0		54.20
54.30	05402	MRI	877	6,087	0		54.30
60.00	06000	LABORATORY	0	39,275	0		60.00
60.01	06001	BLOOD	0	1,627	0		60.01
65.00	06500	RESPIRATORY THERAPY	95	5,207	0		65.00
66.00	06600	PHYSICAL THERAPY	6	7,310	0		66.00
69.00	06900	ELECTROCARDIOLOGY	46	7,744	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	636	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,549	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,548	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	437,682	111,300	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501	SLEEP LAB	0	1,683	0		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	25	0		75.10
75.20	03951	HEMODIALYSIS	10	569	0		75.20
76.97	07697	CARDIAC REHABILITATION	0	254	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	212	1,724	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0		90.01
90.02	09002	DIABETES CLINIC	3	180	0		90.02
90.03	09003	STATELINE CLINIC	0	2,511	0		90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,312	0		90.04
90.05	09005	PULMONOLOGY CLINIC	0	304	0		90.05
90.06	09006	CVT CLINIC	0	21	0		90.06
90.07	09007	MWH CLINIC	0	2,478	0		90.07
90.08	09008	NEUROSURGERY CLINIC	0	55	0		90.08
90.09	09009	HEADACHE CLINIC	0	693	0		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	380	0		90.10
90.11	09011	MFM CLINIC	0	24	0		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	869	0		90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	28	0		90.13

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.00	09100	EMERGENCY	225	24,356	0			91.00
91.05	09101	AMBULATORY CARE	0	0	0			91.05
91.10	09102	PSYCHIATRIC PARTIAL	1	314	0			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	879	0			101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	444,200	426,836	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001	MCC WORD PROCESSING	0	0	0			190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0			192.01
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMENS CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	75	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	444,275	426,836	0	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

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	Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
				23.00	23.01	23.20	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		113,057			22.00
23.00	02300	PARAMED ED PRGM			3,620		23.00
23.01	02304	PHARMACY RESIDENCY				3,764	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	03101	PEDIATRIC ICU					31.01
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.20	03340	GASTRO INTESTINAL SERVICES					50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.10	03480	ONCOLOGY					54.10
54.20	05401	CT					54.20
54.30	05402	MRI					54.30
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD					60.01
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
75.01	07501	SLEEP LAB					75.01
75.10	03950	NUTRITIONAL SUPPORT					75.10
75.20	03951	HEMODIALYSIS					75.20
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
90.01	09001	CHILDRENS CLINIC					90.01
90.02	09002	DIABETES CLINIC					90.02
90.03	09003	STATELINE CLINIC					90.03
90.04	09004	ORTHOPEDICS CLINIC					90.04
90.05	09005	PULMONOLOGY CLINIC					90.05
90.06	09006	CVT CLINIC					90.06
90.07	09007	MWH CLINIC					90.07
90.08	09008	NEUROSURGERY CLINIC					90.08
90.09	09009	HEADACHE CLINIC					90.09
90.10	09010	UW GENERAL SURGERY CLINIC					90.10
90.11	09011	MFM CLINIC					90.11

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		23.01	23.20	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC						90.12
90.13	09013	INFECTIOUS DISEASE CLINIC						90.13
91.00	09100	EMERGENCY						91.00
91.05	09101	AMBULATORY CARE						91.05
91.10	09102	PSYCHIATRIC PARTIAL						91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.10	19001	MCC WORD PROCESSING						190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCPS						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDISHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMENS CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	113,057	3,620	3,764	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	113,057	3,620	3,764	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY					23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		38,205			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,543,529	0	6,543,529	30.00
31.00	03100	INTENSIVE CARE UNIT		1,104,985	0	1,104,985	31.00
31.01	03101	PEDIATRIC ICU		0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF		770,181	0	770,181	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300	NURSERY		662,906	0	662,906	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,339,908	0	3,339,908	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		274,587	0	274,587	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		400,496	0	400,496	52.00
53.00	05300	ANESTHESIOLOGY		77,895	0	77,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,679,482	0	2,679,482	54.00
54.10	03480	ONCOLOGY		2,425,631	0	2,425,631	54.10
54.20	05401	CT		170,189	0	170,189	54.20
54.30	05402	MRI		194,062	0	194,062	54.30
60.00	06000	LABORATORY		1,117,515	0	1,117,515	60.00
60.01	06001	BLOOD		109,415	0	109,415	60.01
65.00	06500	RESPIRATORY THERAPY		376,573	0	376,573	65.00
66.00	06600	PHYSICAL THERAPY		729,067	0	729,067	66.00
69.00	06900	ELECTROCARDIOLOGY		300,682	0	300,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		58,324	0	58,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		477,631	0	477,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		65,758	0	65,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,004,424	0	1,004,424	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	SLEEP LAB		200,227	0	200,227	75.01
75.10	03950	NUTRITIONAL SUPPORT		563	0	563	75.10
75.20	03951	HEMODIALYSIS		81,207	0	81,207	75.20
76.97	07697	CARDIAC REHABILITATION		306,197	0	306,197	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		209,098	0	209,098	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	CHILDRENS CLINIC		0	0	0	90.01
90.02	09002	DIABETES CLINIC		132,770	0	132,770	90.02
90.03	09003	STATELINE CLINIC		17,899	0	17,899	90.03
90.04	09004	ORTHOPEDICS CLINIC		318,023	0	318,023	90.04
90.05	09005	PULMONOLOGY CLINIC		90,616	0	90,616	90.05
90.06	09006	CVT CLINIC		39,456	0	39,456	90.06
90.07	09007	MWH CLINIC		597,801	0	597,801	90.07
90.08	09008	NEUROSURGERY CLINIC		80,848	0	80,848	90.08
90.09	09009	HEADACHE CLINIC		115,625	0	115,625	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		186,967	0	186,967	90.10
90.11	09011	MFM CLINIC		89,160	0	89,160	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC			134,250	0	134,250	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC			32,110	0	32,110	90.13
91.00	09100	EMERGENCY			1,303,248	0	1,303,248	91.00
91.05	09101	AMBULATORY CARE			0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL			111,528	0	111,528	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			362,908	0	362,908	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	27,293,741	0	27,293,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			67,756	0	67,756	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS			2,294,073	0	2,294,073	192.01
192.02	19202	MEDWORKS			0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER			0	0	0	192.03
192.20	19204	IDLE SPACE			0	0	0	192.20
193.00	19300	NONPAID WORKERS			0	0	0	193.00
193.10	19301	HOTEL			0	0	0	193.10
193.30	19302	PHYSICIAN BILLING			0	0	0	193.30
193.40	19303	MEALS ON WHEELS			0	0	0	193.40
193.50	19304	WEE CARE			0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS			50,984	0	50,984	193.60
193.70	19306	WOMENS CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			41,089	0	41,089	193.80
193.90	19308	COMPLIMENTARY MEDICINE			116,612	0	116,612	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			40,376	0	40,376	194.00
200.00		Cross Foot Adjustments	0	38,205	158,646	0	158,646	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	38,205	30,063,277	0	30,063,277	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,017,746				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,017,746			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	281,390		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	206,025	206,025	49,310	-73,356,342	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,450	1,450	942	0	6.00
7.00	00700	OPERATION OF PLANT	83,415	83,415	1,356	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	285	0	8.00
9.00	00900	HOUSEKEEPING	12,631	12,631	8,382	0	9.00
10.00	01000	DIETARY	31,839	31,839	6,985	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	915	915	1,444	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	14.00
15.00	01500	PHARMACY	7,875	7,875	6,322	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	2,899	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	171	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	242	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	1,239	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,918	151,918	34,126	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,911	24,911	6,845	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,083	18,083	3,930	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	14,909	14,909	5,614	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	84,138	84,138	15,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	996	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,248	8,248	3,883	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	379	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,322	67,322	12,332	0	54.00
54.10	03480	ONCOLOGY	61,254	61,254	9,449	0	54.10
54.20	05401	CT	3,078	3,078	977	0	54.20
54.30	05402	MRI	4,524	4,524	702	0	54.30
60.00	06000	LABORATORY	23,396	23,396	8,467	0	60.00
60.01	06001	BLOOD	2,436	2,436	391	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,903	7,903	4,359	0	65.00
66.00	06600	PHYSICAL THERAPY	16,659	16,659	6,493	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,215	7,215	1,511	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	275	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,029	4,029	1,700	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	722	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	802	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	1,079	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	772	0	90.02
90.03	09003	STATELINE CLINIC	0	0	655	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	1,166	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	836	0	90.05
90.06	09006	CVT CLINIC	1,072	1,072	27	0	90.06
90.07	09007	MWH CLINIC	15,319	15,319	2,042	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	648	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	713	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	889	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTEs)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
90.11	09011	MFM CLINIC	2,455	2,455	248	0	283,841	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	526	0	1,653,106	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	251	0	177,234	90.13
91.00	09100	EMERGENCY	28,033	28,033	11,510	0	13,548,732	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	2,867	2,867	528	0	658,906	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	7,907	7,907	4,199	0	5,759,270	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	986,261	986,261	224,757	-73,356,342	299,119,658	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,969	1,969	0	0	58,206	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	25,985	25,985	52,011	0	85,374,399	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	22,944	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	516	0	1,016,212	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	457	0	2,468,571	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,510	2,510	1,608	0	1,439,331	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,041	0	2,472,252	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,656,820	20,406,457	3,867,452		73,356,342	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.488438	20.050638	13.744099		0.187158	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			237,996		6,127,496	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.845787		0.015633	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	802,214					6.00
7.00	00700	OPERATION OF PLANT	83,415	718,799				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	1,413,101			8.00
9.00	00900	HOUSEKEEPING	12,631	12,631	0	698,952		9.00
10.00	01000	DIETARY	31,839	31,839	5,766	31,839	363,791	10.00
11.00	01100	CAFETERIA	0	0	0	0	208,590	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	915	915	0	915	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	7,875	7,875	0	7,875	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	0	10,158	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	1,858	1,292	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,918	151,918	551,495	151,918	123,359	30.00
31.00	03100	INTENSIVE CARE UNIT	24,911	24,911	91,342	24,911	11,370	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,083	18,083	23,001	18,083	20,472	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	14,909	14,909	29,090	14,909	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	166,053	84,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	19,922	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,248	8,248	54,946	8,248	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,322	67,322	104,590	67,322	0	54.00
54.10	03480	ONCOLOGY	61,254	61,254	0	61,254	0	54.10
54.20	05401	CT	3,078	3,078	51,153	3,078	0	54.20
54.30	05402	MRI	4,524	4,524	10,882	4,524	0	54.30
60.00	06000	LABORATORY	23,396	23,396	1,800	23,396	0	60.00
60.01	06001	BLOOD	2,436	2,436	0	2,436	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,903	7,903	257	7,903	0	65.00
66.00	06600	PHYSICAL THERAPY	16,659	16,659	0	16,659	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,215	7,215	17,010	7,215	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	1,721	1,523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,029	4,029	0	4,029	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	0	5,232	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	3,476	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	0	4,970	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	8,450	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	0	1,603	0	90.05
90.06	09006	CVT CLINIC	1,072	1,072	0	1,072	0	90.06
90.07	09007	MWH CLINIC	15,319	15,319	0	15,319	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	2,219	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	2,387	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	4,646	0	90.10
90.11	09011	MFM CLINIC	2,455	2,455	0	2,455	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	3,083	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	0	823	0	90.13
91.00	09100	EMERGENCY	28,033	28,033	275,092	28,033	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	2,867	2,867	3,647	2,867	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	7,907	7,907	0	7,907	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	770,729	687,314	1,413,101	667,467	363,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,969	1,969	0	1,969	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	25,985	25,985	0	25,985	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	0	1,021	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,510	2,510	0	2,510	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,682,006	8,789,900	1,717,111	5,704,815	6,614,715	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.343255	12.228592	1.215137	8.161955	18.182734	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	78,946	2,585,435	261,192	499,405	1,164,933	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.098410	3.596882	0.184836	0.714505	3.202204	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

	Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	144,620					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,369	0	47,748,937			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,368,467		14.00
15.00	01500	PHARMACY	5,557		255	10,347	46,501,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,699	0	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	171	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	242	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	1,109	31,807	23.40
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,922	0	19,322,956	1,238,125	825	30.00
31.00	03100	INTENSIVE CARE UNIT	6,845	0	5,413,589	280,389	4,787	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,930	0	1,255,582	804	454	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,614	0	3,101,493	3,613	33	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,388	0	6,048,843	440,204	22,994	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	996	0	697,615	19,265	662	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,883	0	2,448,501	78,343	0	52.00
53.00	05300	ANESTHESIOLOGY	379	0	0	0	783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,233	0	2,112,398	191,056	196,911	54.00
54.10	03480	ONCOLOGY	0	0	124,514	252	19,651	54.10
54.20	05401	CT	977	0	0	5,662	249,008	54.20
54.30	05402	MRI	702	0	0	350	91,824	54.30
60.00	06000	LABORATORY	8,465	0	0	2,312	0	60.00
60.01	06001	BLOOD	391	0	0	18	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,828	0	0	1,131	9,946	65.00
66.00	06600	PHYSICAL THERAPY	5,689	0	1,166	143	666	66.00
69.00	06900	ELECTROCARDIOLOGY	1,469	0	410,118	6,605	4,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	275	0	0	23	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,700	0	0	14	45,810,985	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	648	0	0	66	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	1,688	1,072	75.20
76.97	07697	CARDIAC REHABILITATION	802	0	76,075	34	29	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,079	0	628,346	3,018	22,203	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	772	0	245,148	11	311	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,166	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	824	0	0	0	0	90.05
90.06	09006	CVT CLINIC	27	0	0	0	0	90.06
90.07	09007	MWH CLINIC	2,042	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	648	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	713	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	889	0	0	0	0	90.10
90.11	09011	MFM CLINIC	248	0	0	0	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	526	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	251	0	0	0	0	90.13
91.00	09100 EMERGENCY	9,518	0	5,773,984	83,300	23,516	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	528	0	13,671	0	72	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	490	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	135,405	0	47,674,254	2,368,375	46,493,322	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	7,150	0	50,602	4	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	4	0	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	457	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	1,608	0	24,081	12	7,830	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	72	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,792,736	0	2,838,862	707,804	11,402,003	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.225529	0.000000	0.059454	0.298845	0.245198	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	667,947	0	75,232	43,461	444,275	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.618635	0.000000	0.001576	0.018350	0.009554	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,699,930,329				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	155,146,995	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	60,203,877	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	12,888,591	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	21,964,851	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	224,953,586	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	14,752,959	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,131,411	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,325,699	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180,562,718	0	0	0	54.00
54.10	03480	ONCOLOGY	91,110,492	0	0	0	54.10
54.20	05401	CT	97,015,911	0	0	0	54.20
54.30	05402	MRI	38,526,315	0	0	0	54.30
60.00	06000	LABORATORY	248,576,990	0	0	0	60.00
60.01	06001	BLOOD	10,296,185	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	32,955,281	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,265,063	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	49,009,541	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,026,708	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,028,584	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,642,858	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	702,880,780	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	10,649,040	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	159,320	0	0	0	75.10
75.20	03951	HEMODIALYSIS	3,603,595	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	1,605,064	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,908,406	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	1,138,919	0	0	0	90.02
90.03	09003	STATELINE CLINIC	15,889,399	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,300,703	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,925,634	0	0	0	90.05
90.06	09006	CVT CLINIC	132,782	0	0	0	90.06
90.07	09007	MWH CLINIC	15,681,822	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	350,249	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	4,385,479	0	0	0	90.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOLS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.10	09010	UW GENERAL SURGERY CLINIC	2,406,292	0	0	0	0	90.10
90.11	09011	MFM CLINIC	153,855	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	5,501,690	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	177,482	0	0	0	0	90.13
91.00	09100	EMERGENCY	154,149,177	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,984,363	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,561,663	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,699,930,329	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,404,701	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002002	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	426,836	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000158	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		22.00	23.00	23.01	23.20	23.30	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,460				22.00
23.00	02300	PARAMED ED PRGM		100			23.00
23.01	02304	PHARMACY RESIDENCY			100		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY				100	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,030	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	60	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	70	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	100	0	0	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	70	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.20	23.30	
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	150	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,460	100	100	100	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,261,580	208,407	191,687	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,138.853659	2,084.070000	1,916.870000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,057	3,620	3,764	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	45.958130	36.200000	37.640000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
		23.40	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02304	PHARMACY RESIDENCY	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	23.40
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	PEDIATRIC ICU	31.01
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.10	03480	ONCOLOGY	54.10
54.20	05401	CT	54.20
54.30	05402	MRI	54.30
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	SLEEP LAB	75.01
75.10	03950	NUTRITIONAL SUPPORT	75.10
75.20	03951	HEMODIALYSIS	75.20
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHILDRENS CLINIC	90.01
90.02	09002	DIABETES CLINIC	90.02
90.03	09003	STATELINE CLINIC	90.03
90.04	09004	ORTHOPEDICS CLINIC	90.04
90.05	09005	PULMONOLOGY CLINIC	90.05
90.06	09006	CVT CLINIC	90.06
90.07	09007	MWH CLINIC	90.07
90.08	09008	NEUROSURGERY CLINIC	90.08
90.09	09009	HEADACHE CLINIC	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	90.10
90.11	09011	MFM CLINIC	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
			23.40	
90.13	09013	INFECTIOUS DISEASE CLINIC	0	90.13
91.00	09100	EMERGENCY	100	91.00
91.05	09101	AMBULATORY CARE	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY	0	101.00
		SPECIAL PURPOSE COST CENTERS		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.10	19001	MCC WORD PROCESSING	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	192.01
192.02	19202	MEDWORKS	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	192.03
192.20	19204	IDLE SPACE	0	192.20
193.00	19300	NONPAID WORKERS	0	193.00
193.10	19301	HOTEL	0	193.10
193.30	19302	PHYSICIAN BILLING	0	193.30
193.40	19303	MEALS ON WHEELS	0	193.40
193.50	19304	WEE CARE	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	193.60
193.70	19306	WOMENS CENTER	0	193.70
193.80	19307	MARKETING EXPENSES	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,814,061	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18,140.610000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,205	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	382.050000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,769,176		56,769,176	7,678	56,776,854
31.00	03100	INTENSIVE CARE UNIT	12,654,005		12,654,005	0	12,654,005
31.01	03101	PEDIATRIC ICU	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	5,663,071		5,663,071	0	5,663,071
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
43.00	04300	NURSERY	9,292,655		9,292,655	5,477	9,298,132
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,838,464		27,838,464	32,665	27,871,129
50.20	03340	GASTRO INTESTINAL SERVICES	2,159,157		2,159,157	9,238	2,168,395
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,606,871		6,606,871	0	6,606,871
53.00	05300	ANESTHESIOLOGY	3,500,016		3,500,016	11,544	3,511,560
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,501,937		23,501,937	16,925	23,518,862
54.10	03480	ONCOLOGY	26,203,515		26,203,515	113,271	26,316,786
54.20	05401	CT	2,930,613		2,930,613	0	2,930,613
54.30	05402	MRI	2,339,311		2,339,311	0	2,339,311
60.00	06000	LABORATORY	19,509,550		19,509,550	0	19,509,550
60.01	06001	BLOOD	1,831,539		1,831,539	0	1,831,539
65.00	06500	RESPIRATORY THERAPY	6,548,879	0	6,548,879	0	6,548,879
66.00	06600	PHYSICAL THERAPY	10,086,234	0	10,086,234	0	10,086,234
69.00	06900	ELECTROCARDIOLOGY	3,088,121		3,088,121	0	3,088,121
70.00	07000	ELECTROENCEPHALOGRAPHY	369,662		369,662	0	369,662
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,591,211		34,591,211	0	34,591,211
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,618,039		2,618,039	0	2,618,039
73.00	07300	DRUGS CHARGED TO PATIENTS	36,464,722		36,464,722	0	36,464,722
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
75.01	07501	SLEEP LAB	1,477,604		1,477,604	0	1,477,604
75.10	03950	NUTRITIONAL SUPPORT	41,169		41,169	0	41,169
75.20	03951	HEMODIALYSIS	1,297,148		1,297,148	0	1,297,148
76.97	07697	CARDIAC REHABILITATION	1,565,865		1,565,865	4,323	1,570,188
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,603,348		2,603,348	19,204	2,622,552
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	CHILDRENS CLINIC	0		0	0	0
90.02	09002	DIABETES CLINIC	1,117,377		1,117,377	0	1,117,377
90.03	09003	STATELINE CLINIC	1,158,310		1,158,310	0	1,158,310
90.04	09004	ORTHOPEDICS CLINIC	2,030,084		2,030,084	0	2,030,084
90.05	09005	PULMONOLOGY CLINIC	2,446,378		2,446,378	0	2,446,378
90.06	09006	CVT CLINIC	246,200		246,200	0	246,200
90.07	09007	MWH CLINIC	5,316,289		5,316,289	0	5,316,289
90.08	09008	NEUROSURGERY CLINIC	216,262		216,262	0	216,262
90.09	09009	HEADACHE CLINIC	2,362,267		2,362,267	0	2,362,267
90.10	09010	UW GENERAL SURGERY CLINIC	1,961,176		1,961,176	0	1,961,176
90.11	09011	MFM CLINIC	402,043		402,043	0	402,043
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,060,478		2,060,478	0	2,060,478
90.13	09013	INFECTIOUS DISEASE CLINIC	236,875		236,875	0	236,875
91.00	09100	EMERGENCY	19,830,318		19,830,318	24,841	19,855,159
91.05	09101	AMBULATORY CARE	0		0	0	0
91.10	09102	PSYCHIATRIC PARTIAL	873,353		873,353	0	873,353
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,189,772		9,189,772		9,189,772
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,036,106		7,036,106		7,036,106
200.00		Subtotal (see instructions)	358,035,170	0	358,035,170	245,166	358,280,336
201.00		Less Observation Beds	9,189,772		9,189,772		9,189,772
202.00		Total (see instructions)	348,845,398	0	348,845,398	245,166	349,090,564

