This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/20/2020 10:43 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/20/2020 Time: 10:43 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF IOWA HOSP & CLINICS (16-0058) for the cost reporting period beginning 07/01/2019 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) _____
Officer or Administrator of Provider(s)

CFO, UI HEALTH CARE
Title

Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	275,748	1,416,494	0	0	1.00
2.00	Subprovider - IPF	0	100,769	561		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	376,517	1,417,055	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/20/2020 10:43 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 200 HAWKINS DRIVE	PO Box:			1.00
2.00	City: IOWA CITY	State: IA	Zip Code: 52242-1009	County: JOHNSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	UNIVERSITY OF IOWA HOSP & CLINICS	160058	26980	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UIHC PSYCHIATRIC HOSPITAL	16S058	26980	4	07/01/1988	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	UIHC DIALYSIS CENTER	162306	26980		07/01/1982				18.00
18.01	Renal Dialysis	UIHC MUSCATINE DIALYSIS CENTER	163504	99916		06/01/1996				18.01
18.02	Renal Dialysis	UIHC GRINNELL DIALYSIS CENTER	163507	99916		05/01/1997				18.02
18.03	Renal Dialysis	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	26980		06/01/1998				18.03
18.04	Renal Dialysis	UIHC WASHINGTON DIALYSIS CENTER	163510	26980		06/01/1999				18.04
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)	10		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/20/2020 10:43 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,675	2,151	2,241	1,909	64,958	149	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 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	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	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	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
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			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/20/2020 10:43 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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 adjustement? 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)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1	60.06

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/20/2020 10:43 am

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	461.08	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	0.00	36.12	0.000000	65.00
65.01		FAMILY MEDICINE	1350	0.00	14.87	0.000000	65.01
65.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.60	0.000000	65.02
65.03		INTERNAL MEDICINE	1400	0.00	63.51	0.000000	65.03
65.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	3.82	0.000000	65.04

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	558.97	0.000000	66.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRIC	2000	0.00	41.77	0.000000	67.00
67.01		FAMILY MEDICINE	1350	0.00	16.21	0.000000	67.01
67.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.89	0.000000	67.02
67.03		INTERNAL MEDICINE	1400	0.00	61.42	0.000000	67.03
67.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	0.49	0.000000	67.04

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

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		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	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	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	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		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	1,754,777	0	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 §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		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.	10/19/2016		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.	10/19/2016		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.	10/19/2016		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.	10/19/2016		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
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

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		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	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
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II | Date/Time Prepared: 11/20/2020 10:43 am

		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)	N			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	11/16/2020	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	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	N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		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		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/23/2020	Y	10/23/2020	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		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		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAYLOR		BEARDSHEAR		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF IOWA HOSP & CLINICS				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	319-356-7950		TAYLOR-BEARDSHEAR@UIOWA.EDU		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/20/2020 10:43 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	498	182,250	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)		498	182,250	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	MEDICAL INTENSIVE CARE UNIT	31.01	26	9,516	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	24	8,784	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	17	6,222	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,176	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	88	32,208	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	28	10,248	0.00	0	12.01
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		717	262,404	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	73	26,718		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		790				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)		7	2,562			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/20/2020 10:43 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	46,959	1,759	141,884			1.00
2.00	HMO and other (see instructions)	21,148	58,574				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	46,959	1,759	141,884			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSIVE CARE UNIT	2,555	157	7,666			8.01
9.00	CORONARY CARE UNIT	3,092	29	7,221			9.00
10.00	BURN INTENSIVE CARE UNIT	1,097	60	5,160			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,453	131	10,895			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	221	12,962			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	11	21	6,436			12.01
13.00	NURSERY		12,982	17,041			13.00
14.00	Total (see instructions)	57,167	15,360	209,265	593.83	8,968.59	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,457	8,942	25,858	9.49	155.67	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			273			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				603.32	9,124.26	27.00
28.00	Observation Bed Days		0	7,738			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	149	1,808			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			386			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/20/2020 10:43 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		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	8,558	407	29,796	1.00
2.00	HMO and other (see instructions)			2,985	7,337		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,558	407	29,796	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	239	0	1,387	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	587,834,094	33,978,948	621,813,042	19,555,237.00	31.80	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	12,902,752	12,902,752	66,060.00	195.32	4.00
4.01	Physicians - Part A - Teaching		0	23,130,219	23,130,219	152,252.00	151.92	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	31,873,288	9,486,787	41,360,075	1,363,092.00	30.34	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)		41,349,789	-2,842,018	38,507,771	1,257,816.00	30.61	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	9,769,992	9,769,992	123,037.80	79.41	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
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)		210,318,296	0	210,318,296			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		15,851,548	0	15,851,548			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	1,962,392	1,962,392			22.00
22.01	Physician Part A - Teaching		0	3,915,566	3,915,566			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		17,121,227	0	17,121,227			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: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	88,309,803	14,386,636	102,696,439	2,945,278.00	34.87	27.00
28.00	Administrative & General under contract (see inst.)		0	8,619,585	8,619,585	113,673.14	75.83	28.00
29.00	Maintenance & Repairs	6.00	9,592,348	518,184	10,110,532	358,567.00	28.20	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	1,456,042	26,778	1,482,820	81,433.00	18.21	31.00
32.00	Housekeeping	9.00	14,297,168	254,179	14,551,347	803,821.00	18.10	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,994,560	-4,682,129	7,312,431	367,371.00	19.90	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,354,093	4,354,093	220,588.00	19.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,329,881	-931,285	9,398,596	162,508.00	57.83	38.00
39.00	Central Services and Supply	14.00	7,801,367	-7,772	7,793,595	344,000.00	22.66	39.00
40.00	Pharmacy	15.00	3,057,996	162,926	3,220,922	63,332.00	50.86	40.00
41.00	Medical Records & Medical Records Library	16.00	6,139,516	2,631,409	8,770,925	318,295.00	27.56	41.00
42.00	Social Service	17.00	12,118,648	1,329,083	13,447,731	408,860.00	32.89	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part III Date/Time Prepared: 11/20/2020 10:43 am

		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)		555,960,806	9,981,527	565,942,333	18,153,566.14	31.18	1.00
2.00	Excluded area salaries (see instructions)		41,349,789	-2,842,018	38,507,771	1,257,816.00	30.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)		514,611,017	12,823,545	527,434,562	16,895,750.14	31.22	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	9,769,992	9,769,992	123,037.80	79.41	4.00
5.00	Subtotal wage-related costs (see inst.)		210,318,296	1,962,392	212,280,688	0.00	40.25	5.00
6.00	Total (sum of lines 3 thru 5)		724,929,313	24,555,929	749,485,242	17,018,787.94	44.04	6.00
7.00	Total overhead cost (see instructions)		165,097,329	26,661,687	191,759,016	6,187,726.14	30.99	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part IV | Date/Time Prepared: 11/20/2020 10:43 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	48,131,887	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6,283,764	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	126,083,480	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	7,937,012	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,895,305	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)	3,801,010	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,062,825	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	37,308,115	17.00
18.00	Medicare Taxes - Employers Portion Only	9,425,580	18.00
19.00	Unemployment Insurance	387,722	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	852,331	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	249,169,031	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: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part V | Date/Time Prepared: 11/20/2020 10:43 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	9,769,992	249,169,029	1.00
2.00	Hospital	9,769,992	210,318,296	2.00
3.00	Subprovider - IPF	0	15,851,548	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	22,999,185	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-5 | Date/Time Prepared: 11/20/2020 10:43 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	142	0	0	2	6	23	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	4.00	5.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	59	0	3	2			6.00
7.00	Treatment capacity per day per station	25	0					7.00
8.00	Utilization (see instructions)	46.38	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	Y	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)	Y	10.02

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	181		11.00
12.00	Number of patients transplanted during the cost reporting period	103		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable	X		21.00

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	13,683	0	1,434	0	22.00
22.01		ARANESP	653,218	0	43,699	0	22.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-5 | Date/Time Prepared: 11/20/2020 10:43 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	162306	13,926	23.00
23.01	UIHC MUSCATINE DIALYSIS CENTER	163504	4,926	23.01
23.02	UIHC GRINNELL DIALYSIS CENTER	163507	2,015	23.02
23.03	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	3,622	23.03
23.04	UIHC WASHINGTON DIALYSIS CENTER	163510	2,203	23.04