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,148,244		130,148,244		30.00
31.00	03100	INTENSIVE CARE UNIT	60,203,877		60,203,877		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	12,888,591		12,888,591		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	21,964,851		21,964,851		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,931,299	152,022,287	224,953,586	0.123752	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	4,356,028	10,396,931	14,752,959	0.146354	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,831,358	1,300,053	29,131,411	0.226795	52.00
53.00	05300	ANESTHESIOLOGY	16,058,386	13,267,313	29,325,699	0.119350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,777,658	131,785,060	180,562,718	0.130159	54.00
54.10	03480	ONCOLOGY	979,375	90,131,117	91,110,492	0.287602	54.10
54.20	05401	CT	26,598,789	70,417,122	97,015,911	0.030208	54.20
54.30	05402	MRI	6,961,504	31,564,811	38,526,315	0.060720	54.30
60.00	06000	LABORATORY	80,296,474	168,280,516	248,576,990	0.078485	60.00
60.01	06001	BLOOD	7,976,546	2,319,639	10,296,185	0.177885	60.01
65.00	06500	RESPIRATORY THERAPY	24,917,167	8,038,114	32,955,281	0.198720	65.00
66.00	06600	PHYSICAL THERAPY	15,379,383	30,885,680	46,265,063	0.218010	66.00
69.00	06900	ELECTROCARDIOLOGY	19,349,988	29,659,553	49,009,541	0.063011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	842,568	3,184,140	4,026,708	0.091803	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,793,647	84,234,937	168,028,584	0.205865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,590,630	114,052,228	237,642,858	0.011017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,594,697	394,286,083	702,880,780	0.051879	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	16,435	10,632,605	10,649,040	0.138755	75.01
75.10	03950	NUTRITIONAL SUPPORT	149	159,171	159,320	0.258404	75.10
75.20	03951	HEMODIALYSIS	3,201,035	402,560	3,603,595	0.359959	75.20
76.97	07697	CARDIAC REHABILITATION	31,204	1,573,860	1,605,064	0.975578	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,581	10,824,825	10,908,406	0.238655	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	58,101	1,080,818	1,138,919	0.981086	90.02
90.03	09003	STATELINE CLINIC	12,567	15,876,832	15,889,399	0.072898	90.03
90.04	09004	ORTHOPEDICS CLINIC	20,404	8,280,299	8,300,703	0.244568	90.04
90.05	09005	PULMONOLOGY CLINIC	4,546	1,921,088	1,925,634	1.270427	90.05
90.06	09006	CVT CLINIC	6,561	126,221	132,782	1.854167	90.06
90.07	09007	MWH CLINIC	54,112	15,627,710	15,681,822	0.339010	90.07
90.08	09008	NEUROSURGERY CLINIC	2,937	347,312	350,249	0.617452	90.08
90.09	09009	HEADACHE CLINIC	5,111	4,380,368	4,385,479	0.538657	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3,376	2,402,916	2,406,292	0.815020	90.10
90.11	09011	MFM CLINIC	5,167	148,688	153,855	2.613129	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	42,190	5,459,500	5,501,690	0.374517	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1,102	176,380	177,482	1.334642	90.13
91.00	09100	EMERGENCY	39,066,086	115,083,091	154,149,177	0.128644	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	5,584	1,978,779	1,984,363	0.440118	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,724,578	18,274,173	24,998,751	0.367609	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,561,663	5,561,663		101.00
200.00		Subtotal (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.123897			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.146980			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.226795			52.00
53.00	05300 ANESTHESIOLOGY	0.119743			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130253			54.00
54.10	03480 ONCOLOGY	0.288845			54.10
54.20	05401 CT	0.030208			54.20
54.30	05402 MRI	0.060720			54.30
60.00	06000 LABORATORY	0.078485			60.00
60.01	06001 BLOOD	0.177885			60.01
65.00	06500 RESPIRATORY THERAPY	0.198720			65.00
66.00	06600 PHYSICAL THERAPY	0.218010			66.00
69.00	06900 ELECTROCARDIOLOGY	0.063011			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.091803			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205865			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.011017			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.051879			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.138755			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.258404			75.10
75.20	03951 HEMODIALYSIS	0.359959			75.20
76.97	07697 CARDIAC REHABILITATION	0.978271			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240416			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.981086			90.02
90.03	09003 STATELINE CLINIC	0.072898			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.244568			90.04
90.05	09005 PULMONOLOGY CLINIC	1.270427			90.05
90.06	09006 CVT CLINIC	1.854167			90.06
90.07	09007 MWH CLINIC	0.339010			90.07
90.08	09008 NEUROSURGERY CLINIC	0.617452			90.08
90.09	09009 HEADACHE CLINIC	0.538657			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.815020			90.10
90.11	09011 MFM CLINIC	2.613129			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.374517			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.334642			90.13
91.00	09100 EMERGENCY	0.128805			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.440118			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.367609			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	56,769,176		56,769,176	7,678	56,776,854	30.00	
31.00	03100	INTENSIVE CARE UNIT	12,654,005		12,654,005	0	12,654,005	31.00	
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	5,663,071		5,663,071	0	5,663,071	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	9,292,655		9,292,655	5,477	9,298,132	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,838,464		27,838,464	32,665	27,871,129	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	2,159,157		2,159,157	9,238	2,168,395	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,606,871		6,606,871	0	6,606,871	52.00	
53.00	05300	ANESTHESIOLOGY	3,500,016		3,500,016	11,544	3,511,560	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,501,937		23,501,937	16,925	23,518,862	54.00	
54.10	03480	ONCOLOGY	26,203,515		26,203,515	113,271	26,316,786	54.10	
54.20	05401	CT	2,930,613		2,930,613	0	2,930,613	54.20	
54.30	05402	MRI	2,339,311		2,339,311	0	2,339,311	54.30	
60.00	06000	LABORATORY	19,509,550		19,509,550	0	19,509,550	60.00	
60.01	06001	BLOOD	1,831,539		1,831,539	0	1,831,539	60.01	
65.00	06500	RESPIRATORY THERAPY	6,548,879	0	6,548,879	0	6,548,879	65.00	
66.00	06600	PHYSICAL THERAPY	10,086,234	0	10,086,234	0	10,086,234	66.00	
69.00	06900	ELECTROCARDIOLOGY	3,088,121		3,088,121	0	3,088,121	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	369,662		369,662	0	369,662	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,591,211		34,591,211	0	34,591,211	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,618,039		2,618,039	0	2,618,039	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	36,464,722		36,464,722	0	36,464,722	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
75.01	07501	SLEEP LAB	1,477,604		1,477,604	0	1,477,604	75.01	
75.10	03950	NUTRITIONAL SUPPORT	41,169		41,169	0	41,169	75.10	
75.20	03951	HEMODIALYSIS	1,297,148		1,297,148	0	1,297,148	75.20	
76.97	07697	CARDIAC REHABILITATION	1,565,865		1,565,865	4,323	1,570,188	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,603,348		2,603,348	19,204	2,622,552	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0		0	0	0	90.01	
90.02	09002	DIABETES CLINIC	1,117,377		1,117,377	0	1,117,377	90.02	
90.03	09003	STATELINE CLINIC	1,158,310		1,158,310	0	1,158,310	90.03	
90.04	09004	ORTHOPEDICS CLINIC	2,030,084		2,030,084	0	2,030,084	90.04	
90.05	09005	PULMONOLOGY CLINIC	2,446,378		2,446,378	0	2,446,378	90.05	
90.06	09006	CVT CLINIC	246,200		246,200	0	246,200	90.06	
90.07	09007	MWH CLINIC	5,316,289		5,316,289	0	5,316,289	90.07	
90.08	09008	NEUROSURGERY CLINIC	216,262		216,262	0	216,262	90.08	
90.09	09009	HEADACHE CLINIC	2,362,267		2,362,267	0	2,362,267	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	1,961,176		1,961,176	0	1,961,176	90.10	
90.11	09011	MFM CLINIC	402,043		402,043	0	402,043	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,060,478		2,060,478	0	2,060,478	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	236,875		236,875	0	236,875	90.13	
91.00	09100	EMERGENCY	19,830,318		19,830,318	24,841	19,855,159	91.00	
91.05	09101	AMBULATORY CARE	0		0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	873,353		873,353	0	873,353	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,189,772		9,189,772	0	9,189,772	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,036,106		7,036,106	0	7,036,106	101.00	
200.00		Subtotal (see instructions)	358,035,170	0	358,035,170	245,166	358,280,336	200.00	
201.00		Less Observation Beds	9,189,772		9,189,772	0	9,189,772	201.00	
202.00		Total (see instructions)	348,845,398	0	348,845,398	245,166	349,090,564	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

			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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,148,244		130,148,244			30.00	
31.00	03100	INTENSIVE CARE UNIT	60,203,877		60,203,877			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	12,888,591		12,888,591			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	21,964,851		21,964,851			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,931,299	152,022,287	224,953,586	0.123752	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	4,356,028	10,396,931	14,752,959	0.146354	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,831,358	1,300,053	29,131,411	0.226795	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,058,386	13,267,313	29,325,699	0.119350	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,777,658	131,785,060	180,562,718	0.130159	0.000000	54.00	
54.10	03480	ONCOLOGY	979,375	90,131,117	91,110,492	0.287602	0.000000	54.10	
54.20	05401	CT	26,598,789	70,417,122	97,015,911	0.030208	0.000000	54.20	
54.30	05402	MRI	6,961,504	31,564,811	38,526,315	0.060720	0.000000	54.30	
60.00	06000	LABORATORY	80,296,474	168,280,516	248,576,990	0.078485	0.000000	60.00	
60.01	06001	BLOOD	7,976,546	2,319,639	10,296,185	0.177885	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	24,917,167	8,038,114	32,955,281	0.198720	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	15,379,383	30,885,680	46,265,063	0.218010	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	19,349,988	29,659,553	49,009,541	0.063011	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	842,568	3,184,140	4,026,708	0.091803	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,793,647	84,234,937	168,028,584	0.205865	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,590,630	114,052,228	237,642,858	0.011017	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	308,594,697	394,286,083	702,880,780	0.051879	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	16,435	10,632,605	10,649,040	0.138755	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	149	159,171	159,320	0.258404	0.000000	75.10	
75.20	03951	HEMODIALYSIS	3,201,035	402,560	3,603,595	0.359959	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	31,204	1,573,860	1,605,064	0.975578	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,581	10,824,825	10,908,406	0.238655	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	58,101	1,080,818	1,138,919	0.981086	0.000000	90.02	
90.03	09003	STATELINE CLINIC	12,567	15,876,832	15,889,399	0.072898	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	20,404	8,280,299	8,300,703	0.244568	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	4,546	1,921,088	1,925,634	1.270427	0.000000	90.05	
90.06	09006	CVT CLINIC	6,561	126,221	132,782	1.854167	0.000000	90.06	
90.07	09007	MWH CLINIC	54,112	15,627,710	15,681,822	0.339010	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	2,937	347,312	350,249	0.617452	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	5,111	4,380,368	4,385,479	0.538657	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	3,376	2,402,916	2,406,292	0.815020	0.000000	90.10	
90.11	09011	MFM CLINIC	5,167	148,688	153,855	2.613129	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	42,190	5,459,500	5,501,690	0.374517	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	1,102	176,380	177,482	1.334642	0.000000	90.13	
91.00	09100	EMERGENCY	39,066,086	115,083,091	154,149,177	0.128644	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	5,584	1,978,779	1,984,363	0.440118	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,724,578	18,274,173	24,998,751	0.367609	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,561,663	5,561,663			101.00	
200.00		Subtotal (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 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 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006 CVT CLINIC	0.000000			90.06
90.07	09007 MWH CLINIC	0.000000			90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009 HEADACHE CLINIC	0.000000			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011 MFM CLINIC	0.000000			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000			90.13
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