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-10 | Date/Time Prepared: 11/20/2020 10:43 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.244960	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	167,892,022	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	74,365,372	5.00
6.00	Medicaid charges	1,007,672,649	6.00
7.00	Medicaid cost (line 1 times line 6)	246,839,492	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)	4,582,098	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	4,112,769	9.00
10.00	Stand-alone CHIP charges	22,314,563	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	5,466,175	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	1,353,406	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)	5,935,504	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)	46,977,715	2,446,212	49,423,927	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,507,661	2,446,212	13,953,873	21.00
22.00	Payments received from patients for amounts previously written off as charity care	8,835	80,906	89,741	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,498,826	2,365,306	13,864,132	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)	28,945,706	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	3,062,442	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,711,450	27.01
28.00	Non-Medicare bad debt expense (see instructions)	24,234,256	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,585,431	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	21,449,563	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	27,385,067	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP		45,244,284	45,244,284	906,914	46,151,198	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		0	0	0	0	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG		244,023	244,023	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD		194,591	194,591	0	194,591	1.04
1.05	00105	CAP REL COSTS-IRL		5,045,863	5,045,863	-815,194	4,230,669	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		50,166,388	50,166,388	304,253	50,470,641	2.00
2.01	00201	BLANK		0	0	0	0	2.01
2.02	00202	BLANK		0	0	0	0	2.02
2.03	00203	BLANK		0	0	0	0	2.03
2.04	00204	BLANK		0	0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		2,485,757	2,485,757	0	2,485,757	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	88,309,803	288,068,196	376,377,999	-13,075,115	363,302,884	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	9,388,828	54,581,877	63,970,705	-766,158	63,204,547	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	37,077	486,477	523,554	1,015	524,569	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	166,443	3,843,769	4,010,212	750,238	4,760,450	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,456,042	825,117	2,281,159	45,196	2,326,355	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	13,902,250	9,961,587	23,863,837	311,444	24,175,281	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	1,933	157,912	159,845	53	159,898	9.04
9.05	00905	HOUSEKEEPING-IRL	392,985	368,822	761,807	45,027	806,834	9.05
10.00	01000	DIETARY	11,994,560	14,289,178	26,283,738	-11,337,455	14,946,283	10.00
11.00	01100	CAFETERIA	0	0	0	10,299,300	10,299,300	11.00
13.00	01300	NURSING ADMINISTRATION	10,329,881	6,725,444	17,055,325	-1,270,156	15,785,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,801,367	4,719,217	12,520,584	213,097	12,733,681	14.00
15.00	01500	PHARMACY	3,057,996	4,313,825	7,371,821	209,067	7,580,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,139,516	3,104,503	9,244,019	795,960	10,039,979	16.00
17.00	01700	SOCIAL SERVICE	12,118,648	5,772,171	17,890,819	2,141,177	20,031,996	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,873,288	9,725,284	41,598,572	42,374	41,640,946	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,343,727	1,848,688	3,192,415	114,303	3,306,718	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	93,299	40,572	133,871	2,553	136,424	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	787,631	331,592	1,119,223	803,368	1,922,591	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	562,485	562,485	66,411	628,896	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	130,776	130,776	15,440	146,216	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	247,547	247,547	29,227	276,774	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	110,172	110,172	13,007	123,179	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,008,063	33,595,768	98,603,831	-2,703,800	95,900,031	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	6,124,006	3,649,261	9,773,267	97,453	9,870,720	31.01
32.00	03200	CORONARY CARE UNIT	5,778,756	3,275,115	9,053,871	21,993	9,075,864	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,167,141	2,128,950	5,296,091	80,179	5,376,270	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,580,664	5,033,907	13,614,571	24,428	13,638,999	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,523,165	8,006,621	25,529,786	-7,492,411	18,037,375	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,324,165	3,731,057	11,055,222	133,436	11,188,658	35.01
40.00	04000	SUBPROVIDER - IPF	8,614,359	3,841,693	12,456,052	-50,235	12,405,817	40.00
43.00	04300	NURSERY	0	0	0	9,829,422	9,829,422	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,509,025	127,075,546	172,584,571	-63,749,541	108,835,030	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,132,065	2,410,901	6,542,966	-807,143	5,735,823	52.00
53.00	05300	ANESTHESIOLOGY	2,241,506	5,087,812	7,329,318	55,183	7,384,501	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,903,992	21,137,018	33,041,010	-9,276,614	23,764,396	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,025,814	3,826,843	7,852,657	1,065,919	8,918,576	55.00
55.01	03630	ULTRA SOUND	2,230,588	1,268,314	3,498,902	745,257	4,244,159	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,925,748	2,898,090	4,823,838	1,061,631	5,885,469	55.02
57.00	05700	CT SCAN	1,627,942	1,443,807	3,071,749	2,255,826	5,327,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,152,293	1,798,166	3,950,459	1,099,417	5,049,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,153,006	25,131,152	28,284,158	-21,057,849	7,226,309	59.00
60.00	06000	LABORATORY	12,158,033	28,805,323	40,963,356	-301,355	40,662,001	60.00
60.01	03420	ANATOMICAL LABORATORY	2,469,641	2,227,739	4,697,380	-86,075	4,611,305	60.01
60.02	03140	CARDIOLOGY	6,158,875	7,652,114	13,810,989	-3,117,419	10,693,570	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,586,677	16,047,075	19,633,752	-5,503,693	14,130,059	63.00
65.00	06500	RESPIRATORY THERAPY	9,125,207	9,675,267	18,800,474	-4,141,446	14,659,028	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
66.00	06600	PHYSICAL THERAPY	5,954,568	2,657,598	8,612,166	-612,387	7,999,779	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,831,820	808,279	2,640,099	156,707	2,796,806	67.00
69.00	06900	ELECTROCARDIOLOGY	384,770	268,207	652,977	10,532	663,509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,750,208	1,507,585	4,257,793	75,274	4,333,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,321	1,188,082	1,332,403	32,572,679	33,905,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,070,603	77,070,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,941,506	197,835,102	216,776,608	1,273,616	218,050,224	73.00
74.00	07400	RENAL DIALYSIS	5,106,126	3,849,018	8,955,144	898,257	9,853,401	74.00
76.00	03950	IVF/CULTURE LAB	318,325	287,433	605,758	-70,049	535,709	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	92,279	96,255	188,534	2,526	191,060	76.02
76.03	03953	SPINE TREATMENT CENTER	387,513	171,748	559,261	10,603	569,864	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	2,933,054	4,249,327	7,182,381	-956,528	6,225,853	76.05
76.06	03956	RECREATION THERAPY	549,281	248,910	798,191	101,092	899,283	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	312,313	134,196	446,509	6,718	453,227	76.08
76.97	07697	CARDIAC REHABILITATION	446,375	234,103	680,478	45,931	726,409	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	333,987	146,657	480,644	9,141	489,785	76.98
76.99	07699	LITHOTRIPSY	292,238	1,595,695	1,887,933	-784,836	1,103,097	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,002,911	3,006,337	4,009,248	27,450	4,036,698	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	580,575	403,989	984,564	7,207	991,771	90.01
90.02	09002	DERMATOLOGY CLINIC	884,769	671,433	1,556,202	24,215	1,580,417	90.02
90.03	09003	ORAL SURGERY CLINIC	1,080,460	774,286	1,854,746	-19,832	1,834,914	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	6,483,119	3,718,034	10,201,153	658,322	10,859,475	90.04
90.05	09005	NEUROLOGY CLINIC	1,557,469	753,815	2,311,284	36,655	2,347,939	90.05
90.06	09006	OB-GYN CLINIC	2,496,413	1,388,465	3,884,878	61,426	3,946,304	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	4,103,699	2,506,266	6,609,965	11,089	6,621,054	90.07
90.08	09008	ORTHOPAEDICS CLINIC	3,139,626	1,738,729	4,878,355	-33,984	4,844,371	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,459,319	2,503,124	4,962,443	-138,447	4,823,996	90.09
90.10	09010	PEDIATRIC CLINIC	6,419,678	3,455,916	9,875,594	14,892	9,890,486	90.10
90.11	09011	SURGERY CLINIC	1,985,338	1,226,809	3,212,147	898,796	4,110,943	90.11
90.12	09012	UROLOGY CLINIC	1,110,874	614,221	1,725,095	-58,597	1,666,498	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,935,921	2,141,715	5,077,636	-605,789	4,471,847	90.13
90.14	09014	CANCER CLINIC	7,733,799	4,371,351	12,105,150	351,795	12,456,945	90.14
90.15	09015	FAMILY CARE CLINIC	1,541,782	862,157	2,403,939	30,083	2,434,022	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,297,013	1,048,790	2,345,803	35,499	2,381,302	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	226,798	165,021	391,819	6,207	398,026	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	67,746	45,435	113,181	1,854	115,035	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	722,252	750,162	1,472,414	-84,095	1,388,319	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	139,691	82,340	222,031	-6,196	215,835	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	276,241	265,914	542,155	-49,840	492,315	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	1,879,782	1,211,362	3,091,144	-107,129	2,984,015	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	1,050,972	827,391	1,878,363	65,613	1,943,976	90.56
90.57	09057	IRL-OPHTHALMOLOGY	526,254	555,734	1,081,988	5,611	1,087,599	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	360,115	340,727	700,842	-30,977	669,865	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	331,113	331,522	662,635	-44,428	618,207	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	865,671	606,336	1,472,007	-74,105	1,397,902	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	506,820	600,239	1,107,059	-119,736	987,323	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	3,692	3,573	7,265	-1,180	6,085	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	5,847	4,315	10,162	-1,772	8,390	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	335,842	218,899	554,741	-6,918	547,823	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	493,285	332,390	825,675	-4,519	821,156	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	417,982	192,175	610,157	-68,469	541,688	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,437,220	1,916,891	3,354,111	-185,971	3,168,140	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	48,996	83,021	132,017	-29,337	102,680	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,217,768	824,771	2,042,539	-130,084	1,912,455	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	136,570	91,623	228,193	-9,643	218,550	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	3,508	8,854	12,362	-3,617	8,745	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	13,894	32,921	46,815	2,324	49,139	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	209,171	210,686	419,857	26,483	446,340	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	10,466	4,648	15,114	41	15,155	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	1,091,330	1,072,495	2,163,825	7,365	2,171,190	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	514,479	486,432	1,000,911	650,636	1,651,547	90.96
90.97	09097	NORTH DODGE - REI CLINIC	879,298	464,692	1,343,990	17,772	1,361,762	90.97
91.00	09100	EMERGENCY	17,071,238	7,535,124	24,606,362	-4,741,346	19,865,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,455,397	1,645,177	5,100,574	29,514	5,130,088	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	372,702	202,172	574,874	-168,600	406,274	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	266,133	634,480	900,613	-222,935	677,678	94.00
95.00	09500	AMBULANCE SERVICES	2,899,264	2,187,422	5,086,686	79,353	5,166,039	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,296,798	5,351,700	6,648,498	-687,417	5,961,081	105.00
106.00	10600	HEART ACQUISITION	288,076	1,370,948	1,659,024	-6,195	1,652,829	106.00
107.00	10700	LIVER ACQUISITION	381,407	1,729,644	2,111,051	5,944	2,116,995	107.00
108.00	10800	LUNG ACQUISITION	257,701	1,300,502	1,558,203	-31,821	1,526,382	108.00
109.00	10900	PANCREAS ACQUISITION	0	648,202	648,202	49,311	697,513	109.00
113.00	11300	INTEREST EXPENSE		12,141,263	12,141,263	0	12,141,263	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	561,368,973	1,126,284,491	1,687,653,464	-6,499,538	1,681,153,926	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	380,117	1,471,049	1,851,166	10,403	1,861,569	190.00
190.01	19001	VENDING/PATIENT ART	1,310,744	1,390,026	2,700,770	1,392,212	4,092,982	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	12,120,050	154,572,994	166,693,044	1,100,798	167,793,842	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	681	681	190.05
190.06	19006	PATIENT EDUCATION SERVICE	502,063	211,265	713,328	90,650	803,978	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	3,901,650	3,901,650	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	24,392	469,706	494,098	87,604	581,702	190.13
190.14	19014	EPIC REMOTE HOSTING	88	36	124	3	127	190.14
190.15	19015	RENTAL PROPERTIES	0	133,688	133,688	0	133,688	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	12,127,667	22,915,368	35,043,035	-2,118,778	32,924,257	194.00
194.01	07951	OUTREACH	0	0	0	2,034,315	2,034,315	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	587,834,094	1,307,448,623	1,895,282,717	0	1,895,282,717	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	-891,034	45,260,164		1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023		1.03
1.04	00104	CAP REL COSTS-CDD	0	194,591		1.04
1.05	00105	CAP REL COSTS-IRL	-6,632	4,224,037		1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	50,470,641		2.00
2.01	00201	BLANK	0	0		2.01
2.02	00202	BLANK	0	0		2.02
2.03	00203	BLANK	0	0		2.03
2.04	00204	BLANK	0	0		2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,485,757		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-163,984,743	199,318,141		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-4,781,008	58,423,539		6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196		6.02
6.03	00603	BLANK	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	524,569		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	-71,075	4,689,375		6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,326,355		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	56,771	24,232,052		9.01
9.02	00902	BLANK	0	0		9.02
9.03	00903	BLANK	0	0		9.03
9.04	00904	HOUSEKEEPING-CDD	0	159,898		9.04
9.05	00905	HOUSEKEEPING-IRL	0	806,834		9.05
10.00	01000	DIETARY	-133,568	14,812,715		10.00
11.00	01100	CAFETERIA	-9,552,508	746,792		11.00
13.00	01300	NURSING ADMINISTRATION	-121,146	15,664,023		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,733,681		14.00
15.00	01500	PHARMACY	0	7,580,888		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,541,128	12,581,107		16.00
17.00	01700	SOCIAL SERVICE	-209,844	19,822,152		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,236,839	53,877,785		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,040,363	20,347,081		22.00
23.00	02300	BLANK	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	136,424		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,922,591		23.02
23.03	02303	BLANK	0	0		23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	117,848	746,744		23.04
23.05	02305	BLANK	0	0		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	46,763	192,979		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	94,744	371,518		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	29,625	152,804		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-365,957	95,534,074		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	-560	9,870,160		31.01
32.00	03200	CORONARY CARE UNIT	-5,145	9,070,719		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-155,371	5,220,899		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-126,938	13,512,061		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-12,322	18,025,053		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-99,076	11,089,582		35.01
40.00	04000	SUBPROVIDER - IPF	-758,420	11,647,397		40.00
43.00	04300	NURSERY	0	9,829,422		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-155,261	108,679,769		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-64,338	5,671,485		52.00
53.00	05300	ANESTHESIOLOGY	-196,298	7,188,203		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-24,214	23,740,182		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,918,576		55.00
55.01	03630	ULTRA SOUND	-800	4,243,359		55.01
55.02	05501	RADIOLOGY - PET SCAN	-3,727	5,881,742		55.02
57.00	05700	CT SCAN	0	5,327,575		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-509	5,049,367		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,226,309		59.00
60.00	06000	LABORATORY	709,403	41,371,404		60.00
60.01	03420	ANATOMICAL LABORATORY	473,825	5,085,130		60.01
60.02	03140	CARDIOLOGY	-623,067	10,070,503		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-367	14,129,692		63.00
65.00	06500	RESPIRATORY THERAPY	-8,053	14,650,975		65.00
66.00	06600	PHYSICAL THERAPY	-137,661	7,862,118		66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
67.00	06700	OCCUPATIONAL THERAPY	0	2,796,806		67.00
69.00	06900	ELECTROCARDIOLOGY	-28,780	634,729		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-59,850	4,273,217		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,905,082		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	77,070,603		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	218,050,224		73.00
74.00	07400	RENAL DIALYSIS	-7,860	9,845,541		74.00
76.00	03950	IVF/CULTURE LAB	0	535,709		76.00
76.01	03951	BLANK	0	0		76.01
76.02	03952	URODYNAMICS	0	191,060		76.02
76.03	03953	SPINE TREATMENT CENTER	-86,977	482,887		76.03
76.04	03954	BLANK	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	-108,352	6,117,501		76.05
76.06	03956	RECREATION THERAPY	0	899,283		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	-81,377	371,850		76.08
76.97	07697	CARDIAC REHABILITATION	-4,140	722,269		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	489,785		76.98
76.99	07699	LITHOTRIPSY	0	1,103,097		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-34,280	4,002,418		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	991,771		90.01
90.02	09002	DERMATOLOGY CLINIC	200,883	1,781,300		90.02
90.03	09003	ORAL SURGERY CLINIC	382,361	2,217,275		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	559,176	11,418,651		90.04
90.05	09005	NEUROLOGY CLINIC	36,627	2,384,566		90.05
90.06	09006	OB-GYN CLINIC	93,297	4,039,601		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	932,317	7,553,371		90.07
90.08	09008	ORTHOPAEDICS CLINIC	244,334	5,088,705		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	467,848	5,291,844		90.09
90.10	09010	PEDIATRIC CLINIC	294,652	10,185,138		90.10
90.11	09011	SURGERY CLINIC	1,166,863	5,277,806		90.11
90.12	09012	UROLOGY CLINIC	13,910	1,680,408		90.12
90.13	09013	PSYCHIATRIC CLINIC	-280,180	4,191,667		90.13
90.14	09014	CANCER CLINIC	-11,719	12,445,226		90.14
90.15	09015	FAMILY CARE CLINIC	35,061	2,469,083		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,381,302		90.16
90.17	09017	BLANK	0	0		90.17
90.18	09018	BLANK	0	0		90.18
90.19	09019	BURN CLINIC	0	398,026		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	115,035		90.20
90.21	09021	BLANK	0	0		90.21
90.22	09022	BLANK	0	0		90.22
90.23	09023	BLANK	0	0		90.23
90.24	09024	BLANK	0	0		90.24
90.25	09025	BLANK	0	0		90.25
90.26	09026	BLANK	0	0		90.26
90.27	09027	BLANK	0	0		90.27
90.28	09028	BLANK	0	0		90.28
90.29	09029	BLANK	0	0		90.29
90.30	09030	BLANK	0	0		90.30
90.31	09031	BLANK	0	0		90.31
90.32	09032	BLANK	0	0		90.32
90.33	09033	BLANK	0	0		90.33
90.34	09034	BLANK	0	0		90.34
90.35	09035	BLANK	0	0		90.35
90.36	09036	BLANK	0	0		90.36
90.37	09037	BLANK	0	0		90.37
90.38	09038	BLANK	0	0		90.38
90.39	09039	BLANK	0	0		90.39
90.40	09040	BLANK	0	0		90.40
90.41	09041	BLANK	0	0		90.41
90.42	09042	BLANK	0	0		90.42
90.43	09043	BLANK	0	0		90.43
90.44	09044	BLANK	0	0		90.44
90.45	09045	BLANK	0	0		90.45
90.46	09046	BLANK	0	0		90.46
90.47	09047	BLANK	0	0		90.47
90.48	09048	BLANK	0	0		90.48
90.49	09049	BLANK	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	1,388,319		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	215,835		90.51

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		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
90.52	09052	IRL-DERMATOLOGY CLINIC	0	492,315		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	-17,009	2,967,006		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	-27,987	1,915,989		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,087,599		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	669,865		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	618,207		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,397,902		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	987,323		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	6,085		90.63
90.64	09064	IRL - CANCER CLINIC	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	8,390		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	547,823		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	821,156		90.70
90.71	09071	IRL - HEART CENTER	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	541,688		90.72
90.73	09073	BLANK	0	0		90.73
90.74	09074	BLANK	0	0		90.74
90.75	09075	BLANK	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	-3,482	3,164,658		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	102,680		90.77
90.78	09078	BLANK	0	0		90.78
90.79	09079	BLANK	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	-1,138	1,911,317		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	218,550		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	8,745		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	49,139		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	446,340		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	15,155		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.87	09087	BLANK	0	0		90.87
90.88	09088	BLANK	0	0		90.88
90.89	09089	BLANK	0	0		90.89
90.90	09090	BLANK	0	0		90.90
90.91	09091	BLANK	0	0		90.91
90.92	09092	BLANK	0	0		90.92
90.93	09093	BLANK	0	0		90.93
90.94	09094	BLANK	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	-238,451	1,932,739		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	1,651,547		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	1,361,762		90.97
91.00	09100	EMERGENCY	-8,308,668	11,556,348		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-965	5,129,123		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	-2,236	404,038		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	-29	677,649		94.00
95.00	09500	AMBULANCE SERVICES	-4,327,156	838,883		95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-57,910	5,903,171		105.00
106.00	10600	HEART ACQUISITION	9,004	1,661,833		106.00
107.00	10700	LIVER ACQUISITION	58,680	2,175,675		107.00
108.00	10800	LUNG ACQUISITION	82,645	1,609,027		108.00
109.00	10900	PANCREAS ACQUISITION	2,540	700,053		109.00
113.00	11300	INTEREST EXPENSE	-12,141,263	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-170,391,944	1,510,761,982		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,861,569		190.00
190.01	19001	VENDING/PATIENT ART	-1,612,992	2,479,990		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	-38,000	167,755,842		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	681		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	803,978		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	3,901,650		190.08
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19010	IRL-PHYSICIANS	0	0		190.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	13	581,715		190.13
190.14	19014	EPIC REMOTE HOSTING	0	127		190.14
190.15	19015	RENTAL PROPERTIES	0	133,688		190.15
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	UICOM	-6,356,321	26,567,936		194.00
194.01	07951	OUTREACH	0	2,034,315		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-178,399,244	1,716,883,473		200.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/20/2020 10:43 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AB - A121 SUPPLY IMPLACT RECLASS - SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,371,650		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	33,371,650		
	AC - A133 NURSING AGENCY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,820		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	349,173		2.00
3.00	NURSING ADMINISTRATION	13.00	0	4,396		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,470		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,624,566		5.00
6.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	63,577		6.00
7.00	CORONARY CARE UNIT	32.00	0	67,800		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	0	4,995		8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	311,856		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	744,862		10.00
11.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	174,558		11.00
12.00	SUBPROVIDER - IPF	40.00	0	178,643		12.00
13.00	OPERATING ROOM	50.00	0	7,870,831		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	485,272		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	539,687		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	720,836		16.00
17.00	CARDIOLOGY	60.02	0	98,190		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	58,839		18.00
19.00	RENAL DIALYSIS	74.00	0	2,192,812		19.00
20.00	PEDIATRIC CLINIC	90.10	0	810		20.00
21.00	FAMILY CARE CLINIC	90.15	0	1,672		21.00
22.00	IRL-CARDIOLOGY CLINIC	90.50	0	4,000		22.00
23.00	EMERGENCY	91.00	0	575,928		23.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	90,055		24.00
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	6,564	0		25.00
	TOTALS		6,564	16,338,648		
	AD - A176 COVID-19 EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	723,249	125,005		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	76,894	13,290		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	304	52		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	1,363	236		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	11,925	2,061		5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	113,858	19,679		6.00
7.00	HOUSEKEEPING-CDD	9.04	16	3		7.00
8.00	HOUSEKEEPING-IRL	9.05	3,219	556		8.00
9.00	DIETARY	10.00	98,234	16,979		9.00
10.00	NURSING ADMINISTRATION	13.00	84,601	14,622		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	63,892	11,043		11.00
12.00	PHARMACY	15.00	25,045	4,329		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	50,282	8,691		13.00
14.00	SOCIAL SERVICE	17.00	99,251	17,154		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	11,005	1,902		15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	764	132		16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	6,451	1,115		17.00
18.00	ADULTS & PEDIATRICS	30.00	532,410	92,020		18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	50,155	8,669		19.00
20.00	CORONARY CARE UNIT	32.00	47,327	8,180		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	25,939	4,483		21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	70,275	12,146		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	143,513	24,804		23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	59,984	10,368		24.00
25.00	SUBPROVIDER - IPF	40.00	70,551	12,194		25.00
26.00	OPERATING ROOM	50.00	372,715	64,419		26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	33,841	5,849		27.00
28.00	ANESTHESIOLOGY	53.00	18,358	3,173		28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	97,493	16,850		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	32,971	5,699		30.00
31.00	ULTRA SOUND	55.01	18,268	3,157		31.00
32.00	RADIOLOGY - PET SCAN	55.02	15,772	2,726		32.00
33.00	CT SCAN	57.00	13,333	2,304		33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	17,627	3,047		34.00
35.00	CARDIAC CATHETERIZATION	59.00	25,823	4,463		35.00
36.00	LABORATORY	60.00	99,573	17,210		36.00
37.00	ANATOMICAL LABORATORY	60.01	20,226	3,496		37.00
38.00	CARDIOLOGY	60.02	50,441	8,718		38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	29,375	5,077		39.00
40.00	RESPIRATORY THERAPY	65.00	74,735	12,917		40.00
41.00	PHYSICAL THERAPY	66.00	48,767	8,429		41.00
42.00	OCCUPATIONAL THERAPY	67.00	15,002	2,593		42.00
43.00	ELECTROCARDIOLOGY	69.00	3,151	545		43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	22,524	3,893		44.00
45.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,182	204		45.00
46.00	DRUGS CHARGED TO PATIENTS	73.00	155,129	26,812		46.00
47.00	RENAL DIALYSIS	74.00	41,819	7,228		47.00
48.00	IVF/CULTURE LAB	76.00	2,607	451		48.00
49.00	URODYNAMICS	76.02	756	131		49.00
50.00	SPINE TREATMENT CENTER	76.03	3,174	549		50.00
51.00	DIGESTIVE DISEASE CNTR	76.05	24,021	4,152		51.00
52.00	RECREATION THERAPY	76.06	4,499	778		52.00
53.00	PSYCHIATRIC CLINIC	90.13	11	2		53.00
54.00	DIABETES EDUCATION	76.08	2,558	442		54.00
55.00	CARDIAC REHABILITATION	76.97	3,656	632		55.00
56.00	HYPERBARIC OXYGEN THERAPY	76.98	2,735	473		56.00
57.00	LITHOTRIPSY	76.99	2,393	414		57.00
58.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	8,214	1,420		58.00
59.00	ANESTHESIA PAIN CLINIC	90.01	4,755	822		59.00
60.00	DERMATOLOGY CLINIC	90.02	7,246	1,252		60.00
61.00	ORAL SURGERY CLINIC	90.03	8,849	1,529		61.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
62.00	INTERNAL MEDICINE CLINIC	90.04	53,096	9,177	62.00
63.00	NEUROLOGY CLINIC	90.05	12,756	2,205	63.00
64.00	OB-GYN CLINIC	90.06	20,445	3,534	64.00
65.00	OPHTHALMOLOGY CLINIC	90.07	33,609	5,809	65.00
66.00	ORTHOPAEDICS CLINIC	90.08	25,713	4,444	66.00
67.00	OTOLARYNGOLOGY CLINIC	90.09	20,142	3,481	67.00
68.00	PEDIATRIC CLINIC	90.10	52,577	9,087	68.00
69.00	SURGERY CLINIC	90.11	16,260	2,810	69.00
70.00	UROLOGY CLINIC	90.12	9,098	1,572	70.00
71.00	PSYCHIATRIC CLINIC	90.13	24,034	4,154	71.00
72.00	CANCER CLINIC	90.14	63,339	10,947	72.00
73.00	FAMILY CARE CLINIC	90.15	12,627	2,182	73.00
74.00	ORTHO SPORTS MED CLINIC	90.16	10,622	1,836	74.00
75.00	BURN CLINIC	90.19	1,857	321	75.00
76.00	HOSPITAL BASED PROGRAMS	90.20	555	96	76.00
77.00	IRL-CARDIOLOGY CLINIC	90.50	5,915	1,022	77.00
78.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,144	198	78.00
79.00	IRL-DERMATOLOGY CLINIC	90.52	2,262	391	79.00
80.00	IRL-INTERNAL MEDICINE CLINIC	90.54	15,395	2,661	80.00
81.00	IRL-OB/GYN CLINIC	90.56	8,607	1,488	81.00
82.00	IRL-OPHTHALMOLOGY	90.57	4,310	745	82.00
83.00	IRL - ORTHOPAEDICS CLINIC	90.58	2,949	510	83.00
84.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	2,712	469	84.00
85.00	IRL-PEDIATRICS CLINIC	90.60	7,090	1,225	85.00
86.00	IRL-UROLOGY CLINIC	90.62	4,151	717	86.00
87.00	IRL - PSYCHIATRIC CLINIC	90.63	30	5	87.00
88.00	IRL - FAMILY CARE CLINIC	90.65	48	8	88.00
89.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	2,751	475	89.00
90.00	IRL-DIABETES CENTER CLINIC	90.70	4,040	698	90.00
91.00	IRL-ANTICOAGULATION CLINIC	90.72	3,423	592	91.00
92.00	IRL - PROCEDURE SUITES	90.76	11,771	2,034	92.00
93.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	401	69	93.00
94.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	9,973	1,724	94.00
95.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,118	193	95.00
96.00	IRL EAST-DERMATOLOGY CLINIC	90.82	29	5	96.00
97.00	IRL EAST-SURGERY CLINIC	90.83	114	20	97.00
98.00	IRL EAST-NEUROLOGY CLINIC	90.84	1,713	296	98.00
99.00	IRL EAST-DIABETES CENTER CLINIC	90.85	86	15	99.00
100.00	QUAD CITIES - CANCER CENTER	90.95	8,938	1,545	100.00
101.00	NORTH DODGE - OB/GYN CLINIC	90.96	4,214	728	101.00
102.00	NORTH DODGE - REI CLINIC	90.97	7,201	1,245	102.00
103.00	EMERGENCY	91.00	139,812	24,165	103.00
104.00	OBSERVATION BEDS (DISTINCT PART)	92.01	28,299	4,891	104.00
105.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	3,052	528	105.00
106.00	HOME PROGRAM DIALYSIS	94.00	2,180	377	106.00
107.00	AMBULANCE SERVICES	95.00	23,745	4,104	107.00
108.00	KIDNEY ACQUISITION	105.00	10,621	1,836	108.00
109.00	HEART ACQUISITION	106.00	2,359	408	109.00
110.00	LIVER ACQUISITION	107.00	3,124	540	110.00
111.00	LUNG ACQUISITION	108.00	2,111	365	111.00
112.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,113	538	112.00
113.00	VENDING/PATIENT ART	190.01	10,735	1,855	113.00
114.00	PHARMACY HOMEGOING DRUGS	190.03	99,262	17,156	114.00
115.00	PATIENT EDUCATION SERVICE	190.06	4,112	711	115.00
116.00	OTHER NON-ALLOWABLE	190.13	200	35	116.00
117.00	EPIC REMOTE HOSTING	190.14	1	0	117.00
118.00	UICOM	194.00	99,324	17,167	118.00
	TOTALS		4,553,271	786,978	
	AE - A124 CLINIC TIME STUDY RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	313,024	161,229	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	25,498	13,433	2.00
3.00	OTHER NON-ALLOWABLE	190.13	59,767	27,168	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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		398,289	201,830	
	AF - A125 RADIOLOGY ADMIN RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	12,273	30,101	1.00
2.00	PARAMEDICAL EDUC - RAD TECH	23.04	19,235	47,176	2.00
3.00	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	4,472	10,968	3.00
4.00	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	8,465	20,762	4.00
5.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	3,767	9,240	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	268,529	658,608	6.00
7.00	ULTRA SOUND	55.01	106,862	262,097	7.00
8.00	RADIOLOGY - PET SCAN	55.02	164,955	404,579	8.00
9.00	CT SCAN	57.00	105,041	257,629	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	135,089	331,328	10.00
11.00	ULTRA SOUND	55.01	0	135,903	11.00
12.00	RADIOLOGY - PET SCAN	55.02	0	439,389	12.00
13.00	CT SCAN	57.00	0	883,928	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	595,149	14.00
	TOTALS		828,688	4,086,857	
	AG - A84 UIHC FUNDED FACULTY RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,102,776	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	99,173	2.00
3.00	SOCIAL SERVICE	17.00	0	128,773	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,351	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	342,702	5.00
6.00	OPERATING ROOM	50.00	0	99,878	6.00
7.00	PHYSICAL THERAPY	66.00	0	90,759	7.00
8.00	SPINE TREATMENT CENTER	76.03	0	70,630	8.00
9.00	PSYCHIATRIC CLINIC	90.13	0	169,022	9.00
10.00	CANCER CLINIC	90.14	0	10,084	10.00
11.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	9,776	11.00
12.00	EMERGENCY	91.00	0	7,397,128	12.00
13.00	KIDNEY ACQUISITION	105.00	0	69,262	13.00
14.00	VENDING/PATIENT ART	190.01	0	270,232	14.00
15.00	PHARMACY HOMEGOING DRUGS	190.03	0	30,858	15.00
16.00	UICOM	194.00	0	1,962,710	16.00
	TOTALS		0	14,860,114	
	AH - A127 REHAB THERAPY ADMIN RECLASS				
1.00	RESPIRATORY THERAPY	65.00	33,521	14,623	1.00
2.00	OCCUPATIONAL THERAPY	67.00	183,635	80,107	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	84,965	37,065	3.00
4.00	RECREATION THERAPY	76.06	59,920	26,138	4.00
5.00	PATIENT EDUCATION SERVICE	190.06	53,549	23,359	5.00
	TOTALS		415,590	181,292	
	AI - A173 DIALYSIS CRRT RECLASS				
1.00	RENAL DIALYSIS	74.00	39,500	18,025	1.00
	TOTALS		39,500	18,025	
	AK - A130 VACA SICK RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	744,913	0	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	79,197	0	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	313	0	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	1,404	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	12,282	0	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	117,269	0	6.00
7.00	HOUSEKEEPING-CDD	9.04	16	0	7.00
8.00	HOUSEKEEPING-IRL	9.05	3,315	0	8.00
9.00	DIETARY	10.00	101,177	0	9.00
10.00	NURSING ADMINISTRATION	13.00	87,135	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	65,806	0	11.00
12.00	PHARMACY	15.00	25,795	0	12.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	51,788	0	13.00
14.00	SOCIAL SERVICE	17.00	102,223	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	11,335	0	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	787	0	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	6,644	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	548,357	0	18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	51,657	0	19.00
20.00	CORONARY CARE UNIT	32.00	48,745	0	20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	26,716	0	21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	72,380	0	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	147,812	0	23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	61,781	0	24.00
25.00	SUBPROVIDER - IPF	40.00	72,664	0	25.00
26.00	OPERATING ROOM	50.00	383,879	0	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	34,855	0	27.00
28.00	ANESTHESIOLOGY	53.00	18,908	0	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	100,413	0	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	33,959	0	30.00
31.00	ULTRA SOUND	55.01	18,815	0	31.00
32.00	RADIOLOGY - PET SCAN	55.02	16,244	0	32.00
33.00	CT SCAN	57.00	13,732	0	33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	18,155	0	34.00
35.00	CARDIAC CATHETERIZATION	59.00	26,596	0	35.00
36.00	LABORATORY	60.00	102,556	0	36.00
37.00	ANATOMICAL LABORATORY	60.01	20,832	0	37.00
38.00	CARDIOLOGY	60.02	51,951	0	38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	30,254	0	39.00
40.00	RESPIRATORY THERAPY	65.00	76,973	0	40.00
41.00	PHYSICAL THERAPY	66.00	50,228	0	41.00
42.00	OCCUPATIONAL THERAPY	67.00	15,452	0	42.00
43.00	ELECTROCARDIOLOGY	69.00	3,246	0	43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	23,199	0	44.00
45.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,217	0	45.00
46.00	DRUGS CHARGED TO PATIENTS	73.00	159,776	0	46.00
47.00	RENAL DIALYSIS	74.00	43,071	0	47.00
48.00	IVF/CULTURE LAB	76.00	2,685	0	48.00
49.00	URODYNAMICS	76.02	778	0	49.00
50.00	SPINE TREATMENT CENTER	76.03	3,269	0	50.00
51.00	DIGESTIVE DISEASE CNTR	76.05	24,741	0	51.00
52.00	RECREATION THERAPY	76.06	4,633	0	52.00
53.00	PSYCHIATRIC CLINIC	90.13	11	0	53.00
54.00	DIABETES EDUCATION	76.08	2,634	0	54.00
55.00	CARDIAC REHABILITATION	76.97	3,765	0	55.00
56.00	HYPERBARIC OXYGEN THERAPY	76.98	2,817	0	56.00
57.00	LITHOTRIPSY	76.99	2,465	0	57.00
58.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	8,460	0	58.00
59.00	ANESTHESIA PAIN CLINIC	90.01	4,897	0	59.00
60.00	DERMATOLOGY CLINIC	90.02	7,463	0	60.00
61.00	ORAL SURGERY CLINIC	90.03	9,114	0	61.00
62.00	INTERNAL MEDICINE CLINIC	90.04	54,687	0	62.00
63.00	NEUROLOGY CLINIC	90.05	13,138	0	63.00
64.00	OB-GYN CLINIC	90.06	21,058	0	64.00
65.00	OPHTHALMOLOGY CLINIC	90.07	34,616	0	65.00
66.00	ORTHOPAEDICS CLINIC	90.08	26,483	0	66.00
67.00	OTOLARYNGOLOGY CLINIC	90.09	20,745	0	67.00
68.00	PEDIATRIC CLINIC	90.10	54,151	0	68.00
69.00	SURGERY CLINIC	90.11	16,747	0	69.00
70.00	UROLOGY CLINIC	90.12	9,370	0	70.00
71.00	PSYCHIATRIC CLINIC	90.13	24,754	0	71.00
72.00	CANCER CLINIC	90.14	65,236	0	72.00
73.00	FAMILY CARE CLINIC	90.15	13,005	0	73.00
74.00	ORTHO SPORTS MED CLINIC	90.16	10,941	0	74.00
75.00	BURN CLINIC	90.19	1,913	0	75.00
76.00	HOSPITAL BASED PROGRAMS	90.20	571	0	76.00
77.00	IRL-CARDIOLOGY CLINIC	90.50	6,092	0	77.00
78.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,178	0	78.00
79.00	IRL-DERMATOLOGY CLINIC	90.52	2,330	0	79.00
80.00	IRL-INTERNAL MEDICINE CLINIC	90.54	15,856	0	80.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
81.00	IRL-OB/GYN CLINIC	90.56	8,865	0	81.00
82.00	IRL-OPHTHALMOLOGY	90.57	4,439	0	82.00
83.00	IRL - ORTHOPAEDICS CLINIC	90.58	3,038	0	83.00
84.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	2,793	0	84.00
85.00	IRL-PEDIATRICS CLINIC	90.60	7,302	0	85.00
86.00	IRL-UROLOGY CLINIC	90.62	4,275	0	86.00
87.00	IRL - PSYCHIATRIC CLINIC	90.63	31	0	87.00
88.00	IRL - FAMILY CARE CLINIC	90.65	49	0	88.00
89.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	2,833	0	89.00
90.00	IRL-DIABETES CENTER CLINIC	90.70	4,161	0	90.00
91.00	IRL-ANTICOAGULATION CLINIC	90.72	3,526	0	91.00
92.00	IRL - PROCEDURE SUITES	90.76	12,123	0	92.00
93.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	413	0	93.00
94.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	10,272	0	94.00
95.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,152	0	95.00
96.00	IRL EAST-DERMATOLOGY CLINIC	90.82	30	0	96.00
97.00	IRL EAST-SURGERY CLINIC	90.83	117	0	97.00
98.00	IRL EAST-NEUROLOGY CLINIC	90.84	1,764	0	98.00
99.00	IRL EAST-DIABETES CENTER CLINIC	90.85	88	0	99.00
100.00	QUAD CITIES - CANCER CENTER	90.95	9,206	0	100.00
101.00	NORTH DODGE - OB/GYN CLINIC	90.96	4,340	0	101.00
102.00	NORTH DODGE - REI CLINIC	90.97	7,417	0	102.00
103.00	EMERGENCY	91.00	144,000	0	103.00
104.00	OBSERVATION BEDS (DISTINCT PART)	92.01	29,147	0	104.00
105.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	3,144	0	105.00
106.00	HOME PROGRAM DIALYSIS	94.00	2,245	0	106.00
107.00	AMBULANCE SERVICES	95.00	24,456	0	107.00
108.00	KIDNEY ACQUISITION	105.00	10,939	0	108.00
109.00	HEART ACQUISITION	106.00	2,430	0	109.00
110.00	LIVER ACQUISITION	107.00	3,217	0	110.00
111.00	LUNG ACQUISITION	108.00	2,174	0	111.00
112.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,206	0	112.00
113.00	VENDING/PATIENT ART	190.01	11,056	0	113.00
114.00	PHARMACY HOMEGOING DRUGS	190.03	102,235	0	114.00
115.00	PATIENT EDUCATION SERVICE	190.06	4,235	0	115.00
116.00	OTHER NON-ALLOWABLE	190.13	206	0	116.00
117.00	EPIC REMOTE HOSTING	190.14	1	0	117.00
118.00	UICOM	194.00	102,300	0	118.00
	TOTALS		4,689,650	0	
	AL - A131 TRANSCRIPTION SERVICES RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	153,669	1.00
	TOTALS		0	153,669	
	AN - A97 FELLOW STIPEND RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	9,480,865	0	1.00
	TOTALS		9,480,865	0	
	AO - A134 RENAL DIALYSIS ADMIN RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	40,166	21,313	1.00
2.00	RENAL DIALYSIS	74.00	134,189	317,241	2.00
	TOTALS		174,355	338,554	
	AP - A135 STAFF TRANS TIME STUDY RECLASS				
1.00	SOCIAL SERVICE	17.00	250,186	103,855	1.00
2.00	INTERNAL MEDICINE CLINIC	90.04	494,697	198,371	2.00
3.00	SURGERY CLINIC	90.11	600,380	242,733	3.00
4.00	PANCREAS ACQUISITION	109.00	29,729	11,903	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		1,374,992	556,862	
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS				
1.00		0.00	0	0	1.00
5.00	HOME PROGRAM DIALYSIS	94.00	83,460	119,915	5.00
	TOTALS		83,460	119,915	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AR - A138 PHARMACY TIME STUDY RECLASS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	779,545	314,719	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		779,545	314,719	
	AS - A139 WESTLAWN PLANT OP RECLASS				
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	230,196	
	AT - A118 STAFF TRANS TIME STUDY RECLASS				
1.00	INTERNAL MEDICINE CLINIC	90.04	3,232	0	1.00
2.00	SURGERY CLINIC	90.11	40,705	0	2.00
3.00	KIDNEY ACQUISITION	105.00	39,751	0	3.00
4.00	HEART ACQUISITION	106.00	182	0	4.00
5.00	LIVER ACQUISITION	107.00	18,629	0	5.00
6.00	LUNG ACQUISITION	108.00	25,271	0	6.00
7.00	PANCREAS ACQUISITION	109.00	9	0	7.00
	TOTALS		127,779	0	
	AU - A137 ORG 03 VPMA RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	15,845,702	6,174,092	1.00
	TOTALS		15,845,702	6,174,092	
	AV - A106 FACULTY TIME RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	12,473,555	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	23,130,219	0	2.00
3.00	LABORATORY	60.00	603,851	0	3.00
4.00	ANATOMICAL LABORATORY	60.01	337,347	0	4.00
	TOTALS		36,544,972	0	
	AW - A140 ARNP TO NONALLOWABLE RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	171,363	1.00
2.00	NURSING ADMINISTRATION	13.00	0	76,762	2.00
3.00	SOCIAL SERVICE	17.00	0	51,267	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	127,248	4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	560	5.00
6.00	CORONARY CARE UNIT	32.00	0	5,145	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	0	152,330	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	126,938	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	12,322	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	99,076	10.00
11.00	SUBPROVIDER - IPF	40.00	0	754,644	11.00
12.00	OPERATING ROOM	50.00	0	11,688	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	64,338	13.00
14.00	ANESTHESIOLOGY	53.00	0	273,142	14.00
15.00	CARDIOLOGY	60.02	0	611,758	15.00
16.00	RENAL DIALYSIS	74.00	0	2,102	16.00
17.00	DIGESTIVE DISEASE CNTR	76.05	0	99,742	17.00
18.00	DIABETES EDUCATION	76.08	0	81,377	18.00
19.00	INTERNAL MEDICINE CLINIC	90.04	0	80,281	19.00
20.00	ORTHOPAEDICS CLINIC	90.08	0	379,254	20.00
21.00	PEDIATRIC CLINIC	90.10	0	72,825	21.00
22.00	PSYCHIATRIC CLINIC	90.13	0	70,150	22.00
23.00	FAMILY CARE CLINIC	90.15	0	485	23.00
24.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	4,971	24.00
25.00	IRL-OB/GYN CLINIC	90.56	0	26,010	25.00
26.00	IRL - PROCEDURE SUITES	90.76	0	837	26.00
27.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	6	27.00
28.00	QUAD CITIES - CANCER CENTER	90.95	0	213,123	28.00
29.00	EMERGENCY	91.00	0	434,366	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	965	30.00
31.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	348	31.00
32.00	KIDNEY ACQUISITION	105.00	0	94,121	32.00
33.00	UICOM	194.00	0	3,909,669	33.00
	TOTALS		0	8,009,213	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AX - A175 SFCH LL2 RECLASS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,099	876	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	50,973	40,618	2.00
3.00	ULTRA SOUND	55.01	1,051	838	3.00
4.00	DIGESTIVE DISEASE CNTR	76.05	280,274	223,333	4.00
	TOTALS		333,397	265,665	
	AY - A155 OR TO A AND P RECOVERY RECLASS				
1.00	OPERATING ROOM	50.00	0	3,485,993	1.00
	TOTALS		0	3,485,993	
	AZ - A174 RECOVERY TIME RECLASS				
1.00	OPERATING ROOM	50.00	88,702	124,361	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		88,702	124,361	
	BA - A147 INSURANCE EXPENSE RECLASS				
1.00	CAP REL COSTS-GENERAL HOSP	1.01	0	906,914	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	304,253	2.00
	TOTALS		0	1,211,167	
	BC - A151 PHARMACY RESIDENT RECLASS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	3,980	168	1.00
2.00	PHARMACY	15.00	254,676	62,936	2.00
3.00		0.00	0	0	3.00
	TOTALS		258,656	63,104	
	BD - A152 DIETARY EXP TO CAFE RECLASS				
1.00	CAFETERIA	11.00	4,354,093	5,945,207	1.00
2.00	VENDING/PATIENT ART	190.01	519,927	836,411	2.00
	TOTALS		4,874,020	6,781,618	
	BE - AXXX INTERIM TXP ADMIN TIME STUDY				
1.00	KIDNEY ACQUISITION	105.00	0	3,088	1.00
2.00	HEART ACQUISITION	106.00	0	1,324	2.00
3.00	LIVER ACQUISITION	107.00	0	3,088	3.00
4.00	LUNG ACQUISITION	108.00	0	441	4.00
5.00	SURGERY CLINIC	90.11	0	22,059	5.00
	TOTALS		0	30,000	
	BI - A158 TXP SUPPORT SERVICES RECLASS				
1.00	LIVER ACQUISITION	107.00	0	12,471	1.00
2.00	HEART ACQUISITION	106.00	0	7,759	2.00
3.00	LUNG ACQUISITION	108.00	0	8,314	3.00
4.00	PANCREAS ACQUISITION	109.00	0	4,711	4.00
5.00	KIDNEY ACQUISITION	105.00	0	70,398	5.00
	TOTALS		0	103,653	
	BJ - A168 EXP MATCHING REV RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	896,797	502,311	1.00
2.00	NURSERY	43.00	6,651,147	3,178,275	2.00
3.00	OPERATING ROOM	50.00	150,883	101,640	3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	22,619	11,223	4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	330,723	167,800	5.00
6.00	CANCER CLINIC	90.14	110,336	54,543	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
	TOTALS		8,162,505	4,015,792	
	BK - A169 2BT RECLASS				
1.00	CLINICAL RESEARCH UNIT	190.05	463	218	1.00
	TOTALS		463	218	
	BM - A167 REV CODE 206 TELEMETRY RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	907,720	444,628	1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	17,987	8,811	2.00
3.00	CORONARY CARE UNIT	32.00	8,039	3,938	3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	83,037	40,673	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	17,436	8,541	5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	7,985	3,911	6.00
7.00	OBSERVATION BEDS (DISTINCT PART)	92.01	120	59	7.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		1,042,324	510,561	
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD				
1.00	RENAL DIALYSIS	74.00	30,875	683,833	1.00
	TOTALS		30,875	683,833	
	BV - A171 OPEB RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	823,870	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	87,591	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	346	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	1,553	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	13,584	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	129,698	6.00
7.00	HOUSEKEEPING-CDD	9.04	0	18	7.00
8.00	HOUSEKEEPING-IRL	9.05	0	3,666	8.00
9.00	DIETARY	10.00	0	111,901	9.00
10.00	NURSING ADMINISTRATION	13.00	0	96,371	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,781	11.00
12.00	PHARMACY	15.00	0	28,529	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	57,277	13.00
14.00	SOCIAL SERVICE	17.00	0	113,059	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,536	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	0	870	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	7,348	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	606,481	18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	57,133	19.00
20.00	CORONARY CARE UNIT	32.00	0	53,912	20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	29,547	21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	80,052	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	163,479	23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	68,329	24.00
25.00	SUBPROVIDER - IPF	40.00	0	80,366	25.00
26.00	OPERATING ROOM	50.00	0	424,568	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	38,549	27.00
28.00	ANESTHESIOLOGY	53.00	0	20,912	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	111,056	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	0	37,558	30.00
31.00	ULTRA SOUND	55.01	0	20,810	31.00
32.00	RADIOLOGY - PET SCAN	55.02	0	17,966	32.00
33.00	CT SCAN	57.00	0	15,188	33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,079	34.00
35.00	CARDIAC CATHETERIZATION	59.00	0	29,415	35.00
36.00	LABORATORY	60.00	0	113,426	36.00
37.00	ANATOMICAL LABORATORY	60.01	0	23,040	37.00
38.00	CARDIOLOGY	60.02	0	57,458	38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33,461	39.00
40.00	RESPIRATORY THERAPY	65.00	0	85,132	40.00
41.00	PHYSICAL THERAPY	66.00	0	55,552	41.00
42.00	OCCUPATIONAL THERAPY	67.00	0	17,090	42.00
43.00	ELECTROCARDIOLOGY	69.00	0	3,590	43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,658	44.00
45.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,346	45.00
46.00	DRUGS CHARGED TO PATIENTS	73.00	0	176,711	46.00
47.00	RENAL DIALYSIS	74.00	0	47,637	47.00
48.00	IVF/CULTURE LAB	76.00	0	2,970	48.00
49.00	URODYNAMICS	76.02	0	861	49.00
50.00	SPINE TREATMENT CENTER	76.03	0	3,615	50.00
51.00	DIGESTIVE DISEASE CNTR	76.05	0	27,363	51.00
52.00	RECREATION THERAPY	76.06	0	5,124	52.00
53.00	PSYCHIATRIC CLINIC	90.13	0	12	53.00
54.00	DIABETES EDUCATION	76.08	0	2,914	54.00
55.00	CARDIAC REHABILITATION	76.97	0	4,164	55.00
56.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,116	56.00
57.00	LITHOTRIPSY	76.99	0	2,726	57.00
58.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	9,356	58.00
59.00	ANESTHESIA PAIN CLINIC	90.01	0	5,416	59.00
60.00	DERMATOLOGY CLINIC	90.02	0	8,254	60.00
61.00	ORAL SURGERY CLINIC	90.03	0	10,080	61.00
62.00	INTERNAL MEDICINE CLINIC	90.04	0	60,483	62.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
63.00	NEUROLOGY CLINIC	90.05	0	14,530	63.00
64.00	OB-GYN CLINIC	90.06	0	23,290	64.00
65.00	OPHTHALMOLOGY CLINIC	90.07	0	38,285	65.00
66.00	ORTHOPAEDICS CLINIC	90.08	0	29,291	66.00
67.00	OTOLARYNGOLOGY CLINIC	90.09	0	22,944	67.00
68.00	PEDIATRIC CLINIC	90.10	0	59,891	68.00
69.00	SURGERY CLINIC	90.11	0	18,522	69.00
70.00	UROLOGY CLINIC	90.12	0	10,364	70.00
71.00	PSYCHIATRIC CLINIC	90.13	0	27,378	71.00
72.00	CANCER CLINIC	90.14	0	72,151	72.00
73.00	FAMILY CARE CLINIC	90.15	0	14,384	73.00
74.00	ORTHO SPORTS MED CLINIC	90.16	0	12,100	74.00
75.00	BURN CLINIC	90.19	0	2,116	75.00
76.00	HOSPITAL BASED PROGRAMS	90.20	0	632	76.00
77.00	IRL-CARDIOLOGY CLINIC	90.50	0	6,738	77.00
78.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	1,303	78.00
79.00	IRL-DERMATOLOGY CLINIC	90.52	0	2,577	79.00
80.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	17,537	80.00
81.00	IRL-OB/GYN CLINIC	90.56	0	9,805	81.00
82.00	IRL-OPHTHALMOLOGY	90.57	0	4,910	82.00
83.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	3,360	83.00
84.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	3,089	84.00
85.00	IRL-PEDIATRICS CLINIC	90.60	0	8,076	85.00
86.00	IRL-UROLOGY CLINIC	90.62	0	4,728	86.00
87.00	IRL - PSYCHIATRIC CLINIC	90.63	0	34	87.00
88.00	IRL - FAMILY CARE CLINIC	90.65	0	55	88.00
89.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0	3,590	89.00
90.00	IRL-DIABETES CENTER CLINIC	90.70	0	4,602	90.00
91.00	IRL-ANTICOAGULATION CLINIC	90.72	0	3,899	91.00
92.00	IRL - PROCEDURE SUITES	90.76	0	13,408	92.00
93.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	11,361	93.00
94.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	1,274	94.00
95.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	33	95.00
96.00	IRL EAST-SURGERY CLINIC	90.83	0	130	96.00
97.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	1,951	97.00
98.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	98	98.00
99.00	QUAD CITIES - CANCER CENTER	90.95	0	10,181	99.00
100.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	4,800	100.00
101.00	NORTH DODGE - REI CLINIC	90.97	0	8,203	101.00
102.00	EMERGENCY	91.00	0	159,263	102.00
103.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	32,236	103.00
104.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	3,477	104.00
105.00	HOME PROGRAM DIALYSIS	94.00	0	2,483	105.00
106.00	AMBULANCE SERVICES	95.00	0	27,048	106.00
107.00	KIDNEY ACQUISITION	105.00	0	12,098	107.00
108.00	HEART ACQUISITION	106.00	0	2,688	108.00
109.00	LIVER ACQUISITION	107.00	0	3,558	109.00
110.00	LUNG ACQUISITION	108.00	0	2,404	110.00
111.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,546	111.00
112.00	VENDING/PATIENT ART	190.01	0	12,228	112.00
113.00	PHARMACY HOMEGOING DRUGS	190.03	0	113,072	113.00
114.00	PATIENT EDUCATION SERVICE	190.06	0	4,684	114.00
115.00	OTHER NON-ALLOWABLE	190.13	0	228	115.00
116.00	EPIC REMOTE HOSTING	190.14	0	1	116.00
117.00	UICOM	194.00	0	113,143	117.00
	TOTALS		0	5,186,730	
	CH - A135B PHYS TXP TIME STUDY RECLASS				
1.00	KIDNEY ACQUISITION	105.00	156,990	36,641	1.00
2.00	HEART ACQUISITION	106.00	113,572	26,508	2.00
3.00	LIVER ACQUISITION	107.00	126,485	29,522	3.00
4.00	LUNG ACQUISITION	108.00	112,547	26,268	4.00
5.00	PANCREAS ACQUISITION	109.00	2,406	562	5.00
	TOTALS		512,000	119,501	
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	77,070,603	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
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
	TOTALS		0	77,070,603		
	ZB - A119 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,315,488	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	512,727	0		2.00
3.00	ANESTHESIOLOGY	53.00	50,668	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	131,807	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	260,724	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	441,325	0		6.00
7.00	NEUROLOGY CLINIC	90.05	24,858	0		7.00
8.00	OB-GYN CLINIC	90.06	61,959	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	632,664	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	423,426	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	332,817	0		11.00
12.00	PEDIATRIC CLINIC	90.10	252,900	0		12.00
13.00	SURGERY CLINIC	90.11	768,249	0		13.00
14.00	UROLOGY CLINIC	90.12	9,850	0		14.00
15.00	FAMILY CARE CLINIC	90.15	25,307	0		15.00
	TOTALS		6,244,769	0		
	ZD - A122 IRL ADMIN RECLASS					
1.00	MAINTENANCE & REPAIRS-IRL	6.05	358,709	386,973		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	2,571	2,773		2.00
3.00	HOUSEKEEPING-IRL	9.05	16,486	17,785		3.00
4.00	DIETARY	10.00	761	821		4.00
5.00	PHARMACY	15.00	10,813	11,664		5.00
6.00	SOCIAL SERVICE	17.00	6	6		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	142,794	154,047		7.00
8.00	LABORATORY	60.00	99,451	107,288		8.00
9.00	CARDIOLOGY	60.02	7,212	7,780		9.00
10.00	RESPIRATORY THERAPY	65.00	278	299		10.00
11.00	PHYSICAL THERAPY	66.00	246	265		11.00
12.00	OCCUPATIONAL THERAPY	67.00	371	401		12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	2,006,868	2,165,003		13.00
14.00	DIABETES EDUCATION	76.08	608	656		14.00
15.00	CARDIAC REHABILITATION	76.97	4,049	4,369		15.00
16.00	IRL-CARDIOLOGY CLINIC	90.50	40,230	43,399		16.00
17.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,595	1,720		17.00
18.00	IRL-DERMATOLOGY CLINIC	90.52	12,906	13,922		18.00
19.00	IRL-INTERNAL MEDICINE CLINIC	90.54	32,107	34,636		19.00
20.00	IRL-OB/GYN CLINIC	90.56	33,761	36,422		20.00
21.00	IRL-OPHTHALMOLOGY	90.57	29,064	31,354		21.00
22.00	IRL - ORTHOPAEDICS CLINIC	90.58	15,905	17,158		22.00
23.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	17,206	18,562		23.00
24.00	IRL-PEDIATRICS CLINIC	90.60	18,964	20,457		24.00
25.00	IRL-UROLOGY CLINIC	90.62	33,495	36,134		25.00
26.00	IRL - PSYCHIATRIC CLINIC	90.63	152	165		26.00
27.00	IRL - FAMILY CARE CLINIC	90.65	230	248		27.00
28.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	11,091	11,964		28.00
29.00	IRL-DIABETES CENTER CLINIC	90.70	10,058	10,850		29.00
30.00	IRL-ANTICOAGULATION CLINIC	90.72	1,902	2,051		30.00
31.00	IRL - PROCEDURE SUITES	90.76	120,920	130,448		31.00
32.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	22,652	24,437		32.00
33.00	IRL EAST- PEDIATRICS CLINIC	90.81	2,331	2,514		33.00
34.00	IRL EAST-DERMATOLOGY CLINIC	90.82	695	749		34.00
35.00	IRL EAST-SURGERY CLINIC	90.83	2,613	2,819		35.00
36.00	IRL EAST-NEUROLOGY CLINIC	90.84	10,470	11,295		36.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00	IRL EAST-DIABETES CENTER CLINIC	90.85	29	32	37.00
38.00	PHARMACY HOMEGOING DRUGS	190.03	468,077	504,960	38.00
	TOTALS		3,537,676	3,816,426	
	ZE - A160 IRL RADIOLOGY RECLASS				
1.00	ULTRA SOUND	55.01	84,762	146,876	1.00
2.00	CT SCAN	57.00	352,996	611,675	2.00
3.00	CARDIOLOGY	60.02	39,699	68,790	3.00
4.00	DIABETES EDUCATION	76.08	90	155	4.00
5.00	CARDIAC REHABILITATION	76.97	20,833	36,099	5.00
6.00	IRL-CARDIOLOGY CLINIC	90.50	23,962	41,522	6.00
7.00	IRL-INTERNAL MEDICINE CLINIC	90.54	7,153	12,395	7.00
8.00	IRL-OB/GYN CLINIC	90.56	71,350	123,636	8.00
9.00	IRL-OPHTHALMOLOGY	90.57	17,256	29,902	9.00
10.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	178	310	10.00
11.00	IRL-PEDIATRICS CLINIC	90.60	268	465	11.00
12.00	IRL-UROLOGY CLINIC	90.62	17,614	30,522	12.00
13.00	IRL-DIABETES CENTER CLINIC	90.70	9,567	16,578	13.00
14.00	IRL - PROCEDURE SUITES	90.76	33,886	58,720	14.00
15.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	447	775	15.00
16.00	IRL EAST-DERMATOLOGY CLINIC	90.82	268	465	16.00
17.00	IRL EAST-NEUROLOGY CLINIC	90.84	21,280	36,874	17.00
	TOTALS		701,609	1,215,759	
	ZH - A162 COLLECTION SERVICES RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,233,802	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
	TOTALS		0	10,233,802	
	ZI - A163 CYNTHIA GEYER RECLASS				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	27,390	11,204	1.00
	TOTALS		27,390	11,204	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	ZJ - A96 PATH LAB RECLASS				
1.00	LABORATORY	60.00	111,874	0	1.00
2.00	ANATOMICAL LABORATORY	60.01	75,520	0	2.00
	TOTALS		187,394	0	
	ZL - A165 AMBUL CARE PHYS ETC RECLASS				
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,599,783	2,301,867	1.00
	TOTALS		1,599,783	2,301,867	
	ZM - A166 SOCIAL SERVICE RECLASS				
1.00	SOCIAL SERVICE	17.00	1,042,408	413,029	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
	TOTALS		1,042,408	413,029	
	ZN - A78 TRANSFERS RECLASS				
1.00	OUTREACH	194.01	0	2,034,315	1.00
	TOTALS		0	2,034,315	
	ZO - A500 FUND 500/510 RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,034,513	1.00
	TOTALS		0	2,034,513	
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS				
1.00	QUAD CITIES - CANCER CENTER	90.95	0	60,234	1.00
2.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	747,096	2.00
3.00	NORTH DODGE - REI CLINIC	90.97	0	7,864	3.00
	TOTALS		0	815,194	
500.00	Grand Total: Increases		103,987,193	208,271,522	500.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	AB - A121 SUPPLY IMPLACT RECLASS - SUPPLY					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	425	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	851,243	0	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	94,403	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	145,337	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	111,126	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	235,615	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	44,923	0	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	74,079	0	8.00
9.00	OPERATING ROOM	50.00	0	15,391,376	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	100,098	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,497,851	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,436	0	12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,219	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	6,032,256	0	14.00
15.00	CARDIOLOGY	60.02	0	1,141,711	0	15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,007	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	4,394,999	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	176,633	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	154,254	0	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	924,950	0	20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,591	0	21.00
22.00	RENAL DIALYSIS	74.00	0	187,789	0	22.00
23.00	SPINE TREATMENT CENTER	76.03	0	4	0	23.00
24.00	DIGESTIVE DISEASE CNTR	76.05	0	821,808	0	24.00
25.00	LITHOTRIPSY	76.99	0	606,824	0	25.00
26.00	ANESTHESIA PAIN CLINIC	90.01	0	282	0	26.00
27.00	OPHTHALMOLOGY CLINIC	90.07	0	84,912	0	27.00
28.00	ORTHOPAEDICS CLINIC	90.08	0	29,213	0	28.00
29.00	OTOLARYNGOLOGY CLINIC	90.09	0	100,668	0	29.00
30.00	PEDIATRIC CLINIC	90.10	0	38,076	0	30.00
31.00	SURGERY CLINIC	90.11	0	224	0	31.00
32.00	UROLOGY CLINIC	90.12	0	5,265	0	32.00
33.00	CANCER CLINIC	90.14	0	10,995	0	33.00
34.00	FAMILY CARE CLINIC	90.15	0	515	0	34.00
35.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	1,470	0	35.00
36.00	IRL-OB/GYN CLINIC	90.56	0	4,695	0	36.00
37.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	5,271	0	37.00
38.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	1,313	0	38.00
39.00	IRL-PEDIATRICS CLINIC	90.60	0	195	0	39.00
40.00	IRL - PROCEDURE SUITES	90.76	0	67,516	0	40.00
41.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	1,086	0	41.00
42.00	IRL EAST-SURGERY CLINIC	90.83	0	12	0	42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,985	0	43.00
	TOTALS		0	33,371,650		
	AC - A133 NURSING AGENCY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	386,993	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	4,396	0	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	137,470	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	1,624,566	0	0	4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	63,577	0	0	5.00
6.00	CORONARY CARE UNIT	32.00	67,800	0	0	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	4,995	0	0	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	311,856	0	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	744,862	0	0	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	174,558	0	0	10.00
11.00	SUBPROVIDER - IPF	40.00	178,643	0	0	11.00
12.00	OPERATING ROOM	50.00	7,870,831	0	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	485,272	0	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	539,687	0	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	720,836	0	0	15.00
16.00	CARDIOLOGY	60.02	98,190	0	0	16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	58,839	0	0	17.00
18.00	RENAL DIALYSIS	74.00	2,192,812	0	0	18.00
19.00	PEDIATRIC CLINIC	90.10	810	0	0	19.00
20.00	FAMILY CARE CLINIC	90.15	1,672	0	0	20.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	IRL-CARDIOLOGY CLINIC	90.50	4,000	0	0		21.00
22.00	EMERGENCY	91.00	575,928	0	0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	90,055	0	0		23.00
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,564	0		24.00
25.00		0.00	0	0	0		25.00
	TOTALS		16,338,648	6,564			
	AD - A176 COVID-19 EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,553,271	786,978	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
117.00		0.00	0	0	0		117.00
118.00		0.00	0	0	0		118.00
	TOTALS		4,553,271	786,978			
	AE - A124 CLINIC TIME STUDY RECLASS						
1.00	IVF/CULTURE LAB	76.00	2,360	1,008	0		1.00
2.00	ORAL SURGERY CLINIC	90.03	35,153	14,251	0		2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	139,203	72,986	0		3.00
4.00	NEUROLOGY CLINIC	90.05	5,346	628	0		4.00
5.00	OB-GYN CLINIC	90.06	4,528	2,373	0		5.00
6.00	OPHTHALMOLOGY CLINIC	90.07	9,500	4,418	0		6.00
7.00	ORTHOPAEDICS CLINIC	90.08	59,866	30,836	0		7.00
8.00	OTOLARYNGOLOGY CLINIC	90.09	59,809	31,716	0		8.00
9.00	SURGERY CLINIC	90.11	13,409	7,082	0		9.00
10.00	UROLOGY CLINIC	90.12	17,686	9,332	0		10.00
11.00	PSYCHIATRIC CLINIC	90.13	35,028	18,582	0		11.00
12.00	CANCER CLINIC	90.14	9,023	4,739	0		12.00
13.00	FAMILY CARE CLINIC	90.15	7,378	3,879	0		13.00
	TOTALS		398,289	201,830			
	AF - A125 RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	828,688	2,032,488	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,054,369	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	TOTALS		828,688	4,086,857			
	AG - A84 UIHC FUNDED FACULTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,102,776	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	99,173	0	0		2.00
3.00	SOCIAL SERVICE	17.00	128,773	0	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	6,351	0	0		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	342,702	0	0		5.00
6.00	OPERATING ROOM	50.00	99,878	0	0		6.00
7.00	PHYSICAL THERAPY	66.00	90,759	0	0		7.00
8.00	SPINE TREATMENT CENTER	76.03	70,630	0	0		8.00
9.00	PSYCHIATRIC CLINIC	90.13	169,022	0	0		9.00
10.00	CANCER CLINIC	90.14	10,084	0	0		10.00
11.00	IRL-INTERNAL MEDICINE CLINIC	90.54	9,776	0	0		11.00
12.00	EMERGENCY	91.00	7,397,128	0	0		12.00
13.00	KIDNEY ACQUISITION	105.00	69,262	0	0		13.00
14.00	VENDING/PATIENT ART	190.01	270,232	0	0		14.00
15.00	PHARMACY HOMEGOING DRUGS	190.03	30,858	0	0		15.00
16.00	UICOM	194.00	1,962,710	0	0		16.00
	TOTALS		14,860,114	0			
	AH - A127 REHAB THERAPY ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	415,590	181,292	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		415,590	181,292			
	AI - A173 DIALYSIS CRRT RECLASS						
1.00	CARDIOLOGY	60.02	39,500	18,025	0		1.00
	TOTALS		39,500	18,025			
	AK - A130 VACA SICK RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,689,650	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/20/2020 10:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
117.00		0.00	0	0	0		117.00
118.00		0.00	0	0	0		118.00
	TOTALS		0	4,689,650			
	AL - A131 TRANSCRIPTION SERVICES RECLASS						
1.00	ANATOMICAL LABORATORY	60.01	0	153,669	0		1.00
	TOTALS		0	153,669			
	AN - A97 FELLOW STIPEND RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,480,865	0		1.00
	TOTALS		0	9,480,865			
	AO - A134 RENAL DIALYSIS ADMIN RECLASS						
1.00	RENAL DIALYSIS	74.00	40,166	21,313	0		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	134,189	317,241	0		2.00
	TOTALS		174,355	338,554			
	AP - A135 STAFF TRANS TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	12,547	1,969	0		1.00
2.00	DIETARY	10.00	8,281	3,408	0		2.00
3.00	CARDIOLOGY	60.02	238,775	91,722	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	7,553	3,090	0		4.00
5.00	IRL-CARDIOLOGY CLINIC	90.50	14	6	0		5.00
6.00	KIDNEY ACQUISITION	105.00	659,617	267,156	0		6.00
7.00	HEART ACQUISITION	106.00	115,044	48,199	0		7.00
8.00	LIVER ACQUISITION	107.00	123,709	52,352	0		8.00
9.00	LUNG ACQUISITION	108.00	129,950	56,495	0		9.00
10.00	PHARMACY HOMEGOING DRUGS	190.03	79,502	32,465	0		10.00
	TOTALS		1,374,992	556,862			
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS						
1.00		0.00	0	0	0		1.00
5.00	RENAL DIALYSIS	74.00	83,460	119,915	0		5.00
	TOTALS		83,460	119,915			
	AR - A138 PHARMACY TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,401	101	0		1.00
2.00	PHARMACY	15.00	153,403	61,317	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	520,831	211,283	0		3.00
4.00	IRL-INTERNAL MEDICINE CLINIC	90.54	2,466	1,009	0		4.00
5.00	IRL-ANTICOAGULATION CLINIC	90.72	45,889	18,747	0		5.00
6.00	PHARMACY HOMEGOING DRUGS	190.03	54,555	22,262	0		6.00
	TOTALS		779,545	314,719			
	AS - A139 WESTLAWN PLANT OP RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0		1.00
2.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	69,060	0		2.00
	TOTALS		0	230,196			
	AT - A118 STAFF TRANS TIME STUDY RECLASS						
1.00	INTERNAL MEDICINE CLINIC	90.04	0	3,232	0		1.00
2.00	SURGERY CLINIC	90.11	0	40,705	0		2.00
3.00	KIDNEY ACQUISITION	105.00	0	39,751	0		3.00
4.00	HEART ACQUISITION	106.00	0	182	0		4.00
5.00	LIVER ACQUISITION	107.00	0	18,629	0		5.00
6.00	LUNG ACQUISITION	108.00	0	25,271	0		6.00
7.00	PANCREAS ACQUISITION	109.00	0	9	0		7.00
	TOTALS		0	127,779			
	AU - A137 ORG 03 VPMA RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	22,019,794	0		1.00
	TOTALS		0	22,019,794			
	AV - A106 FACULTY TIME RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,473,555	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23,130,219	0		2.00
3.00	LABORATORY	60.00	0	603,851	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	0	337,347	0		4.00
	TOTALS		0	36,544,972			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AW - A140 ARNP TO NONALLOWABLE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	158,738	12,625	0		1.00
2.00	NURSING ADMINISTRATION	13.00	56,301	20,461	0		2.00
3.00	SOCIAL SERVICE	17.00	36,218	15,049	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	95,130	32,118	0		4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	411	149	0		5.00
6.00	CORONARY CARE UNIT	32.00	4,092	1,053	0		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	108,108	44,222	0		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	91,847	35,091	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	8,831	3,491	0		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	77,295	21,781	0		10.00
11.00	SUBPROVIDER - IPF	40.00	531,854	222,790	0		11.00
12.00	OPERATING ROOM	50.00	8,813	2,875	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	46,101	18,237	0		13.00
14.00	ANESTHESIOLOGY	53.00	192,569	80,573	0		14.00
15.00	CARDIOLOGY	60.02	434,164	177,594	0		15.00
16.00	RENAL DIALYSIS	74.00	2,017	85	0		16.00
17.00	DIGESTIVE DISEASE CNTR	76.05	71,468	28,274	0		17.00
18.00	DIABETES EDUCATION	76.08	57,624	23,753	0		18.00
19.00	INTERNAL MEDICINE CLINIC	90.04	56,441	23,840	0		19.00
20.00	ORTHOPAEDICS CLINIC	90.08	269,109	110,145	0		20.00
21.00	PEDIATRIC CLINIC	90.10	51,197	21,628	0		21.00
22.00	PSYCHIATRIC CLINIC	90.13	49,353	20,797	0		22.00
23.00	FAMILY CARE CLINIC	90.15	434	51	0		23.00
24.00	IRL-INTERNAL MEDICINE CLINIC	90.54	4,432	539	0		24.00
25.00	IRL-OB/GYN CLINIC	90.56	18,240	7,770	0		25.00
26.00	IRL - PROCEDURE SUITES	90.76	589	248	0		26.00
27.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	4	2	0		27.00
28.00	QUAD CITIES - CANCER CENTER	90.95	150,032	63,091	0		28.00
29.00	EMERGENCY	91.00	353,473	80,893	0		29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	839	126	0		30.00
31.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	245	103	0		31.00
32.00	KIDNEY ACQUISITION	105.00	66,958	27,163	0		32.00
33.00	UICOM	194.00	2,912,545	997,124	0		33.00
	TOTALS		5,915,472	2,093,741			
	AX - A175 SFCH LL2 RECLASS						
1.00	OPERATING ROOM	50.00	333,397	265,665	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		333,397	265,665			
	AY - A155 OR TO A AND P RECOVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,485,993	0		1.00
	TOTALS		0	3,485,993			
	AZ - A174 RECOVERY TIME RECLASS						
1.00	LITHOTRIPSY	76.99	17,261	48,430	0		1.00
2.00	DIGESTIVE DISEASE CNTR	76.05	52,753	45,962	0		2.00
3.00	IVF/CULTURE LAB	76.00	18,688	29,969	0		3.00
	TOTALS		88,702	124,361			
	BA - A147 INSURANCE EXPENSE RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	1,211,167	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	1,211,167			
	BC - A151 PHARMACY RESIDENT RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	4,732	199	0		1.00
2.00	PARAMEDICAL EDUC - PHARMACY	23.02	253,706	62,896	0		2.00
3.00	PHARMACY HOMEGOING DRUGS	190.03	218	9	0		3.00
	TOTALS		258,656	63,104			
	BD - A152 DIETARY EXP TO CAFE RECLASS						
1.00	DIETARY	10.00	4,874,020	6,781,618	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,874,020	6,781,618			
	BE - AXXX INTERIM TXP ADMIN TIME STUDY						
1.00	KIDNEY ACQUISITION	105.00	0	30,000	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	30,000			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	BI - A158 TXP SUPPORT SERVICES RECLASS						
1.00	KIDNEY ACQUISITION	105.00	0	33,255	0		1.00
2.00	CARDIOLOGY	60.02	0	70,398	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	103,653			
	BJ - A168 EXP MATCHING REV RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,878,751	919,744	0		1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	1,620	936	0		2.00
3.00	CORONARY CARE UNIT	32.00	768	414	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	11,635	7,455	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	506	281	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	5,370,679	2,556,417	0		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	3,219	1,624	0		7.00
8.00	OPERATING ROOM	50.00	3,422	2,538	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	517,656	285,162	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	2	3	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	482	386	0		11.00
12.00	CARDIOLOGY	60.02	3,454	2,504	0		12.00
13.00	LITHOTRIPSY	76.99	414	1,163	0		13.00
14.00	FAMILY CARE CLINIC	90.15	221	122	0		14.00
15.00	IRL-UROLOGY CLINIC	90.62	6,264	30,877	0		15.00
16.00	EMERGENCY	91.00	327,213	186,012	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	36,199	20,154	0		17.00
	TOTALS		8,162,505	4,015,792			
	BK - A169 2BT RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	463	218	0		1.00
	TOTALS		463	218			
	BM - A167 REV CODE 206 TELEMETRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	1,042,324	510,561	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
	TOTALS		1,042,324	510,561			
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	30,875	683,833	0		1.00
	TOTALS		30,875	683,833			
	BV - A171 OPEB RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,186,730	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
117.00		0.00	0	0	0		117.00
	TOTALS		0	5,186,730			
	CH - A135B PHYS TXP TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	512,000	119,501	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		512,000	119,501			
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN						
1.00	CORONARY CARE UNIT	32.00	0	1,629	0		1.00
2.00	OPERATING ROOM	50.00	0	52,950,303	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,321	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	655,552	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	61,560	0		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,838	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	15,111,022	0		7.00
8.00	CARDIOLOGY	60.02	0	1,736,817	0		8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,630,695	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	42,501	0		10.00
11.00	DIGESTIVE DISEASE CNTR	76.05	0	619,889	0		11.00
12.00	LITHOTRIPSY	76.99	0	118,742	0		12.00
13.00	ANESTHESIA PAIN CLINIC	90.01	0	8,401	0		13.00
14.00	OPHTHALMOLOGY CLINIC	90.07	0	2,400	0		14.00
15.00	OTOLARYNGOLOGY CLINIC	90.09	0	13,566	0		15.00
16.00	PEDIATRIC CLINIC	90.10	0	15	0		16.00
17.00	UROLOGY CLINIC	90.12	0	56,718	0		17.00
18.00	IRL-OB/GYN CLINIC	90.56	0	3,947	0		18.00
19.00	IRL - PROCEDURE SUITES	90.76	0	36,687	0		19.00
	TOTALS		0	77,070,603			
	ZB - A119 CLINIC TIME STUDY RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,315,488	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	512,727	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	50,668	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	0	131,807	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	0	260,724	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	0	441,325	0		6.00
7.00	NEUROLOGY CLINIC	90.05	0	24,858	0		7.00
8.00	OB-GYN CLINIC	90.06	0	61,959	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	0	632,664	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	0	423,426	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	0	332,817	0		11.00
12.00	PEDIATRIC CLINIC	90.10	0	252,900	0		12.00
13.00	SURGERY CLINIC	90.11	0	768,249	0		13.00
14.00	UROLOGY CLINIC	90.12	0	9,850	0		14.00
15.00	FAMILY CARE CLINIC	90.15	0	25,307	0		15.00
	TOTALS		0	6,244,769			
	ZD - A122 IRL ADMIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,537,676	3,816,426	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/20/2020 10:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
	TOTALS		3,537,676	3,816,426			
	ZE - A160 IRL RADIOLOGY RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	701,609	1,215,759	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
	TOTALS		701,609	1,215,759			
	ZH - A162 COLLECTION SERVICES RECLASS						
1.00	DIETARY	10.00	0	1	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	6,168	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	914,921	0		3.00
4.00	ULTRA SOUND	55.01	0	54,182	0		4.00
5.00	LABORATORY	60.00	0	840,859	0		5.00
6.00	CARDIOLOGY	60.02	0	66,562	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	2,424	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	2,359	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	3,690	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,451,219	0		10.00
11.00	IVF/CULTURE LAB	76.00	0	26,737	0		11.00
12.00	DIABETES EDUCATION	76.08	0	3,339	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	31,636	0		13.00
14.00	PEDIATRIC CLINIC	90.10	0	88,101	0		14.00
15.00	PSYCHIATRIC CLINIC	90.13	0	218,683	0		15.00
16.00	IRL-CARDIOLOGY CLINIC	90.50	0	252,955	0		16.00
17.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	13,334	0		17.00
18.00	IRL-DERMATOLOGY CLINIC	90.52	0	84,228	0		18.00
19.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	239,924	0		19.00
20.00	IRL-OB/GYN CLINIC	90.56	0	219,679	0		20.00
21.00	IRL-OPHTHALMOLOGY	90.57	0	116,369	0		21.00
22.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	68,626	0		22.00
23.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	88,434	0		23.00
24.00	IRL-PEDIATRICS CLINIC	90.60	0	137,757	0		24.00
25.00	IRL-UROLOGY CLINIC	90.62	0	214,231	0		25.00
26.00	IRL - PSYCHIATRIC CLINIC	90.63	0	1,597	0		26.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/20/2020 10:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	IRL - FAMILY CARE CLINIC	90.65	0	2,410	0		27.00
28.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0	39,622	0		28.00
29.00	IRL-DIABETES CENTER CLINIC	90.70	0	65,073	0		29.00
30.00	IRL-ANTICOAGULATION CLINIC	90.72	0	19,226	0		30.00
31.00	IRL - PROCEDURE SUITES	90.76	0	465,078	0		31.00
32.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0	30,220	0		32.00
33.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	157,990	0		33.00
34.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	18,225	0		34.00
35.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	5,891	0		35.00
36.00	IRL EAST-SURGERY CLINIC	90.83	0	3,477	0		36.00
37.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	51,151	0		37.00
38.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	307	0		38.00
39.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	110,542	0		39.00
40.00	NORTH DODGE - REI CLINIC	90.97	0	14,158	0		40.00
41.00	EMERGENCY	91.00	0	636,752	0		41.00
42.00	PHARMACY HOMEGOING DRUGS	190.03	0	14,953	0		42.00
43.00	UICOM	194.00	0	2,450,712	0		43.00
	TOTALS		0	10,233,802			
	ZI - A163 CYNTHIA GEYER RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	27,390	11,204	0		1.00
	TOTALS		27,390	11,204			
	ZJ - A96 PATH LAB RECLASS						
1.00	LABORATORY	60.00	0	111,874	0		1.00
2.00	ANATOMICAL LABORATORY	60.01	0	75,520	0		2.00
	TOTALS		0	187,394			
	ZL - A165 AMBUL CARE PHYS ETC RECLASS						
1.00	EMERGENCY	91.00	1,599,783	2,301,867	0		1.00
	TOTALS		1,599,783	2,301,867			
	ZM - A166 SOCIAL SERVICE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	72,478	12,144	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	68,975	29,137	0		2.00
3.00	SUBPROVIDER - IPF	40.00	202,022	83,988	0		3.00
4.00	RENAL DIALYSIS	74.00	10,418	2,100	0		4.00
5.00	PEDIATRIC CLINIC	90.10	24,365	10,257	0		5.00
6.00	PSYCHIATRIC CLINIC	90.13	291,680	122,172	0		6.00
7.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	37,013	15,636	0		7.00
8.00	IRL EAST-NEUROLOGY CLINIC	90.84	5,640	2,369	0		8.00
9.00	QUAD CITIES - CANCER CENTER	90.95	58,170	24,569	0		9.00
10.00	EMERGENCY	91.00	112,877	44,082	0		10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,235	665	0		11.00
12.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	125,852	52,949	0		12.00
13.00	HOME PROGRAM DIALYSIS	94.00	30,683	12,961	0		13.00
	TOTALS		1,042,408	413,029			
	ZN - A78 TRANSFERS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,034,315	0		1.00
	TOTALS		0	2,034,315			
	ZO - A500 FUND 500/510 RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,034,513	0	0		1.00
	TOTALS		2,034,513	0			
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS						
1.00	CAP REL COSTS-IRL	1.05	0	815,194	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	815,194			
500.00	Grand Total: Decreases		70,008,245	242,250,470			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	22,923,359	0	0	0	492,750	1.00
2.00	Land Improvements	66,512,715	392,032	0	392,032	0	2.00
3.00	Buildings and Fixtures	1,598,702,803	55,289,653	0	55,289,653	691,944	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	573,003,932	55,952,054	0	55,952,054	43,229,177	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,261,142,809	111,633,739	0	111,633,739	44,413,871	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,261,142,809	111,633,739	0	111,633,739	44,413,871	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	22,430,609	0	1.00
2.00	Land Improvements	66,904,747	0	2.00
3.00	Buildings and Fixtures	1,653,300,512	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	585,726,809	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,328,362,677	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,328,362,677	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part II | Date/Time Prepared: 11/20/2020 10:43 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	45,244,284	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	194,591	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	5,045,863	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	50,166,388	0	0	0	0	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	2,485,757	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	103,380,906	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	45,244,284	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	194,591	1.04
1.05	CAP REL COSTS-IRL	0	5,045,863	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	50,166,388	2.00
2.01	BLANK	0	0	2.01
2.02	BLANK	0	0	2.02
2.03	BLANK	0	0	2.03
2.04	BLANK	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,485,757	2.05
3.00	Total (sum of lines 1-2)	0	103,380,906	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part III | Date/Time Prepared: 11/20/2020 10:43 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	1,642,727,656	0	1,642,727,656	0.705528	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000510	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	6,015,421	0	6,015,421	0.002584	0	1.03
1.04	CAP REL COSTS-CDD	24,491,572	0	24,491,572	0.010519	0	1.04
1.05	CAP REL COSTS-IRL	68,213,337	0	68,213,337	0.029297	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	559,936,401	0	559,936,401	0.240485	0	2.00
2.01	BLANK	0	0	0	0.000000	0	2.01
2.02	BLANK	0	0	0	0.000000	0	2.02
2.03	BLANK	0	0	0	0.000000	0	2.03
2.04	BLANK	0	0	0	0.000000	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	25,790,408	0	25,790,408	0.011077	0	2.05
3.00	Total (sum of lines 1-2)	2,328,362,677	0	2,328,362,677	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	0	0	44,353,250	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	244,023	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	194,591	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	4,224,037	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	50,166,388	0	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	2,485,757	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	101,668,046	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	906,914	0	0	45,260,164	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	194,591	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	4,224,037	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	304,253	0	0	50,470,641	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	0	2,485,757	2.05
3.00	Total (sum of lines 1-2)	0	1,211,167	0	0	102,879,213	3.00