				Title V	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,769,176		56,769,176	7,678	56,776,854	30.00
31.00	03100	INTENSIVE CARE UNIT	12,654,005		12,654,005	0	12,654,005	31.00
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	5,663,071		5,663,071	0	5,663,071	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	9,292,655		9,292,655	5,477	9,298,132	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,838,464		27,838,464	32,665	27,871,129	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	2,159,157		2,159,157	9,238	2,168,395	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,606,871		6,606,871	0	6,606,871	52.00
53.00	05300	ANESTHESIOLOGY	3,500,016		3,500,016	11,544	3,511,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,501,937		23,501,937	16,925	23,518,862	54.00
54.10	03480	ONCOLOGY	26,203,515		26,203,515	113,271	26,316,786	54.10
54.20	05401	CT	2,930,613		2,930,613	0	2,930,613	54.20
54.30	05402	MRI	2,339,311		2,339,311	0	2,339,311	54.30
60.00	06000	LABORATORY	19,509,550		19,509,550	0	19,509,550	60.00
60.01	06001	BLOOD	1,831,539		1,831,539	0	1,831,539	60.01
65.00	06500	RESPIRATORY THERAPY	6,548,879	0	6,548,879	0	6,548,879	65.00
66.00	06600	PHYSICAL THERAPY	10,086,234	0	10,086,234	0	10,086,234	66.00
69.00	06900	ELECTROCARDIOLOGY	3,088,121		3,088,121	0	3,088,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	369,662		369,662	0	369,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,591,211		34,591,211	0	34,591,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,618,039		2,618,039	0	2,618,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,464,722		36,464,722	0	36,464,722	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	SLEEP LAB	1,477,604		1,477,604	0	1,477,604	75.01
75.10	03950	NUTRITIONAL SUPPORT	41,169		41,169	0	41,169	75.10
75.20	03951	HEMODIALYSIS	1,297,148		1,297,148	0	1,297,148	75.20
76.97	07697	CARDIAC REHABILITATION	1,565,865		1,565,865	4,323	1,570,188	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,603,348		2,603,348	19,204	2,622,552	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002	DIABETES CLINIC	1,117,377		1,117,377	0	1,117,377	90.02
90.03	09003	STATELINE CLINIC	1,158,310		1,158,310	0	1,158,310	90.03
90.04	09004	ORTHOPEDICS CLINIC	2,030,084		2,030,084	0	2,030,084	90.04
90.05	09005	PULMONOLOGY CLINIC	2,446,378		2,446,378	0	2,446,378	90.05
90.06	09006	CVT CLINIC	246,200		246,200	0	246,200	90.06
90.07	09007	MWH CLINIC	5,316,289		5,316,289	0	5,316,289	90.07
90.08	09008	NEUROSURGERY CLINIC	216,262		216,262	0	216,262	90.08
90.09	09009	HEADACHE CLINIC	2,362,267		2,362,267	0	2,362,267	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,961,176		1,961,176	0	1,961,176	90.10
90.11	09011	MFM CLINIC	402,043		402,043	0	402,043	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,060,478		2,060,478	0	2,060,478	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	236,875		236,875	0	236,875	90.13
91.00	09100	EMERGENCY	19,830,318		19,830,318	24,841	19,855,159	91.00
91.05	09101	AMBULATORY CARE	0		0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	873,353		873,353	0	873,353	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,189,772		9,189,772		9,189,772	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,036,106		7,036,106		7,036,106	101.00
200.00		Subtotal (see instructions)	358,035,170	0	358,035,170	245,166	358,280,336	200.00
201.00		Less Observation Beds	9,189,772		9,189,772		9,189,772	201.00
202.00		Total (see instructions)	348,845,398	0	348,845,398	245,166	349,090,564	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

					Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,148,244		130,148,244			30.00	
31.00	03100	INTENSIVE CARE UNIT	60,203,877		60,203,877			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	12,888,591		12,888,591			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	21,964,851		21,964,851			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,931,299	152,022,287	224,953,586	0.123752	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	4,356,028	10,396,931	14,752,959	0.146354	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,831,358	1,300,053	29,131,411	0.226795	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,058,386	13,267,313	29,325,699	0.119350	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,777,658	131,785,060	180,562,718	0.130159	0.000000	54.00	
54.10	03480	ONCOLOGY	979,375	90,131,117	91,110,492	0.287602	0.000000	54.10	
54.20	05401	CT	26,598,789	70,417,122	97,015,911	0.030208	0.000000	54.20	
54.30	05402	MRI	6,961,504	31,564,811	38,526,315	0.060720	0.000000	54.30	
60.00	06000	LABORATORY	80,296,474	168,280,516	248,576,990	0.078485	0.000000	60.00	
60.01	06001	BLOOD	7,976,546	2,319,639	10,296,185	0.177885	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	24,917,167	8,038,114	32,955,281	0.198720	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	15,379,383	30,885,680	46,265,063	0.218010	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	19,349,988	29,659,553	49,009,541	0.063011	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	842,568	3,184,140	4,026,708	0.091803	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,793,647	84,234,937	168,028,584	0.205865	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,590,630	114,052,228	237,642,858	0.011017	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	308,594,697	394,286,083	702,880,780	0.051879	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	16,435	10,632,605	10,649,040	0.138755	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	149	159,171	159,320	0.258404	0.000000	75.10	
75.20	03951	HEMODIALYSIS	3,201,035	402,560	3,603,595	0.359959	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	31,204	1,573,860	1,605,064	0.975578	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,581	10,824,825	10,908,406	0.238655	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	58,101	1,080,818	1,138,919	0.981086	0.000000	90.02	
90.03	09003	STATELINE CLINIC	12,567	15,876,832	15,889,399	0.072898	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	20,404	8,280,299	8,300,703	0.244568	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	4,546	1,921,088	1,925,634	1.270427	0.000000	90.05	
90.06	09006	CVT CLINIC	6,561	126,221	132,782	1.854167	0.000000	90.06	
90.07	09007	MWH CLINIC	54,112	15,627,710	15,681,822	0.339010	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	2,937	347,312	350,249	0.617452	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	5,111	4,380,368	4,385,479	0.538657	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	3,376	2,402,916	2,406,292	0.815020	0.000000	90.10	
90.11	09011	MFM CLINIC	5,167	148,688	153,855	2.613129	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	42,190	5,459,500	5,501,690	0.374517	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	1,102	176,380	177,482	1.334642	0.000000	90.13	
91.00	09100	EMERGENCY	39,066,086	115,083,091	154,149,177	0.128644	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	5,584	1,978,779	1,984,363	0.440118	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,724,578	18,274,173	24,998,751	0.367609	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,561,663	5,561,663			101.00	
200.00		Subtotal (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,143,785,886	1,556,144,443	2,699,930,329			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006 CVT CLINIC	0.000000			90.06
90.07	09007 MWH CLINIC	0.000000			90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009 HEADACHE CLINIC	0.000000			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011 MFM CLINIC	0.000000			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000			90.13
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
12/28/2020 12:33 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	6,543,529	0	6,543,529	53,238	122.91	30.00
31.00	INTENSIVE CARE UNIT	1,104,985		1,104,985	6,497	170.08	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	770,181	0	770,181	5,075	151.76	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	662,906		662,906	6,178	107.30	43.00
200.00	Total (lines 30 through 199)	9,081,601		9,081,601	70,988		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,553	1,788,709				30.00
31.00	INTENSIVE CARE UNIT	1,825	310,396				31.00
31.01	PEDIATRIC ICU	0	0				31.01
40.00	SUBPROVIDER - IPF	765	116,096				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	17,143	2,215,201				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 12/28/2020 12:33 pm
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,339,908	224,953,586	0.014847	20,715,535	307,564	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	274,587	14,752,959	0.018612	1,611,905	30,001	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	400,496	29,131,411	0.013748	224,723	3,089	52.00
53.00 05300 ANESTHESIOLOGY	77,895	29,325,699	0.002656	2,740,267	7,278	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,679,482	180,562,718	0.014840	16,452,197	244,151	54.00
54.10 03480 ONCOLOGY	2,425,631	91,110,492	0.026623	476,697	12,691	54.10
54.20 05401 CT	170,189	97,015,911	0.001754	9,305,836	16,322	54.20
54.30 05402 MRI	194,062	38,526,315	0.005037	2,109,962	10,628	54.30
60.00 06000 LABORATORY	1,117,515	248,576,990	0.004496	24,127,183	108,476	60.00
60.01 06001 BLOOD	109,415	10,296,185	0.010627	2,074,412	22,045	60.01
65.00 06500 RESPIRATORY THERAPY	376,573	32,955,281	0.011427	7,531,835	86,066	65.00
66.00 06600 PHYSICAL THERAPY	729,067	46,265,063	0.015758	5,063,900	79,797	66.00
69.00 06900 ELECTROCARDIOLOGY	300,682	49,009,541	0.006135	6,502,174	39,891	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	58,324	4,026,708	0.014484	275,124	3,985	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	477,631	168,028,584	0.002843	27,236,855	77,434	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	65,758	237,642,858	0.000277	39,674,857	10,990	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,004,424	702,880,780	0.001429	46,004,413	65,740	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01 07501 SLEEP LAB	200,227	10,649,040	0.018802	9,028	170	75.01
75.10 03950 NUTRITIONAL SUPPORT	563	159,320	0.003534	0	0	75.10
75.20 03951 HEMODIALYSIS	81,207	3,603,595	0.022535	1,889,171	42,572	75.20
76.97 07697 CARDIAC REHABILITATION	306,197	1,605,064	0.190769	7,877	1,503	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	209,098	10,908,406	0.019169	49,295	945	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02 09002 DIABETES CLINIC	132,770	1,138,919	0.116575	14,017	1,634	90.02
90.03 09003 STATELINE CLINIC	17,899	15,889,399	0.001126	5,659	6	90.03
90.04 09004 ORTHOPEDICS CLINIC	318,023	8,300,703	0.038313	10,234	392	90.04
90.05 09005 PULMONOLOGY CLINIC	90,616	1,925,634	0.047058	2,008	94	90.05
90.06 09006 CVT CLINIC	39,456	132,782	0.297149	6,481	1,926	90.06
90.07 09007 MWH CLINIC	597,801	15,681,822	0.038121	28,772	1,097	90.07
90.08 09008 NEUROSURGERY CLINIC	80,848	350,249	0.230830	1,659	383	90.08
90.09 09009 HEADACHE CLINIC	115,625	4,385,479	0.026365	0	0	90.09
90.10 09010 UW GENERAL SURGERY CLINIC	186,967	2,406,292	0.077699	1,472	114	90.10
90.11 09011 MFM CLINIC	89,160	153,855	0.579507	0	0	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	134,250	5,501,690	0.024402	20,874	509	90.12
90.13 09013 INFECTIOUS DISEASE CLINIC	32,110	177,482	0.180920	691	125	90.13
91.00 09100 EMERGENCY	1,303,248	154,149,177	0.008454	12,571,568	106,280	91.00
91.05 09101 AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	111,528	1,984,363	0.056203	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,059,121	24,998,751	0.042367	2,498,726	105,864	92.00
200.00 Total (lines 50 through 199)	18,908,353	2,469,163,103		229,245,407	1,389,762	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part III Date/Time Prepared: 12/28/2020 12:33 pm
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				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	53,238	0.00	14,553	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,497	0.00	1,825	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	0.00	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	5,075	0.00	765	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY	0	0	6,178	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	70,988		17,143	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	0	208,407	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	191,687	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	1,814,061	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	2,214,155	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description			Title XVIII		Hospital		PPS
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	224,953,586	0.000000
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	14,752,959	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	29,131,411	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	29,325,699	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,562,718	0.000000
54.10	03480	ONCOLOGY	0	0	0	91,110,492	0.000000
54.20	05401	CT	0	0	0	97,015,911	0.000000
54.30	05402	MRI	0	0	0	38,526,315	0.000000
60.00	06000	LABORATORY	0	208,407	208,407	248,576,990	0.000838
60.01	06001	BLOOD	0	0	0	10,296,185	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,955,281	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	46,265,063	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,009,541	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,026,708	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	168,028,584	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	237,642,858	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	191,687	191,687	702,880,780	0.000273
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
75.01	07501	SLEEP LAB	0	0	0	10,649,040	0.000000
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	159,320	0.000000
75.20	03951	HEMODIALYSIS	0	0	0	3,603,595	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,605,064	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	10,908,406	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000
90.02	09002	DIABETES CLINIC	0	0	0	1,138,919	0.000000
90.03	09003	STATELINE CLINIC	0	0	0	15,889,399	0.000000
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,300,703	0.000000
90.05	09005	PULMONOLOGY CLINIC	0	0	0	1,925,634	0.000000
90.06	09006	CVT CLINIC	0	0	0	132,782	0.000000
90.07	09007	MWH CLINIC	0	0	0	15,681,822	0.000000
90.08	09008	NEUROSURGERY CLINIC	0	0	0	350,249	0.000000
90.09	09009	HEADACHE CLINIC	0	0	0	4,385,479	0.000000
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	2,406,292	0.000000
90.11	09011	MFM CLINIC	0	0	0	153,855	0.000000
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	5,501,690	0.000000
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	177,482	0.000000
91.00	09100	EMERGENCY	0	1,814,061	1,814,061	154,149,177	0.011768
91.05	09101	AMBULATORY CARE	0	0	0	0	0.000000
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	1,984,363	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	24,998,751	0.000000
200.00		Total (lines 50 through 199)	0	2,214,155	2,214,155	2,469,163,103	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
12/28/2020 12:33 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	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	20,715,535	0	24,583,729	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.000000	1,611,905	0	2,533,867	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	224,723	0	2,722	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,740,267	0	2,100,435	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	16,452,197	0	24,504,235	0	54.00
54.10	03480	ONCOLOGY	0.000000	476,697	0	23,295,088	0	54.10
54.20	05401	CT	0.000000	9,305,836	0	17,019,832	0	54.20
54.30	05402	MRI	0.000000	2,109,962	0	5,959,913	0	54.30
60.00	06000	LABORATORY	0.000838	24,127,183	20,219	19,034,195	15,951	60.00
60.01	06001	BLOOD	0.000000	2,074,412	0	1,232,474	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	7,531,835	0	2,173,403	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,063,900	0	226,297	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,502,174	0	7,098,753	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	275,124	0	471,992	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	27,236,855	0	16,132,861	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	39,674,857	0	25,533,660	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000273	46,004,413	12,559	101,271,854	27,647	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0.000000	9,028	0	2,062,465	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.000000	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0.000000	1,889,171	0	160,512	0	75.20
76.97	07697	CARDIAC REHABILITATION	0.000000	7,877	0	512,292	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	49,295	0	4,030,708	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0.000000	14,017	0	39,197	0	90.02
90.03	09003	STATELINE CLINIC	0.000000	5,659	0	369,930	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.000000	10,234	0	1,778,623	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0.000000	2,008	0	642,279	0	90.05
90.06	09006	CVT CLINIC	0.000000	6,481	0	37,133	0	90.06
90.07	09007	MWH CLINIC	0.000000	28,772	0	4,588,119	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0.000000	1,659	0	77,310	0	90.08
90.09	09009	HEADACHE CLINIC	0.000000	0	0	403,546	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.000000	1,472	0	520,453	0	90.10
90.11	09011	MFM CLINIC	0.000000	0	0	111	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.000000	20,874	0	1,711,089	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0.000000	691	0	49,750	0	90.13
91.00	09100	EMERGENCY	0.011768	12,571,568	147,942	16,194,071	190,572	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	0	77,057	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,498,726	0	3,739,457	0	92.00
200.00		Total (lines 50 through 199)		229,245,407	180,720	310,169,412	234,170	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 12/28/2020 12:33 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.123752	24,583,729	2,522	0	3,042,286	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.146354	2,533,867	0	0	370,842	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.226795	2,722	0	0	617	52.00
53.00	05300 ANESTHESIOLOGY	0.119350	2,100,435	0	0	250,687	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130159	24,504,235	0	0	3,189,447	54.00
54.10	03480 ONCOLOGY	0.287602	23,295,088	8	217	6,699,714	54.10
54.20	05401 CT	0.030208	17,019,832	0	0	514,135	54.20
54.30	05402 MRI	0.060720	5,959,913	47,765	0	361,886	54.30
60.00	06000 LABORATORY	0.078485	19,034,195	315	0	1,493,899	60.00
60.01	06001 BLOOD	0.177885	1,232,474	2	0	219,239	60.01
65.00	06500 RESPIRATORY THERAPY	0.198720	2,173,403	0	0	431,899	65.00
66.00	06600 PHYSICAL THERAPY	0.218010	226,297	0	0	49,335	66.00
69.00	06900 ELECTROCARDIOLOGY	0.063011	7,098,753	0	0	447,300	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.091803	471,992	0	0	43,330	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205865	16,132,861	0	0	3,321,191	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.011017	25,533,660	0	0	281,304	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.051879	101,271,854	1,683	80,863	5,253,883	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.138755	2,062,465	0	0	286,177	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.258404	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.359959	160,512	0	0	57,778	75.20
76.97	07697 CARDIAC REHABILITATION	0.975578	512,292	0	0	499,781	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.238655	4,030,708	0	0	961,949	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.981086	39,197	0	0	38,456	90.02
90.03	09003 STATELINE CLINIC	0.072898	369,930	2	0	26,967	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.244568	1,778,623	0	0	434,994	90.04
90.05	09005 PULMONOLOGY CLINIC	1.270427	642,279	0	91	815,969	90.05
90.06	09006 CMT CLINIC	1.854167	37,133	0	0	68,851	90.06
90.07	09007 MWH CLINIC	0.339010	4,588,119	1	0	1,555,418	90.07
90.08	09008 NEUROSURGERY CLINIC	0.617452	77,310	0	0	47,735	90.08
90.09	09009 HEADACHE CLINIC	0.538657	403,546	0	0	217,373	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.815020	520,453	0	0	424,180	90.10
90.11	09011 MFM CLINIC	2.613129	111	0	0	290	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.374517	1,711,089	0	0	640,832	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.334642	49,750	0	0	66,398	90.13
91.00	09100 EMERGENCY	0.128644	16,194,071	3	1,478	2,083,270	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.440118	77,057	0	0	33,914	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.367609	3,739,457	0	0	1,374,658	92.00
200.00	Subtotal (see instructions)		310,169,412	52,301	82,649	35,605,984	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		310,169,412	52,301	82,649	35,605,984	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 12/28/2020 12:33 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	312	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10	03480	ONCOLOGY	2	62	54.10
54.20	05401	CT	0	0	54.20
54.30	05402	MRI	2,900	0	54.30
60.00	06000	LABORATORY	25	0	60.00
60.01	06001	BLOOD	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87	4,195	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	116	90.05
90.06	09006	CVT CLINIC	0	0	90.06
90.07	09007	MWH CLINIC	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	90.10
90.11	09011	MFM CLINIC	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	90.13
91.00	09100	EMERGENCY	0	190	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	3,326	4,563	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	3,326	4,563	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 12/28/2020 12:33 pm
		Component CCN:14-S228		