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-GENERAL HOSP (chapter 2)		0	CAP REL COSTS-GENERAL HOSP	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-WESTLAWN (chapter 2)		0	CAP REL COSTS-WESTLAWN	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ORTHO SPORTS MED BLDG (chapter 2)		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-CDD (chapter 2)		0	CAP REL COSTS-CDD	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-IRL (chapter 2)		0	CAP REL COSTS-IRL	1.05	0	1.05
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - BLANK (chapter 2)		0	BLANK	2.01	0	2.01
2.02	Investment income - BLANK (chapter 2)		0	BLANK	2.02	0	2.02
2.03	Investment income - BLANK (chapter 2)		0	BLANK	2.03	0	2.03
2.04	Investment income - BLANK (chapter 2)		0	BLANK	2.04	0	2.04
2.05	Investment income - CAP REL COSTS-MVBLE EQUIP-IRL (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	2.05
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-11,965	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-572,896	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,000,484			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	282,881			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP		0	CAP REL COSTS-GENERAL HOSP	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WESTLAWN		0	CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MED BLDG		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-CDD		0	CAP REL COSTS-CDD	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-IRL		0	CAP REL COSTS-IRL	1.05	0	26.05
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - BLANK		0	BLANK	2.01	0	27.01
27.02	Depreciation - BLANK		0	BLANK	2.02	0	27.02
27.03	Depreciation - BLANK		0	BLANK	2.03	0	27.03
27.04	Depreciation - BLANK		0	BLANK	2.04	0	27.04
27.05	Depreciation - CAP REL COSTS-MVBLE EQUIP-IRL		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	27.05
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-238,709	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	A71 UTILITIES FOR TV ADJ	A	-44,395	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A77 DISCOUNT PARKING	A	-911,826	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	A77 DISCOUNT PARKING	A	-33,660	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.02
33.03	A77 DISCOUNT PARKING	A	-71,075	MAINTENANCE & REPAIRS-IRL	6.05	0	33.03
33.04	A77 DISCOUNT PARKING	A	-309	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	A77 DISCOUNT PARKING	A	-24	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.05
33.06	A77 DISCOUNT PARKING	A	-7,196	LABORATORY	60.00	0	33.06
33.07	A77 DISCOUNT PARKING	A	-4,869	RENAL DIALYSIS	74.00	0	33.07
33.08	A77 DISCOUNT PARKING	A	-29	HOME PROGRAM DIALYSIS	94.00	0	33.08
33.09	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-120,138,491	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-68,751	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.10
33.11	A79 EMPLOYEE SCREENING PHYSICIANS	A	207,327	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	A82 LOBBYING EXPENSES ADJ	A	-64,533	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-4,873,601	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-122,127	MEDICAL RECORDS & LIBRARY	16.00	0	33.14
33.15	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-158,577	SOCIAL SERVICE	17.00	0	33.15

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.16	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-7,925	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.16
33.17	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-447,946	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.17
33.18	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-122,995	OPERATING ROOM	50.00	0	33.18
33.19	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-111,765	PHYSICAL THERAPY	66.00	0	33.19
33.20	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-86,977	SPINE TREATMENT CENTER	76.03	0	33.20
33.21	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-208,142	PSYCHIATRIC CLINIC	90.13	0	33.21
33.22	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-12,038	IRL-INTERNAL MEDICINE CLINIC	90.54	0	33.22
33.23	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-8,933,511	EMERGENCY	91.00	0	33.23
33.24	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-85,293	KIDNEY ACQUISITION	105.00	0	33.24
33.25	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-332,777	VENDING/PATIENT ART	190.01	0	33.25
33.26	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-38,000	PHARMACY HOMEGOING DRUGS	190.03	0	33.26
33.27	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,330,955	UICOM	194.00	0	33.27
33.28	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-10,509	CANCER CLINIC	90.14	0	33.28
33.29	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,760	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.29
33.30	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-555	OPERATING ROOM	50.00	0	33.30
33.31	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-800	ULTRA SOUND	55.01	0	33.31
33.32	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,727	RADIOLOGY - PET SCAN	55.02	0	33.32
33.33	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,900	DIGESTIVE DISEASE CNTR	76.05	0	33.33
33.34	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-545	OB-GYN CLINIC	90.06	0	33.34
33.35	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,210	CANCER CLINIC	90.14	0	33.35
33.36	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-32,544	EMERGENCY	91.00	0	33.36
33.37	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-8,398	UICOM	194.00	0	33.37
33.38	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-19,348	ADMINISTRATIVE & GENERAL	5.00	0	33.38
33.39	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,041	BURN INTENSIVE CARE UNIT	33.00	0	33.39
33.40	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,776	SUBPROVIDER - IPF	40.00	0	33.40
33.41	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-11,309	CARDIOLOGY	60.02	0	33.41
33.42	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-889	RENAL DIALYSIS	74.00	0	33.42
33.43	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-6,711	DIGESTIVE DISEASE CNTR	76.05	0	33.43
33.44	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,516	INTERNAL MEDICINE CLINIC	90.04	0	33.44
33.45	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,888	PSYCHIATRIC CLINIC	90.13	0	33.45
33.46	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,977	IRL-OB/GYN CLINIC	90.56	0	33.46
33.47	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,644	IRL - PROCEDURE SUITES	90.76	0	33.47
33.48	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,132	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	33.48
33.49	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-349,737	EMERGENCY	91.00	0	33.49