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,339,908	224,953,586	0.014847	4,179	62	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	274,587	14,752,959	0.018612	4,932	92	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	400,496	29,131,411	0.013748	35	0	52.00
53.00	05300 ANESTHESIOLOGY	77,895	29,325,699	0.002656	1,915	5	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,679,482	180,562,718	0.014840	59,789	887	54.00
54.10	03480 ONCOLOGY	2,425,631	91,110,492	0.026623	629	17	54.10
54.20	05401 CT	170,189	97,015,911	0.001754	38,928	68	54.20
54.30	05402 MRI	194,062	38,526,315	0.005037	3,710	19	54.30
60.00	06000 LABORATORY	1,117,515	248,576,990	0.004496	423,766	1,905	60.00
60.01	06001 BLOOD	109,415	10,296,185	0.010627	8,485	90	60.01
65.00	06500 RESPIRATORY THERAPY	376,573	32,955,281	0.011427	35,594	407	65.00
66.00	06600 PHYSICAL THERAPY	729,067	46,265,063	0.015758	7,743	122	66.00
69.00	06900 ELECTROCARDIOLOGY	300,682	49,009,541	0.006135	37,516	230	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	58,324	4,026,708	0.014484	1,420	21	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	477,631	168,028,584	0.002843	32,126	91	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,758	237,642,858	0.000277	7,382	2	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,004,424	702,880,780	0.001429	378,395	541	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	200,227	10,649,040	0.018802	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	563	159,320	0.003534	0	0	75.10
75.20	03951 HEMODIALYSIS	81,207	3,603,595	0.022535	55,835	1,258	75.20
76.97	07697 CARDIAC REHABILITATION	306,197	1,605,064	0.190769	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	209,098	10,908,406	0.019169	293	6	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	132,770	1,138,919	0.116575	591	69	90.02
90.03	09003 STATELINE CLINIC	17,899	15,889,399	0.001126	29	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	318,023	8,300,703	0.038313	46	2	90.04
90.05	09005 PULMONOLOGY CLINIC	90,616	1,925,634	0.047058	0	0	90.05
90.06	09006 CVT CLINIC	39,456	132,782	0.297149	80	24	90.06
90.07	09007 MWH CLINIC	597,801	15,681,822	0.038121	242	9	90.07
90.08	09008 NEUROSURGERY CLINIC	80,848	350,249	0.230830	13	3	90.08
90.09	09009 HEADACHE CLINIC	115,625	4,385,479	0.026365	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	186,967	2,406,292	0.077699	0	0	90.10
90.11	09011 MFM CLINIC	89,160	153,855	0.579507	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	134,250	5,501,690	0.024402	50	1	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	32,110	177,482	0.180920	0	0	90.13
91.00	09100 EMERGENCY	1,303,248	154,149,177	0.008454	292,570	2,473	91.00
91.05	09101 AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	111,528	1,984,363	0.056203	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	24,998,751	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	17,849,232	2,469,163,103		1,396,293	8,404	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-S228

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Title XVIII		Subprovider - IP#		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	0	208,407	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	191,687	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	1,814,061	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	2,214,155	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-S228

From 07/01/2019

Part IV

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 pm

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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	224,953,586	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	14,752,959	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	29,131,411	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,325,699	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,562,718	0.000000	54.00
54.10	03480	ONCOLOGY	0	0	0	91,110,492	0.000000	54.10
54.20	05401	CT	0	0	0	97,015,911	0.000000	54.20
54.30	05402	MRI	0	0	0	38,526,315	0.000000	54.30
60.00	06000	LABORATORY	0	208,407	208,407	248,576,990	0.000838	60.00
60.01	06001	BLOOD	0	0	0	10,296,185	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,955,281	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	46,265,063	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,009,541	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,026,708	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	168,028,584	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	237,642,858	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	191,687	191,687	702,880,780	0.000273	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	0	0	0	10,649,040	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	159,320	0.000000	75.10
75.20	03951	HEMODIALYSIS	0	0	0	3,603,595	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,605,064	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	10,908,406	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	0	0	0	1,138,919	0.000000	90.02
90.03	09003	STATELINE CLINIC	0	0	0	15,889,399	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,300,703	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	1,925,634	0.000000	90.05
90.06	09006	CVT CLINIC	0	0	0	132,782	0.000000	90.06
90.07	09007	MWH CLINIC	0	0	0	15,681,822	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	350,249	0.000000	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	4,385,479	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	2,406,292	0.000000	90.10
90.11	09011	MFM CLINIC	0	0	0	153,855	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	5,501,690	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	177,482	0.000000	90.13
91.00	09100	EMERGENCY	0	1,814,061	1,814,061	154,149,177	0.011768	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	1,984,363	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	24,998,751	0.000000	92.00
200.00		Total (lines 50 through 199)	0	2,214,155	2,214,155	2,469,163,103		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-S228

From 07/01/2019

Part IV

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 pm

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	4,179	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	4,932	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	35	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,915	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	59,789	0	695	0	54.00
54.10	03480 ONCOLOGY	0.000000	629	0	25	0	54.10
54.20	05401 CT	0.000000	38,928	0	0	0	54.20
54.30	05402 MRI	0.000000	3,710	0	0	0	54.30
60.00	06000 LABORATORY	0.000838	423,766	355	0	0	60.00
60.01	06001 BLOOD	0.000000	8,485	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	35,594	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	7,743	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	37,516	0	140	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,420	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,126	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,382	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000273	378,395	103	350	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.000000	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.000000	55,835	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	293	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.000000	591	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.000000	29	0	30	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000	46	0	2	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0.000000	80	0	1	0	90.06
90.07	09007 MWH CLINIC	0.000000	242	0	217	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000	13	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	50	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.011768	292,570	3,443	243	3	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,396,293	3,901	1,703	32	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-S228