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.50	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,888	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	33.50
33.51	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,516	KIDNEY ACQUISITION	105.00	0	33.51
33.52	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-107,299	UICOM	194.00	0	33.52
33.53	A105 EMSLRC TRANSFER	A	13	OTHER NON-ALLOWABLE	190.13	0	33.53
33.54	A90 REVENUE TRANSFERRED TO FUND 285	B	-11,246,897	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55	A99 MALPRACTICE ADJ	A	1,691,161	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56	A174 ROSSI GUEST HOUSE ADJ	A	-343,944	ADMINISTRATIVE & GENERAL	5.00	0	33.56
33.57	A87 CAPITALIZED INTEREST UIHC ADJ	A	-991,382	CAP REL COSTS-GENERAL HOSP	1.01	9	33.57
33.58	A87 CAPITALIZED INTEREST IRL ADJ	A	-34,112	CAP REL COSTS-IRL	1.05	9	33.58
33.59	A87 IRL PARKING GARAGE - DEPREC ADJ	A	27,480	CAP REL COSTS-IRL	1.05	9	33.59
33.60	A117 PHYS COST - LIVE KID ADJ	A	25,250	KIDNEY ACQUISITION	105.00	0	33.60
33.61	A117 PHYS COST - CAD KID ADJ	A	70,695	KIDNEY ACQUISITION	105.00	0	33.61
33.62	A117 PHYS COST - PANC ADJ	A	2,530	PANCREAS ACQUISITION	109.00	0	33.62
33.63	A117 PHYS COST - LIVER ADJ	A	32,567	LIVER ACQUISITION	107.00	0	33.63
33.64	A117 PHYS COST - HEART ADJ	A	8,819	HEART ACQUISITION	106.00	0	33.64
33.65	A117 PHYS COST - LUNG ADJ	A	46,928	LUNG ACQUISITION	108.00	0	33.65
33.66	A116 OTHER REVENUE ADJ	B	-2,132,840	ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	A116 OTHER REVENUE ADJ	B	-436,502	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.67
33.68	A116 OTHER REVENUE ADJ	B	-133,568	DIETARY	10.00	0	33.68
33.69	A116 OTHER REVENUE ADJ	B	-9,552,508	CAFETERIA	11.00	0	33.69
33.70	A116 OTHER REVENUE ADJ	B	-44,385	NURSING ADMINISTRATION	13.00	0	33.70
33.71	A116 OTHER REVENUE ADJ	B	-773,581	MEDICAL RECORDS & LIBRARY	16.00	0	33.71
33.72	A116 OTHER REVENUE ADJ	B	-20,023	OPERATING ROOM	50.00	0	33.72
33.73	A116 OTHER REVENUE ADJ	B	-24,214	RADIOLOGY-DIAGNOSTIC	54.00	0	33.73
33.74	A116 OTHER REVENUE ADJ	B	-509	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.74
33.75	A116 OTHER REVENUE ADJ	B	-71	LABORATORY	60.00	0	33.75
33.76	A116 OTHER REVENUE ADJ	B	-367	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.76
33.77	A116 OTHER REVENUE ADJ	B	-8,053	RESPIRATORY THERAPY	65.00	0	33.77
33.78	A116 OTHER REVENUE ADJ	B	-25,896	PHYSICAL THERAPY	66.00	0	33.78
33.79	A116 OTHER REVENUE ADJ	B	-28,780	ELECTROCARDIOLOGY	69.00	0	33.79
33.80	A116 OTHER REVENUE ADJ	B	-59,850	ELECTROENCEPHALOGRAPHY	70.00	0	33.80
33.81	A116 OTHER REVENUE ADJ	B	-4,140	CARDIAC REHABILITATION	76.97	0	33.81
33.82	A116 OTHER REVENUE ADJ	B	-34,280	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	33.82
33.83	A116 OTHER REVENUE ADJ	B	-353	DERMATOLOGY CLINIC	90.02	0	33.83
33.84	A116 OTHER REVENUE ADJ	B	-1,254	OPHTHALMOLOGY CLINIC	90.07	0	33.84
33.85	A116 OTHER REVENUE ADJ	B	-25,328	QUAD CITIES - CANCER CENTER	90.95	0	33.85
33.86	A116 OTHER REVENUE ADJ	B	-33,652	EMERGENCY	91.00	0	33.86
33.87	A116 OTHER REVENUE ADJ	B	-4,327,156	AMBULANCE SERVICES	95.00	0	33.87
33.88	A116 OTHER REVENUE ADJ	B	-1,280,215	VENDING/PATIENT ART	190.01	0	33.88
33.89	A119 CLINIC TIME STUDIES ADJ	A	2,315,488	MEDICAL RECORDS & LIBRARY	16.00	0	33.89
33.90	A119 CLINIC TIME STUDIES ADJ	A	512,727	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.90
33.91	A119 CLINIC TIME STUDIES ADJ	A	50,668	ANESTHESIOLOGY	53.00	0	33.91
33.92	A119 CLINIC TIME STUDIES ADJ	A	131,807	DERMATOLOGY CLINIC	90.02	0	33.92
33.93	A119 CLINIC TIME STUDIES ADJ	A	260,724	ORAL SURGERY CLINIC	90.03	0	33.93
33.94	A119 CLINIC TIME STUDIES ADJ	A	441,324	INTERNAL MEDICINE CLINIC	90.04	0	33.94
33.95	A119 CLINIC TIME STUDIES ADJ	A	24,858	NEUROLOGY CLINIC	90.05	0	33.95
33.96	A119 CLINIC TIME STUDIES ADJ	A	61,959	OB-GYN CLINIC	90.06	0	33.96
33.97	A119 CLINIC TIME STUDIES ADJ	A	632,664	OPHTHALMOLOGY CLINIC	90.07	0	33.97
33.98	A119 CLINIC TIME STUDIES ADJ	A	423,425	ORTHOPAEDICS CLINIC	90.08	0	33.98
33.99	A119 CLINIC TIME STUDIES ADJ	A	332,817	OTOLARYNGOLOGY CLINIC	90.09	0	33.99
34.00	A119 CLINIC TIME STUDIES ADJ	A	252,900	PEDIATRIC CLINIC	90.10	0	34.00
34.01	A119 CLINIC TIME STUDIES ADJ	A	768,249	SURGERY CLINIC	90.11	0	34.01
34.02	A119 CLINIC TIME STUDIES ADJ	A	9,851	UROLOGY CLINIC	90.12	0	34.02
34.03	A119 CLINIC TIME STUDIES ADJ	A	25,306	FAMILY CARE CLINIC	90.15	0	34.03