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 pm

			Title XVIII	Subprovider - IP#	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	0.123752	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.146354	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.226795	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.119350	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130159	695	0	0	90	54.00
54.10	03480 ONCOLOGY	0.287602	25	0	0	7	54.10
54.20	05401 CT	0.030208	0	0	0	0	54.20
54.30	05402 MRI	0.060720	0	0	0	0	54.30
60.00	06000 LABORATORY	0.078485	0	0	0	0	60.00
60.01	06001 BLOOD	0.177885	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.198720	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.218010	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.063011	140	0	0	9	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.091803	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205865	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.011017	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.051879	350	0	0	18	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.138755	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.258404	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.359959	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.975578	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.238655	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.981086	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.072898	30	0	0	2	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.244568	2	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	1.270427	0	0	0	0	90.05
90.06	09006 CVT CLINIC	1.854167	1	0	0	2	90.06
90.07	09007 MWH CLINIC	0.339010	217	0	0	74	90.07
90.08	09008 NEUROSURGERY CLINIC	0.617452	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.538657	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.815020	0	0	0	0	90.10
90.11	09011 MFM CLINIC	2.613129	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.374517	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.334642	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.128644	243	0	0	31	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.440118	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.367609	0	0	0	0	92.00
200.00	Subtotal (see instructions)		1,703	0	0	233	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		1,703	0	0	233	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 12/28/2020 12:33 pm
		Component CCN:14-S228		

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 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)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,339,908	224,953,586	0.014847	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	274,587	14,752,959	0.018612	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	400,496	29,131,411	0.013748	0	0	52.00
53.00	05300 ANESTHESIOLOGY	77,895	29,325,699	0.002656	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,679,482	180,562,718	0.014840	0	0	54.00
54.10	03480 ONCOLOGY	2,425,631	91,110,492	0.026623	0	0	54.10
54.20	05401 CT	170,189	97,015,911	0.001754	0	0	54.20
54.30	05402 MRI	194,062	38,526,315	0.005037	0	0	54.30
60.00	06000 LABORATORY	1,117,515	248,576,990	0.004496	0	0	60.00
60.01	06001 BLOOD	109,415	10,296,185	0.010627	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	376,573	32,955,281	0.011427	0	0	65.00
66.00	06600 PHYSICAL THERAPY	729,067	46,265,063	0.015758	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	300,682	49,009,541	0.006135	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	58,324	4,026,708	0.014484	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	477,631	168,028,584	0.002843	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,758	237,642,858	0.000277	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,004,424	702,880,780	0.001429	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	200,227	10,649,040	0.018802	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	563	159,320	0.003534	0	0	75.10
75.20	03951 HEMODIALYSIS	81,207	3,603,595	0.022535	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	306,197	1,605,064	0.190769	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	209,098	10,908,406	0.019169	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	132,770	1,138,919	0.116575	0	0	90.02
90.03	09003 STATELINE CLINIC	17,899	15,889,399	0.001126	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	318,023	8,300,703	0.038313	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	90,616	1,925,634	0.047058	0	0	90.05
90.06	09006 CVT CLINIC	39,456	132,782	0.297149	0	0	90.06
90.07	09007 MWH CLINIC	597,801	15,681,822	0.038121	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	80,848	350,249	0.230830	0	0	90.08
90.09	09009 HEADACHE CLINIC	115,625	4,385,479	0.026365	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	186,967	2,406,292	0.077699	0	0	90.10
90.11	09011 MFM CLINIC	89,160	153,855	0.579507	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	134,250	5,501,690	0.024402	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	32,110	177,482	0.180920	0	0	90.13
91.00	09100 EMERGENCY	1,303,248	154,149,177	0.008454	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	111,528	1,984,363	0.056203	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	24,998,751	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	17,849,232	2,469,163,103		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Title XVIII		Subprovider - IR#		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	0	208,407	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	191,687	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	1,814,061	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	2,214,155	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:

12/28/2020 12:33 pm

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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	224,953,586	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	14,752,959	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	29,131,411	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,325,699	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,562,718	0.000000	54.00
54.10	03480	ONCOLOGY	0	0	0	91,110,492	0.000000	54.10
54.20	05401	CT	0	0	0	97,015,911	0.000000	54.20
54.30	05402	MRI	0	0	0	38,526,315	0.000000	54.30
60.00	06000	LABORATORY	0	208,407	208,407	248,576,990	0.000838	60.00
60.01	06001	BLOOD	0	0	0	10,296,185	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,955,281	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	46,265,063	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,009,541	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,026,708	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	168,028,584	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	237,642,858	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	191,687	191,687	702,880,780	0.000273	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	0	0	0	10,649,040	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	159,320	0.000000	75.10
75.20	03951	HEMODIALYSIS	0	0	0	3,603,595	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,605,064	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	10,908,406	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	0	0	0	1,138,919	0.000000	90.02
90.03	09003	STATELINE CLINIC	0	0	0	15,889,399	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,300,703	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	1,925,634	0.000000	90.05
90.06	09006	CVT CLINIC	0	0	0	132,782	0.000000	90.06
90.07	09007	MWH CLINIC	0	0	0	15,681,822	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	350,249	0.000000	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	4,385,479	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	2,406,292	0.000000	90.10
90.11	09011	MFM CLINIC	0	0	0	153,855	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	5,501,690	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	177,482	0.000000	90.13
91.00	09100	EMERGENCY	0	1,814,061	1,814,061	154,149,177	0.011768	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	1,984,363	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	24,998,751	0.000000	92.00
200.00		Total (lines 50 through 199)	0	2,214,155	2,214,155	2,469,163,103		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:

12/28/2020 12:33 pm

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	
Title XVIII Subprovider - IR# PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.10	03480 ONCOLOGY	0.000000	0	0	0	0	54.10
54.20	05401 CT	0.000000	0	0	0	0	54.20
54.30	05402 MRI	0.000000	0	0	0	0	54.30
60.00	06000 LABORATORY	0.000838	0	0	0	0	60.00
60.01	06001 BLOOD	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000273	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.000000	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.000000	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0.000000	0	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.011768	0	0	0	0	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 12/28/2020 12:33 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,238	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,238	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		44,621	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) (see instructions)		14,553	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)		56,776,854	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)		56,776,854	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)		56,776,854	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)		1,066.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,520,338	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,520,338	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
12/28/2020 12:33 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	12,654,005	6,497	1,947.67	1,825	3,554,498
43.01	PEDIATRIC ICU	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,892,273
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,967,109
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					199,105
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,570,482
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,669,587
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,297,522
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					8,617
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,066.47
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,189,772

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
12/28/2020 12:33 pm

		Title XVIII		Hospital	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	6,543,529	56,776,854	0.115250	9,189,772	1,059,121
91.00	Nursing School cost	0	56,776,854	0.000000	9,189,772	0
92.00	Allied health cost	0	56,776,854	0.000000	9,189,772	0
93.00	All other Medical Education	0	56,776,854	0.000000	9,189,772	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-S228

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

12/28/2020 12:33 pm

Cost Center Description		Title XVIII	Subprovider - IP#	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,075	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,075	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,075	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) (see instructions)		765	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)		5,663,071	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)		5,663,071	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 27,663,071 minus line 36)		5,663,071	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)		1,115.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		853,648	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)		853,648	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-S228

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

12/28/2020 12:33 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					141,902	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					995,550	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)					116,096	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,305	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					128,401	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					867,149	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-S228

From 07/01/2019
To 06/30/2020Date/Time Prepared:
12/28/2020 12:33 pm

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	770,181	5,663,071	0.136001	0	0	90.00
91.00	Nursing School cost	0	5,663,071	0.000000	0	0	91.00
92.00	Allied health cost	0	5,663,071	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,663,071	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1
		Component CCN:14-T228		Date/Time Prepared: 12/28/2020 12:33 pm
		Title XVIII	Subprovider - IR#	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)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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) (see instructions)		0	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)		0	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)		0	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)		0	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)		0.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-T228

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

12/28/2020 12:33 pm

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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-T228

From 07/01/2019
To 06/30/2020Date/Time Prepared:
12/28/2020 12:33 pm

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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 12/28/2020 12:33 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		40,146,021	30.00
31.00	03100	INTENSIVE CARE UNIT		17,844,006	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		70,187	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123897	20,715,535	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.146980	1,611,905	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.226795	224,723	52.00
53.00	05300	ANESTHESIOLOGY	0.119743	2,740,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130253	16,452,197	54.00
54.10	03480	ONCOLOGY	0.288845	476,697	54.10
54.20	05401	CT	0.030208	9,305,836	54.20
54.30	05402	MRI	0.060720	2,109,962	54.30
60.00	06000	LABORATORY	0.078485	24,127,183	60.00
60.01	06001	BLOOD	0.177885	2,074,412	60.01
65.00	06500	RESPIRATORY THERAPY	0.198720	7,531,835	65.00
66.00	06600	PHYSICAL THERAPY	0.218010	5,063,900	66.00
69.00	06900	ELECTROCARDIOLOGY	0.063011	6,502,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091803	275,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205865	27,236,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.011017	39,674,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.051879	46,004,413	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.138755	9,028	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.258404	0	75.10
75.20	03951	HEMODIALYSIS	0.359959	1,889,171	75.20
76.97	07697	CARDIAC REHABILITATION	0.978271	7,877	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240416	49,295	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	0.981086	14,017	90.02
90.03	09003	STATELINE CLINIC	0.072898	5,659	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.244568	10,234	90.04
90.05	09005	PULMONOLOGY CLINIC	1.270427	2,008	90.05
90.06	09006	CVT CLINIC	1.854167	6,481	90.06
90.07	09007	MWH CLINIC	0.339010	28,772	90.07
90.08	09008	NEUROSURGERY CLINIC	0.617452	1,659	90.08
90.09	09009	HEADACHE CLINIC	0.538657	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.815020	1,472	90.10
90.11	09011	MFM CLINIC	2.613129	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.374517	20,874	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.334642	691	90.13
91.00	09100	EMERGENCY	0.128805	12,571,568	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.440118	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.367609	2,498,726	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		229,245,407	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)		229,245,407	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-0228

Period:

Worksheet D-3

Component CCN:14-S228

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

12/28/2020 12:33 pm

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	
Title XVIII Subprovider - IPF PPS						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	PEDIATRIC ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		1,909,041		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123897	4,179	518	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.146980	4,932	725	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.226795	35	8	52.00
53.00	05300	ANESTHESIOLOGY	0.119743	1,915	229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130253	59,789	7,788	54.00
54.10	03480	ONCOLOGY	0.288845	629	182	54.10
54.20	05401	CT	0.030208	38,928	1,176	54.20
54.30	05402	MRI	0.060720	3,710	225	54.30
60.00	06000	LABORATORY	0.078485	423,766	33,259	60.00
60.01	06001	BLOOD	0.177885	8,485	1,509	60.01
65.00	06500	RESPIRATORY THERAPY	0.198720	35,594	7,073	65.00
66.00	06600	PHYSICAL THERAPY	0.218010	7,743	1,688	66.00
69.00	06900	ELECTROCARDIOLOGY	0.063011	37,516	2,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091803	1,420	130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205865	32,126	6,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.011017	7,382	81	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.051879	378,395	19,631	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	0.138755	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.258404	0	0	75.10
75.20	03951	HEMODIALYSIS	0.359959	55,835	20,098	75.20
76.97	07697	CARDIAC REHABILITATION	0.978271	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240416	293	70	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	0.981086	591	580	90.02
90.03	09003	STATELINE CLINIC	0.072898	29	2	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.244568	46	11	90.04
90.05	09005	PULMONOLOGY CLINIC	1.270427	0	0	90.05
90.06	09006	CVT CLINIC	1.854167	80	148	90.06
90.07	09007	MWH CLINIC	0.339010	242	82	90.07
90.08	09008	NEUROSURGERY CLINIC	0.617452	13	8	90.08
90.09	09009	HEADACHE CLINIC	0.538657	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.815020	0	0	90.10
90.11	09011	MFM CLINIC	2.613129	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.374517	50	19	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.334642	0	0	90.13
91.00	09100	EMERGENCY	0.128805	292,570	37,684	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.440118	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.367609	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,396,293	141,902	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		1,396,293		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 12/28/2020 12:33 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)	8,355,936		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	25,067,808		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)			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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	187,947		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	563,843		2.04
3.00	Managed Care Simulated Payments	19,810,410		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	263.69		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	12.38		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	12.38		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	19.02		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	12.38		12.00
13.00	Total allowable FTE count for the prior year.	12.38		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	12.38		14.00
15.00	Sum of lines 12 through 14 divided by 3.	12.38		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	12.38		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.046949		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.046592		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.046592		21.00
22.00	IME payment adjustment (see instructions)	839,905		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	497,816		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	6.64		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	839,905		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	497,816		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.67		30.00
31.00	Percentage of Medicaid patient days (see instructions)	23.04		31.00
32.00	Sum of lines 30 and 31	27.71		32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.08		33.00
34.00	Disproportionate share adjustment (see instructions)	1,009,397		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 12/28/2020 12:33 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)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000436718	0.000385928	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,612,911	3,222,733	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		910,652	2,412,647	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,323,299		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)		652,	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)		39,348,135		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)			39,845,951	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,947,411	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).			378,512	52.00
53.00	Nursing and Allied Health Managed Care payment			135,296	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			180,720	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,487,890	59.00
60.00	Primary payer payments			13,087	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,474,803	61.00
62.00	Deductibles billed to program beneficiaries			3,496,020	62.00
63.00	Coinurance billed to program beneficiaries			50,127	63.00
64.00	Allowable bad debts (see instructions)			785,019	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			510,262	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			744,589	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,438,918	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)			-158,380	70.93
70.94	HRR adjustment amount (see instructions)			-63,961	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 12/28/2020 12:33 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	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	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,216,577	71.00
71.01	Sequestration adjustment (see instructions)		671,617	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		39,105,685	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		439,275	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,554,036	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	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	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	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/28/2020 12:33 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,355,936	0	8,355,936		8,355,936	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,067,808	0		33,423,744	33,423,744	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	187,947	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	563,843	0		751,790	751,790	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,810,410	0	0	19,810,410	19,810,410	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046592	0.046592	0.046592	0.046592		5.00
6.00	IME payment adjustment (see instructions)	22.00	839,905	0	209,976	629,929	839,905	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	497,816	0	0	497,816	497,816	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	839,905	0	209,976	629,929	839,905	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	497,816	0	0	497,816	497,816	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,009,397	0	252,349	757,048	1,009,397	11.00
11.01	Uncompensated care payments	36.00	3,323,299	0	791,943	2,702,259	3,494,202	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	39,348,135	0	9,610,204	29,737,931	39,348,135	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,845,951	0	9,610,204	30,235,747	39,845,951	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,947,411	0	0	2,947,411	2,947,411	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/28/2020 12:33 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	9,610,204	33,183,158	42,793,362		19.00
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,666,078	0	0	2,666,078	2,666,078		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0		20.01
21.00	Capital DRG outlier payments	2.00	60,848	0	0	60,848	60,848		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0		21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0250	0.0250	0.0250	0.0250			22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	66,652	0	0	66,652	66,652		23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577	0.0577			24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,833	0	0	153,833	153,833		25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,947,411	0	0	2,947,411	2,947,411		26.00
		W/S E, Part A line	(Amounts to E, Part A)						
		0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0		28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0		29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y						100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/28/2020 12:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,355,936	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,067,808		33,423,744	33,423,744	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	187,947	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	563,843		751,790	751,790	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,810,410	0	19,810,410	19,810,410	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046592	0.046592	0.046592		5.00
6.00	IME payment adjustment (see instructions)	22.00	839,905	0	839,905	839,905	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	497,816	0	497,816	497,816	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	839,905	0	839,905	839,905	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	497,816	0	497,816	497,816	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1208	0.1208	0.1208		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,009,397	0	1,009,397	1,009,397	11.00
11.01	Uncompensated care payments	36.00	3,323,299	791,943	2,702,259	3,494,202	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	39,348,135	791,943	38,556,192	39,348,135	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,845,951	791,943	39,054,008	39,845,951	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,947,411	0	2,947,411	2,947,411	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			791,943	42,001,419	42,793,362	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/28/2020 12:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,666,078	0	2,666,078	2,666,078	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	60,848	0	60,848	60,848	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0250	0.0250	0.0250		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	66,652	0	66,652	66,652	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0577	0.0577	0.0577		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,833	0	153,833	153,833	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,947,411	0	2,947,411	2,947,411	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-158,380	0	-158,380	-158,380	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-63,961	0	-63,961	-63,961	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 12/28/2020 12:33 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			7,889	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			35,371,814	2.00
3.00	OPPS payments			37,971,011	3.00
4.00	Outlier payment (see instructions)			534,371	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			234,170	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,889	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			134,950	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)			134,950	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)			134,950	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			127,061	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0	20.00
21.00	Lesser of cost or charges (see instructions)			7,889	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)			38,739,552	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			10,057	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			6,929,464	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)			31,807,920	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			313,853	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)			32,121,773	30.00
31.00	Primary payer payments			1,392	31.00
32.00	Subtotal (line 30 minus line 31)			32,120,381	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)			860,073	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			559,047	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			706,119	36.00
37.00	Subtotal (see instructions)			32,679,428	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)			54,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			32,679,428	40.00
40.01	Sequestration adjustment (see instructions)			545,746	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0	40.03
41.00	Interim payments			32,318,474	41.00
41.01	Interim payments-PARHM			0	41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0	42.01
43.00	Balance due provider/program (see instructions)			-184,792	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			711,291	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 12/28/2020 12:33 pm
		Component CCN:14-S228		
		Title XVIII	Subprovider - IP#	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		230	2.00
3.00	OPPS payments		62	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		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		65	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)		12	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)		53	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)		53	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		53	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)		53	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		53	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		48	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		4	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		356	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
12/28/2020 12:33 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		39,105,685		32,318,474	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,105,685		32,318,474	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		439,275		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		184,792	6.02	
7.00	Total Medicare program liability (see instructions)		39,544,960		32,133,682	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0228

Period:

Worksheet E-1

Component CCN:14-S228

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:

12/28/2020 12:33 pm

		Title XVIII		Subprovider - IP#		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		640,281		48	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		640,281		48	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		11,586		4	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		651,867		52	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
12/28/2020 12:33 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:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 12/28/2020 12:33 pm
		Component CCN:14-S228		
		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)		697,286	1.00
2.00	Net IPF PPS Outlier Payments		20,738	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.866120	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		718,024	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		718,024	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		718,024	18.00
19.00	Deductibles		100,980	19.00
20.00	Subtotal (line 18 minus line 19)		617,044	20.00
21.00	Coinsurance		352	21.00
22.00	Subtotal (line 20 minus line 21)		616,692	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		65,146	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		42,345	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		63,782	25.00
26.00	Subtotal (sum of lines 22 and 24)		659,037	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		3,901	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		662,938	31.00
31.01	Sequestration adjustment (see instructions)		11,071	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		640,281	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		11,586	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,219	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		20,738	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 12/28/2020 12:33 pm
		Component CCN:14-T228		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		0	3.00
4.00	Outlier Payments		0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	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	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	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
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		0.000000	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		0	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		0	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		0	19.00
20.00	Deductibles		0	20.00
21.00	Subtotal (line 19 minus line 20)		0	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		0	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		0	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		0	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		0	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 12/28/2020 12:33 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 15.05 or before December 31, 1996.			1.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.02	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.16	0.86	19.02	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.37	0.68	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.37	0.68		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.26	0.79		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.33	0.72		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.32	0.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.32	0.73		17.00
18.00	Per resident amount	97,124.74	92,255.59		18.00
19.00	Approved amount for resident costs	1,390,826	67,347	1,458,173	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.97	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,458,173	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,143	5,301	5,300	26.00
27.00	Total Inpatient Days (see instructions)	56,868	56,868	56,868	27.00
28.00	Ratio of inpatient days to total inpatient days	0.301452	0.093216	0.093198	28.00
29.00	Program direct GME amount	439,569	135,925	135,899	711,393
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		9,515	9,513	19,028
31.00	Net Program direct GME amount				692,365

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 12/28/2020 12:33 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)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		42,962,659	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		13,087	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		42,949,572	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		35,614,106	42.00
43.00	Primary payer payments (see instructions)		1,392	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		35,612,714	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		78,562,286	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.546695	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.453305	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		692,365	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		378,512	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		313,853	50.00

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

Provider CCN:14-0228

Period:

Worksheet G

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

12/28/2020 12:33 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	97,707,363	0	0	0	1.00
2.00	Temporary investments	58,724,919	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	139,077,967	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-82,491,374	0	0	0	6.00
7.00	Inventory	10,710,309	0	0	0	7.00
8.00	Prepaid expenses	23,265,860	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	246,995,044	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,343,856	0	0	0	12.00
13.00	Land improvements	10,321,146	0	0	0	13.00
14.00	Accumulated depreciation	-2,888,969	0	0	0	14.00
15.00	Buildings	270,372,524	0	0	0	15.00
16.00	Accumulated depreciation	-34,851,356	0	0	0	16.00
17.00	Leasehold improvements	36,757,535	0	0	0	17.00
18.00	Accumulated depreciation	-12,326,156	0	0	0	18.00
19.00	Fixed equipment	73,320,851	0	0	0	19.00
20.00	Accumulated depreciation	-760,704	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	118,837,001	0	0	0	23.00
24.00	Accumulated depreciation	-71,064,852	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)	397,060,876	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	310,582,363	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	310,582,363	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	954,638,283	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,940,034	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	160,607,664	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	182,547,698	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	235,906,746	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,013,529	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	263,920,275	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	446,467,973	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	508,170,310	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	508,170,310	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	954,638,283	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
12/28/2020 12:33 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		503,447,572		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,355,566				2.00
3.00	Total (sum of line 1 and line 2)		507,803,138		0		3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE	367,171		0		0	4.00
5.00	ROUNDING	1		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)		367,172		0		10.00
11.00	Subtotal (line 3 plus line 10)		508,170,310		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		508,170,310		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
12/28/2020 12:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	152,113,095		152,113,095	1.00
2.00	SUBPROVIDER - IPF	12,888,591		12,888,591	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	165,001,686		165,001,686	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	60,203,877		60,203,877	11.00
11.01	PEDIATRIC ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	60,203,877		60,203,877	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	225,205,563		225,205,563	17.00
18.00	Ancillary services	918,580,323	1,550,582,779	2,469,163,102	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,561,663	5,561,663	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	165,310,848	165,310,848	27.00
27.01	MISC REVENUE	-154,238,612	-33,932,819	-188,171,431	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	6,989,547,274	1,687,522,471	2,677,069,745	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		556,931,121		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		556,931,121		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
12/28/2020 12:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,677,069,745	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,103,613,143	2.00
3.00	Net patient revenues (line 1 minus line 2)	573,456,602	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	556,931,121	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,525,481	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,133,003	6.00
7.00	Income from investments	7,790,302	7.00
8.00	Revenues from telephone and other miscellaneous communication services	424,549	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	5,742	13.00
14.00	Revenue from meals sold to employees and guests	1,293,204	14.00
15.00	Revenue from rental of living quarters	10,260	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	398,325	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	46,953,989	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	58,009,374	25.00
26.00	Total (line 5 plus line 25)	74,534,855	26.00
27.00	BAD DEBTS	69,772,185	27.00
27.01	STATE/FEDERAL TAXES	0	27.01
27.02	IMPAIRMENT OF ASSETS	0	27.02
27.03	GRANTS & DONATIONS	407,104	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	70,179,289	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,355,566	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS Provider CCN:14-0228 Period: From 07/01/2019 To 06/30/2020 Worksheet H