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				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.04	A119 CLINIC TIME STUDIES ADJ	A	1,137,977	MEDICAL RECORDS & LIBRARY	16.00	0	34.04
34.05	A119 CLINIC TIME STUDIES ADJ	A	215,392	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.05
34.06	A119 CLINIC TIME STUDIES ADJ	A	26,176	ANESTHESIOLOGY	53.00	0	34.06
34.07	A119 CLINIC TIME STUDIES ADJ	A	69,429	DERMATOLOGY CLINIC	90.02	0	34.07
34.08	A119 CLINIC TIME STUDIES ADJ	A	121,637	ORAL SURGERY CLINIC	90.03	0	34.08
34.09	A119 CLINIC TIME STUDIES ADJ	A	196,125	INTERNAL MEDICINE CLINIC	90.04	0	34.09
34.10	A119 CLINIC TIME STUDIES ADJ	A	11,769	NEUROLOGY CLINIC	90.05	0	34.10
34.11	A119 CLINIC TIME STUDIES ADJ	A	31,883	OB-GYN CLINIC	90.06	0	34.11
34.12	A119 CLINIC TIME STUDIES ADJ	A	300,907	OPHTHALMOLOGY CLINIC	90.07	0	34.12
34.13	A119 CLINIC TIME STUDIES ADJ	A	200,163	ORTHOPAEDICS CLINIC	90.08	0	34.13
34.14	A119 CLINIC TIME STUDIES ADJ	A	135,031	OTOLARYNGOLOGY CLINIC	90.09	0	34.14
34.15	A119 CLINIC TIME STUDIES ADJ	A	113,400	PEDIATRIC CLINIC	90.10	0	34.15
34.16	A119 CLINIC TIME STUDIES ADJ	A	341,540	SURGERY CLINIC	90.11	0	34.16
34.17	A119 CLINIC TIME STUDIES ADJ	A	4,059	UROLOGY CLINIC	90.12	0	34.17
34.18	A119 CLINIC TIME STUDIES ADJ	A	10,240	FAMILY CARE CLINIC	90.15	0	34.18
34.19	A129 IRL FUND 990 ADJ	A	-29,567,088	ADMINISTRATIVE & GENERAL	5.00	0	34.19
34.20	A140 PART B BILLING TO NON-ALLOW ADJ	B	-5,463	ADMINISTRATIVE & GENERAL	5.00	0	34.20
34.21	A140 PART B BILLING TO NON-ALLOW ADJ	B	-11	NURSING ADMINISTRATION	13.00	0	34.21
34.22	A140 PART B BILLING TO NON-ALLOW ADJ	B	-1,311	ADULTS & PEDIATRICS	30.00	0	34.22
34.23	A140 PART B BILLING TO NON-ALLOW ADJ	B	-10,203	SUBPROVIDER - IPF	40.00	0	34.23
34.24	A140 PART B BILLING TO NON-ALLOW ADJ	B	-5,013	DIGESTIVE DISEASE CNTR	76.05	0	34.24
34.25	A140 PART B BILLING TO NON-ALLOW ADJ	B	-29,930	ORTHOPAEDICS CLINIC	90.08	0	34.25
34.26	A140 PART B BILLING TO NON-ALLOW ADJ	B	-1,450	PSYCHIATRIC CLINIC	90.13	0	34.26
34.27	A140 PART B BILLING TO NON-ALLOW ADJ	B	-26,010	IRL-OB/GYN CLINIC	90.56	0	34.27
34.28	A140 PART B BILLING TO NON-ALLOW ADJ	B	-838	IRL - PROCEDURE SUITES	90.76	0	34.28
34.29	A140 PART B BILLING TO NON-ALLOW ADJ	B	-6	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	34.29
34.30	A140 PART B BILLING TO NON-ALLOW ADJ	B	-348	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	34.30
34.31	A140 PART B BILLING TO NON-ALLOW ADJ	B	-103	KIDNEY ACQUISITION	105.00	0	34.31
34.32	A140 PART B BILLING TO NON-ALLOW ADJ	B	-9,887	UICOM	194.00	0	34.32
34.33	A140 PART B BILLING TO NON-ALLOW ADJ	A	-165,900	ADMINISTRATIVE & GENERAL	5.00	0	34.33
34.34	A140 PART B BILLING TO NON-ALLOW ADJ	A	-76,750	NURSING ADMINISTRATION	13.00	0	34.34
34.35	A140 PART B BILLING TO NON-ALLOW ADJ	A	-51,267	SOCIAL SERVICE	17.00	0	34.35
34.36	A140 PART B BILLING TO NON-ALLOW ADJ	A	-125,937	ADULTS & PEDIATRICS	30.00	0	34.36
34.37	A140 PART B BILLING TO NON-ALLOW ADJ	A	-560	MEDICAL INTENSIVE CARE UNIT	31.01	0	34.37
34.38	A140 PART B BILLING TO NON-ALLOW ADJ	A	-5,145	CORONARY CARE UNIT	32.00	0	34.38
34.39	A140 PART B BILLING TO NON-ALLOW ADJ	A	-152,330	BURN INTENSIVE CARE UNIT	33.00	0	34.39
34.40	A140 PART B BILLING TO NON-ALLOW ADJ	A	-126,938	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.40
34.41	A140 PART B BILLING TO NON-ALLOW ADJ	A	-12,322	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.41
34.42	A140 PART B BILLING TO NON-ALLOW ADJ	A	-99,076	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.42
34.43	A140 PART B BILLING TO NON-ALLOW ADJ	A	-744,441	SUBPROVIDER - IPF	40.00	0	34.43
34.44	A140 PART B BILLING TO NON-ALLOW ADJ	A	-11,688	OPERATING ROOM	50.00	0	34.44

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/20/2020 10:43 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.45	A140 PART B BILLING TO NON-ALLOW ADJ	A	-64,338	DELIVERY ROOM & LABOR ROOM	52.00	0	34.45
34.46	A140 PART B BILLING TO NON-ALLOW ADJ	A	-273,142	ANESTHESIOLOGY	53.00	0	34.46
34.47	A140 PART B BILLING TO NON-ALLOW ADJ	A	-611,758	CARDIOLOGY	60.02	0	34.47
34.48	A140 PART B BILLING TO NON-ALLOW ADJ	A	-2,102	RENAL DIALYSIS	74.00	0	34.48
34.49	A140 PART B BILLING TO NON-ALLOW ADJ	A	-94,728	DIGESTIVE DISEASE CNTR	76.05	0	34.49
34.50	A140 PART B BILLING TO NON-ALLOW ADJ	A	-81,377	DIABETES EDUCATION	76.08	0	34.50
34.51	A140 PART B BILLING TO NON-ALLOW ADJ	A	-80,281	INTERNAL MEDICINE CLINIC	90.04	0	34.51
34.52	A140 PART B BILLING TO NON-ALLOW ADJ	A	-349,324	ORTHOPAEDICS CLINIC	90.08	0	34.52
34.53	A140 PART B BILLING TO NON-ALLOW ADJ	A	-68,700	PSYCHIATRIC CLINIC	90.13	0	34.53
34.54	A140 PART B BILLING TO NON-ALLOW ADJ	A	-72,825	PEDIATRIC CLINIC	90.10	0	34.54
34.55	A140 PART B BILLING TO NON-ALLOW ADJ	A	-485	FAMILY CARE CLINIC	90.15	0	34.55
34.56	A140 PART B BILLING TO NON-ALLOW ADJ	A	-4,971	IRL-INTERNAL MEDICINE CLINIC	90.54	0	34.56
34.57	A140 PART B BILLING TO NON-ALLOW ADJ	A	-213,123	QUAD CITIES - CANCER CENTER	90.95	0	34.57
34.58	A140 PART B BILLING TO NON-ALLOW ADJ	A	-434,366	EMERGENCY	91.00	0	34.58
34.59	A140 PART B BILLING TO NON-ALLOW ADJ	A	-965	OBSERVATION BEDS (DISTINCT PART)	92.01	0	34.59
34.60	A140 PART B BILLING TO NON-ALLOW ADJ	A	-94,018	KIDNEY ACQUISITION	105.00	0	34.60
34.61	A140 PART B BILLING TO NON-ALLOW ADJ	A	-3,899,782	UICOM	194.00	0	34.61
34.62	PERSONAL HEALTH ASSESSMENT ADJ	A	244,975	ADMINISTRATIVE & GENERAL	5.00	0	34.62
34.63	FLU VACCINE ADJ	A	149,195	ADMINISTRATIVE & GENERAL	5.00	0	34.63
34.64	A173 MARKETING EXPENSE ADJ	A	-506,800	ADMINISTRATIVE & GENERAL	5.00	0	34.64
34.65	REMOVE FUNDS 500/510	A	-4,443,171	ADMINISTRATIVE & GENERAL	5.00	0	34.65
34.66	A130 VACATION/SICK ADJ	A	-69,965	ADMINISTRATIVE & GENERAL	5.00	0	34.66
34.67	A171 OPEB ADJ	A	-77,380	ADMINISTRATIVE & GENERAL	5.00	0	34.67
34.68	A165 REMOVING UPL DOLLARS ADJ	A	1,475,142	EMERGENCY	91.00	0	34.68
34.69	A000 - AP NOT ACCRUED	A	-16,320	MEDICAL RECORDS & LIBRARY	16.00	0	34.69
34.70	A000 - AP NOT ACCRUED	A	-27,622	KIDNEY ACQUISITION	105.00	0	34.70
34.71	A118 STAFF TRANSPLANT TIME STUDIES	A	4,524	INTERNAL MEDICINE CLINIC	90.04	0	34.71
34.72	A118 STAFF TRANSPLANT TIME STUDIES	A	57,074	SURGERY CLINIC	90.11	0	34.72
34.73	A118 STAFF TRANSPLANT TIME STUDIES	A	55,697	KIDNEY ACQUISITION	105.00	0	34.73
34.74	A118 STAFF TRANSPLANT TIME STUDIES	A	185	HEART ACQUISITION	106.00	0	34.74
34.75	A118 STAFF TRANSPLANT TIME STUDIES	A	26,113	LIVER ACQUISITION	107.00	0	34.75
34.76	A118 STAFF TRANSPLANT TIME STUDIES	A	35,717	LUNG ACQUISITION	108.00	0	34.76
34.77	A118 STAFF TRANSPLANT TIME STUDIES	A	10	PANCREAS ACQUISITION	109.00	0	34.77
34.78	A81 CONTINUING ED- ALLIED HEALTH	A	982,000	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.78
34.79	A81 CONTINUING ED- ALLIED HEALTH	A	0	BLANK	23.05	0	34.79
34.80	A81 CONTINUING ED- ALLIED HEALTH	A	247,138	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.80
34.81	A81 CONTINUING ED- ALLIED HEALTH	A	578,728	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.81
34.82	A81 CONTINUING ED- ALLIED HEALTH	A	221,849	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.82