HHA CCN: 14-7448 Date/Time Prepared: 12/28/2020 12:33 pm

Home Health Agency I PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,201,537	396,835	1,884	18,793	432,683	2,051,732	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,204,309	397,751	137,287	0	19,285	1,758,632	6.00
7.00 Physical Therapy	822,792	271,746	0	0	0	1,094,538	7.00
8.00 Occupational Therapy	174,065	57,489	0	0	0	231,554	8.00
9.00 Speech Pathology	45,993	15,190	0	0	0	61,183	9.00
10.00 Medical Social Services	69,907	23,088	0	0	0	92,995	10.00
11.00 Home Health Aide	37,056	12,239	0	0	0	49,295	11.00
12.00 Supplies (see instructions)	0	0	0	0	75,408	75,408	12.00
13.00 Drugs	0	0	0	0	3,113	3,113	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	3,555,659	1,174,338	139,171	18,793	530,489	5,418,450	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	-31,689	2,020,043	138,539	2,158,582			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,758,632	0	1,758,632			6.00
7.00 Physical Therapy	0	1,094,538	0	1,094,538			7.00
8.00 Occupational Therapy	0	231,554	0	231,554			8.00
9.00 Speech Pathology	0	61,183	0	61,183			9.00
10.00 Medical Social Services	0	92,995	0	92,995			10.00
11.00 Home Health Aide	0	49,295	0	49,295			11.00
12.00 Supplies (see instructions)	-57,306	18,102	0	18,102			12.00
13.00 Drugs	0	3,113	0	3,113			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-88,995	5,329,455	138,539	5,467,994			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN:14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 pm

Home Health

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Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,158,582	0	0	0	0	2,158,582	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,758,632	0	0	0	0	1,758,632	6.00
7.00	Physical Therapy	1,094,538	0	0	0	0	1,094,538	7.00
8.00	Occupational Therapy	231,554	0	0	0	0	231,554	8.00
9.00	Speech Pathology	61,183	0	0	0	0	61,183	9.00
10.00	Medical Social Services	92,995	0	0	0	0	92,995	10.00
11.00	Home Health Aide	49,295	0	0	0	0	49,295	11.00
12.00	Supplies (see instructions)	18,102	0	0	0	0	18,102	12.00
13.00	Drugs	3,113	0	0	0	0	3,113	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,467,994	0	0	0	0	5,467,994	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,158,582						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,147,079	2,905,711					6.00
7.00	Physical Therapy	713,918	1,808,456					7.00
8.00	Occupational Therapy	151,032	382,586					8.00
9.00	Speech Pathology	39,907	101,090					9.00
10.00	Medical Social Services	60,656	153,651					10.00
11.00	Home Health Aide	32,153	81,448					11.00
12.00	Supplies (see instructions)	11,807	29,909					12.00
13.00	Drugs	2,030	5,143					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		5,467,994					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
12/28/2020 12:33 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	-2,158,582	3,309,412	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,758,632	6.00
7.00	Physical Therapy	0	0	0	0	1,094,538	7.00
8.00	Occupational Therapy	0	0	0	0	231,554	8.00
9.00	Speech Pathology	0	0	0	0	61,183	9.00
10.00	Medical Social Services	0	0	0	0	92,995	10.00
11.00	Home Health Aide	0	0	0	0	49,295	11.00
12.00	Supplies (see instructions)	0	0	0	0	18,102	12.00
13.00	Drugs	0	0	0	0	3,113	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	-2,158,582	3,309,412	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	2,158,582	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.652255	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
12/28/2020 12:33 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	75,025	158,540	29,274	262,839	49,192	1.00
2.00	Skilled Nursing Care	2,905,711	0	0	15,270	2,920,981	546,685	2.00
3.00	Physical Therapy	1,808,456	0	0	7,312	1,815,768	339,836	3.00
4.00	Occupational Therapy	382,586	0	0	2,117	384,703	72,000	4.00
5.00	Speech Pathology	101,090	0	0	522	101,612	19,017	5.00
6.00	Medical Social Services	153,651	0	0	1,374	155,025	29,014	6.00
7.00	Home Health Aide	81,448	0	0	1,842	83,290	15,588	7.00
8.00	Supplies (see instructions)	29,909	0	0	0	29,909	5,598	8.00
9.00	Drugs	5,143	0	0	0	5,143	963	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,467,994	75,025	158,540	57,711	5,759,270	1,077,893	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to decimal places.	6				0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	26,435	96,691	0	64,537	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	26,435	96,691	0	64,537	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to decimal places.	6						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
12/28/2020 12:33 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	146	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	11,134	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	146	0	11,134	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PHARMACY RESIDENCY	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
12/28/2020 12:33 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.20	23.30	23.40	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	499,840	0	499,840	1.00
2.00	Skilled Nursing Care	0	0	0	3,478,800	0	3,478,800	2.00
3.00	Physical Therapy	0	0	0	2,155,604	0	2,155,604	3.00
4.00	Occupational Therapy	0	0	0	456,703	0	456,703	4.00
5.00	Speech Pathology	0	0	0	120,629	0	120,629	5.00
6.00	Medical Social Services	0	0	0	184,039	0	184,039	6.00
7.00	Home Health Aide	0	0	0	98,878	0	98,878	7.00
8.00	Supplies (see instructions)	0	0	0	35,507	0	35,507	8.00
9.00	Drugs	0	0	0	6,106	0	6,106	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	7,036,106	0	7,036,106	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)		Total HHA Costs				
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	266,030	3,744,830					2.00
3.00	Physical Therapy	164,843	2,320,447					3.00
4.00	Occupational Therapy	34,925	491,628					4.00
5.00	Speech Pathology	9,225	129,854					5.00
6.00	Medical Social Services	14,074	198,113					6.00
7.00	Home Health Aide	7,561	106,439					7.00
8.00	Supplies (see instructions)	2,715	38,222					8.00
9.00	Drugs	467	6,573					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	499,840	7,036,106					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.076472						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet H-2 Part II Date/Time Prepared: 12/28/2020 12:33 pm
				HHA CCN: 14-7448		
					Home Health Agency I	PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00		5.00	6.00	
1.00	Administrative and General	7,907	7,907	2,130	0	262,839	7,907	1.00
2.00	Skilled Nursing Care	0	0	1,111	0	2,920,981	0	2.00
3.00	Physical Therapy	0	0	532	0	1,815,768	0	3.00
4.00	Occupational Therapy	0	0	154	0	384,703	0	4.00
5.00	Speech Pathology	0	0	38	0	101,612	0	5.00
6.00	Medical Social Services	0	0	100	0	155,025	0	6.00
7.00	Home Health Aide	0	0	134	0	83,290	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	29,909	0	8.00
9.00	Drugs	0	0	0	0	5,143	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,907	7,907	4,199		5,759,270	7,907	20.00
21.00	Total cost to be allocated	75,025	158,540	57,711		1,077,893	26,435	21.00
22.00	Unit cost multiplier	9.488428	20.050588	13.743987		0.187158	3.343240	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	7,907	0	7,907	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,907	0	7,907	0	0	0	20.00
21.00	Total cost to be allocated	96,691	0	64,537	0	0	0	21.00
22.00	Unit cost multiplier	12.228532	0.000000	8.162008	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0228 HHA CCN: 14-7448		Period: From 07/01/2019 To 06/30/2020		Worksheet H-2 Part II Date/Time Prepared: 12/28/2020 12:33 pm	
						Home Health Agency I		PPS	
Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		13.00	14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	490	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	5,561,663	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	490	0	5,561,663	0	0	20.00	
21.00	Total cost to be allocated	0	146	0	11,134	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.297959	0.000000	0.002002	0.000000	0.000000	22.00	
Cost Center Description		NURSING SCHOOLS (ASSIGNED & TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)		
			SERVICES-SALARIES & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)					
			20.00	21.00					
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet H-2 Part II Date/Time Prepared: 12/28/2020 12:33 pm
		HHA CCN: 14-7448		
			Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

12/28/2020 12:33 pm

Title XVIII

Home Health

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits Agency I	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	3,744,830		3,744,830	11,596	322.94	1.00
2.00	Physical Therapy	3.00	2,320,447	400,747	2,721,194	9,586	283.87	2.00
3.00	Occupational Therapy	4.00	491,628	0	491,628	1,673	293.86	3.00
4.00	Speech Pathology	5.00	129,854	0	129,854	515	252.14	4.00
5.00	Medical Social Services	6.00	198,113		198,113	176	1,125.64	5.00
6.00	Home Health Aide	7.00	106,439		106,439	573	185.76	6.00
7.00	Total (sum of lines 1-6)		6,991,311	400,747	7,392,058	24,119		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
				0	1.00	2.00	3.00

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	0	27			8.00
8.01	Skilled Nursing Care		20994	0	0			8.01
8.02	Skilled Nursing Care		40420	0	3,487			8.02
8.03	Skilled Nursing Care		99914	0	570			8.03
9.00	Physical Therapy		16974	0	0			9.00
9.01	Physical Therapy		20994	0	37			9.01
9.02	Physical Therapy		40420	0	3,215			9.02
9.03	Physical Therapy		99914	0	264			9.03
10.00	Occupational Therapy		16974	0	0			10.00
10.01	Occupational Therapy		20994	0	1			10.01
10.02	Occupational Therapy		40420	0	747			10.02
10.03	Occupational Therapy		99914	0	45			10.03
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		20994	0	3			11.01
11.02	Speech Pathology		40420	0	250			11.02
11.03	Speech Pathology		99914	0	16			11.03
12.00	Medical Social Services		16974	0	0			12.00
12.01	Medical Social Services		20994	0	1			12.01
12.02	Medical Social Services		40420	0	75			12.02
12.03	Medical Social Services		99914	0	6			12.03
13.00	Home Health Aide		16974	0	0			13.00
13.01	Home Health Aide		20994	0	0			13.01
13.02	Home Health Aide		40420	0	288			13.02
13.03	Home Health Aide		99914	0	4			13.03
14.00	Total (sum of lines 8-13)			0	9,036			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	38,222	59,191	97,413	0	0.000000	15.00
16.00	Cost of Drugs	9.00	6,573	0	6,573	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:

12/28/2020 12:33 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,084		0	1,318,887		1.00
2.00	Physical Therapy	0	3,516		0	998,087		2.00
3.00	Occupational Therapy	0	793		0	233,031		3.00
4.00	Speech Pathology	0	269		0	67,826		4.00
5.00	Medical Social Services	0	82		0	92,302		5.00
6.00	Home Health Aide	0	292		0	54,242		6.00
7.00	Total (sum of lines 1-6)	0	9,036		0	2,764,375		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	107,718	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
12/28/2020 12:33 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,318,887		1.00
2.00	Physical Therapy	998,087		2.00
3.00	Occupational Therapy	233,031		3.00
4.00	Speech Pathology	67,826		4.00
5.00	Medical Social Services	92,302		5.00
6.00	Home Health Aide	54,242		6.00
7.00	Total (sum of lines 1-6)	2,764,375		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
12/28/2020 12:33 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.218010	1,838,206	400,747	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.205865	287,522	59,191	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.051879	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228 HHA CCN: 14-7448	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 12/28/2020 12:33 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,564,857	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	193,234	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	24,091	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	9,044	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	43,918	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,835,144	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,835,144	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,835,144	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,835,144	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	1,835,144	31.00
31.01	Sequestration adjustment (see instructions)	0	31,240	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	1,803,904	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN:14-0228

HHA CCN: 14-7448

Period:
From 07/01/2019
To 06/30/2020

Worksheet H-5

Date/Time Prepared:
12/28/2020 12:33 pm

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,803,904	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,803,904	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,803,904	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0228	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 12/28/2020 12:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,666,078	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,848	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)		141.51	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.50	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)		66,652	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.04	8.00
9.00	Sum of lines 7 and 8		27.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.77	10.00
11.00	Disproportionate share adjustment (see instructions)		153,833	11.00
12.00	Total prospective capital payments (see instructions)		2,947,411	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