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/20/2020 10:43 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.83	A81 CONTINUING ED- ALLIED HEALTH	B	-864,152	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.83
34.84	A81 CONTINUING ED- ALLIED HEALTH	B	0	BLANK	23.05	0	34.84
34.85	A81 CONTINUING ED- ALLIED HEALTH	B	-200,375	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.85
34.86	A81 CONTINUING ED- ALLIED HEALTH	B	-483,984	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.86
34.87	A81 CONTINUING ED- ALLIED HEALTH	B	-192,224	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.87
34.88	A81 CONTINUING ED- OTHER PROGRAMS	A	39,459	ADMINISTRATIVE & GENERAL	5.00	0	34.88
34.89	A81 CONTINUING ED- OTHER PROGRAMS	A	35,982	PEDIATRIC CLINIC	90.10	0	34.89
34.90	A81 CONTINUING ED- OTHER PROGRAMS	A	-34,805	PEDIATRIC CLINIC	90.10	0	34.90
34.91	A97 FELLOWS STIPENDS-SALARY ADJ	A	9,876,071	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.91
34.92	A97 FELLOWS STIPENDS-FRINGE BENE ADJ	A	2,437,444	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.92
34.93	A74 INTEREST EXPENSE - UNNECESSARY B	A	-12,141,263	INTEREST EXPENSE	113.00	0	34.93
34.94	A74 INTEREST EXPENSE - UNNECESSARY B	A	-191,589	ADMINISTRATIVE & GENERAL	5.00	0	34.94
34.95	A96 PATH LAB TRANSFER	A	157,918	LABORATORY	60.00	0	34.95
34.96	A96 PATH LAB TRANSFER	A	106,602	ANATOMICAL LABORATORY	60.01	0	34.96
34.97	A109 PLANT OPS & MAINTENACE ADJ	A	100,348	CAP REL COSTS-GENERAL HOSP	1.01	9	34.97
34.98	A109 PLANT OPS & MAINTENACE ADJ	A	219,016	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.98
34.99	A109 PLANT OPS & MAINTENACE ADJ	A	56,771	HOUSEKEEPING-GENERAL HOSP	9.01	0	34.99
35.00	A109 UNECESSARY BORROWING ADJ	A	-4,482,707	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	35.00
35.01	A106 FACULTY TIME STUDY ADJ	A	12,473,555	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02	A106 FACULTY TIME STUDY ADJ	A	2,911,328	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	A106 FACULTY TIME STUDY ADJ	A	248,649	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04	A106 FACULTY TIME STUDY ADJ	A	23,130,219	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.04
35.05	A106 FACULTY TIME STUDY ADJ	A	5,398,593	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.05
35.06	A106 FACULTY TIME STUDY ADJ	A	549,125	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.06
35.07	A106 FACULTY TIME STUDY ADJ	A	603,851	LABORATORY	60.00	0	35.07
35.08	A106 FACULTY TIME STUDY ADJ	A	140,939	LABORATORY	60.00	0	35.08
35.09	A106 FACULTY TIME STUDY ADJ	A	4,496	LABORATORY	60.00	0	35.09
35.10	A106 FACULTY TIME STUDY ADJ	A	337,347	ANATOMICAL LABORATORY	60.01	0	35.10
35.11	A106 FACULTY TIME STUDY ADJ	A	78,737	ANATOMICAL LABORATORY	60.01	0	35.11
35.12	A106 FACULTY TIME STUDY ADJ	A	4,780	ANATOMICAL LABORATORY	60.01	0	35.12
35.13	A103 HOSP LIBRARY COST	A	2,338,000	ADMINISTRATIVE & GENERAL	5.00	0	35.13
35.14	A176 COVID-19 EXPENSE ALLOCATION	A	-788,990	ADMINISTRATIVE & GENERAL	5.00	0	35.14
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-178,399,244				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-1 | Date/Time Prepared: 11/20/2020 10:43 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	3,215,074	3,215,074	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	24,317,568	24,317,568	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	15,633,532	15,633,532	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	39,645,498	39,645,498	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,757,627	3,757,627	4.01
4.02	9.01	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING	56,771	56,771	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	31,438,937	31,438,937	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	VPMA ALLOCATION	26,545,548	26,262,667	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			144,610,555	144,327,674	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	UNIV OF IOWA	100.00	UNIV OF IOWA	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet A-8-1 Date/Time Prepared: 11/20/2020 10:43 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	282,881	0		4.04
5.00	282,881			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	STATE UNIVERSIT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2020 10:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	DR. A	791,488	0	791,488	239,400	2,702	1.00
2.00	22.00	DR. A	2,948,623	0	2,948,623	239,400	13,895	2.00
3.00	5.00	DR. B	311,110	0	311,110	169,700	2,286	3.00
4.00	22.00	DR. B	4,893,436	0	4,893,436	169,700	36,291	4.00
5.00	5.00	DR. C	276,041	0	276,041	179,000	1,299	5.00
6.00	22.00	DR. C	49,521	0	49,521	179,000	414	6.00
7.00	5.00	DR. D	109,792	0	109,792	181,300	718	7.00
8.00	22.00	DR. D	12,607	0	12,607	181,300	170	8.00
9.00	5.00	DR. E	404,217	0	404,217	237,100	2,008	9.00
10.00	22.00	DR. E	1,478,533	0	1,478,533	237,100	8,525	10.00
11.00	5.00	DR. F	5,742,880	0	5,742,880	197,500	30,226	11.00
12.00	22.00	DR. F	4,707,671	0	4,707,671	197,500	29,326	12.00
13.00	5.00	DR. G	3,983,654	0	3,983,654	246,400	13,349	13.00
14.00	22.00	DR. G	3,849,044	0	3,849,044	246,400	13,516	14.00
15.00	5.00	DR. H	468,283	0	468,283	260,300	1,950	15.00
16.00	22.00	DR. H	1,216,419	0	1,216,419	260,300	7,840	16.00
17.00	60.00	DR. H	744,789	0	744,789	260,300	4,393	17.00
18.00	60.01	DR. H	416,083	0	416,083	260,300	2,858	18.00
19.00	5.00	DR. I	372,106	0	372,106	271,900	1,312	19.00
20.00	22.00	DR. I	3,224,416	0	3,224,416	271,900	14,348	20.00
21.00	5.00	DR. J	2,925,312	0	2,925,312	211,500	9,146	21.00
22.00	22.00	DR. J	6,148,542	0	6,148,542	211,500	27,929	22.00
200.00			45,074,567	0	45,074,567		224,501	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	DR. A	310,990	15,550	0	0	7,628	1.00
2.00	22.00	DR. A	1,599,261	79,963	24	24	38,059	2.00
3.00	5.00	DR. B	186,507	9,325	623	623	3,868	3.00
4.00	22.00	DR. B	2,960,857	148,043	8,644	8,644	53,310	4.00
5.00	5.00	DR. C	111,789	5,589	0	0	1,175	5.00
6.00	22.00	DR. C	35,628	1,781	0	0	0	6.00
7.00	5.00	DR. D	62,583	3,129	592	592	1,069	7.00
8.00	22.00	DR. D	14,818	741	64	64	394	8.00
9.00	5.00	DR. E	228,893	11,445	1,485	1,485	20,759	9.00
10.00	22.00	DR. E	971,768	48,588	4,620	4,620	54,442	10.00
11.00	5.00	DR. F	2,870,017	143,501	7,066	7,066	60,016	11.00
12.00	22.00	DR. F	2,784,560	139,228	6,739	6,739	60,155	12.00
13.00	5.00	DR. G	1,581,343	79,067	11,245	11,245	95,534	13.00
14.00	22.00	DR. G	1,601,126	80,056	12,533	12,533	105,935	14.00
15.00	5.00	DR. H	244,031	12,202	0	0	2,812	15.00
16.00	22.00	DR. H	981,131	49,057	0	0	11,380	16.00
17.00	60.00	DR. H	549,759	27,488	0	0	4,496	17.00
18.00	60.01	DR. H	357,662	17,883	0	0	4,780	18.00
19.00	5.00	DR. I	171,506	8,575	1,203	1,203	3,418	19.00
20.00	22.00	DR. I	1,875,587	93,779	12,271	12,271	34,678	20.00
21.00	5.00	DR. J	929,990	46,500	7,246	7,246	22,909	21.00
22.00	22.00	DR. J	2,839,896	141,995	26,206	26,206	119,672	22.00
200.00			23,269,702	1,163,485	100,561	100,561	706,489	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	DR. A	7,628	318,618	472,870	472,870		1.00
2.00	22.00	DR. A	38,059	1,637,344	1,311,279	1,311,279		2.00
3.00	5.00	DR. B	3,868	190,998	120,112	120,112		3.00
4.00	22.00	DR. B	53,310	3,022,811	1,870,625	1,870,625		4.00
5.00	5.00	DR. C	1,175	112,964	163,077	163,077		5.00
6.00	22.00	DR. C	0	35,628	13,893	13,893		6.00
7.00	5.00	DR. D	1,069	64,244	45,548	45,548		7.00
8.00	22.00	DR. D	394	15,276	0	0		8.00
9.00	5.00	DR. E	20,759	251,137	153,080	153,080		9.00
10.00	22.00	DR. E	54,442	1,030,830	447,703	447,703		10.00
11.00	5.00	DR. F	60,016	2,937,099	2,805,781	2,805,781		11.00
12.00	22.00	DR. F	60,155	2,851,454	1,856,217	1,856,217		12.00
13.00	5.00	DR. G	95,534	1,688,122	2,295,532	2,295,532		13.00
14.00	22.00	DR. G	105,935	1,719,594	2,129,450	2,129,450		14.00
15.00	5.00	DR. H	2,812	246,843	221,440	221,440		15.00
16.00	22.00	DR. H	11,380	992,511	223,908	223,908		16.00
17.00	60.00	DR. H	4,496	554,255	190,534	190,534		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2020 10:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
18.00	60.01	DR. H	4,780	362,442	53,641	53,641		18.00
19.00	5.00	DR. I	3,418	176,127	195,979	195,979		19.00
20.00	22.00	DR. I	34,678	1,922,536	1,301,880	1,301,880		20.00
21.00	5.00	DR. J	22,909	960,145	1,965,167	1,965,167		21.00
22.00	22.00	DR. J	119,672	2,985,774	3,162,768	3,162,768		22.00
200.00			706,489	24,076,752	21,000,484	21,000,484		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	45,260,164	0	45,260,164			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	194,591	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	4,224,037	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	50,470,641					2.00
2.01	00201	BLANK	0					2.01
2.02	00202	BLANK	0					2.02
2.03	00203	BLANK	0					2.03
2.04	00204	BLANK	0					2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	2,485,757					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	199,318,141	0	7,123,659	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	58,423,539	0	622,467	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	524,569	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	4,689,375	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,326,355	0	108,926	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	24,232,052	0	401,018	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	159,898	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	806,834	0	0	0	0	9.05
10.00	01000	DIETARY	14,812,715	0	326,381	0	0	10.00
11.00	01100	CAFETERIA	746,792	0	911,100	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,664,023	0	889,256	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,733,681	0	858,668	0	0	14.00
15.00	01500	PHARMACY	7,580,888	0	106,860	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,581,107	0	812,347	0	0	16.00
17.00	01700	SOCIAL SERVICE	19,822,152	0	270,972	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,877,785	0	2,168,721	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,347,081	0	449,026	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	136,424	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,922,591	0	14,201	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	746,744	0	29,968	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	192,979	0	3,787	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	371,518	0	9,106	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	152,804	0	172	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	95,534,074	0	4,683,170	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	9,870,160	0	328,085	0	0	31.01
32.00	03200	CORONARY CARE UNIT	9,070,719	0	363,390	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,220,899	0	244,980	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,512,061	0	160,841	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,025,053	0	390,828	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,089,582	0	461,557	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	11,647,397	0	499,840	0	0	40.00
43.00	04300	NURSERY	9,829,422	0	551,221	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	108,679,769	0	3,573,360	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,671,485	0	196,920	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,188,203	0	311,216	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,740,182	0	1,145,906	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,918,576	0	459,302	0	0	55.00
55.01	03630	ULTRA SOUND	4,243,359	0	61,727	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,881,742	0	160,548	0	0	55.02
57.00	05700	CT SCAN	5,327,575	0	115,036	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,049,367	0	327,672	0	30,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,226,309	0	191,223	0	0	59.00
60.00	06000	LABORATORY	41,371,404	0	771,775	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	5,085,130	0	332,440	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
60.02	03140	CARDIOLOGY	10,070,503	0	477,790	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,129,692	0	185,060	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,650,975	0	233,120	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,862,118	0	156,727	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,796,806	0	48,163	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	634,729	0	19,055	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,273,217	0	35,563	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,905,082	0	24,615	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,070,603	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,050,224	0	365,679	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,845,541	0	203,410	0	0	74.00
76.00	03950	IVF/CULTURE LAB	535,709	0	169,172	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	191,060	0	7,298	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	482,887	0	46,717	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	6,117,501	0	266,668	0	0	76.05
76.06	03956	RECREATION THERAPY	899,283	0	86,049	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	371,850	0	24,873	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	722,269	0	3,460	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	489,785	0	26,405	0	0	76.98
76.99	07699	LITHOTRIPSY	1,103,097	0	7,712	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,002,418	0	9,364	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	991,771	0	151,770	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,781,300	0	229,023	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	2,217,275	0	206,973	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	11,418,651	0	1,417,601	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	2,384,566	0	407,783	0	0	90.05
90.06	09006	OB-GYN CLINIC	4,039,601	0	483,349	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	7,553,371	0	674,279	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	5,088,705	0	538,811	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,291,844	0	524,747	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	10,185,138	0	2,066,852	0	0	90.10
90.11	09011	SURGERY CLINIC	5,277,806	0	646,290	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,680,408	0	223,170	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	4,191,667	0	362,323	0	0	90.13
90.14	09014	CANCER CLINIC	12,445,226	0	798,129	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	2,469,083	0	407,749	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,381,302	0	0	0	213,764	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	398,026	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	115,035	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	1,388,319	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	215,835	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	492,315	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,967,006	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	1,915,989	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,087,599	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	669,865	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	618,207	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1,397,902	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	987,323	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	6,085	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	8,390	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	547,823	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	821,156	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	541,688	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	3,164,658	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	102,680	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,911,317	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	218,550	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	8,745	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	49,139	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	446,340	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	15,155	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	1,932,739	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,651,547	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,361,762	0	0	0	0	90.97
91.00	09100	EMERGENCY	11,556,348	0	580,157	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,129,123	0	133,145	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	404,038	0	87,805	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	677,649	0	34,616	0	0	94.00
95.00	09500	AMBULANCE SERVICES	838,883	0	153,302	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,903,171	0	14,838	0	0	105.00
106.00	10600	HEART ACQUISITION	1,661,833	0	13,581	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,175,675	0	2,152	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,609,027	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	700,053	0	1,325	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,510,761,982	0	42,994,342	0	244,023	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,861,569	0	29,745	0	0	190.00
190.01	19001	VENDING/PATIENT ART	2,479,990	0	191,532	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,225	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	167,755,842	0	214,839	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	681	0	392,945	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	803,978	0	57,906	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	3,901,650	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	34,203	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	576,146	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	581,715	0	74,052	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	127	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	133,688	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	684,229	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	26,567,936	0	0	0	0	194.00
194.01	07951	OUTREACH	2,034,315	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,716,883,473	0	45,260,164	0	244,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	194,591					1.04
1.05	00105	CAP REL COSTS-IRL	0	4,224,037				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			50,470,641			2.00
2.01	00201	BLANK			0	0		2.01
2.02	00202	BLANK			0	0	0	2.02
2.03	00203	BLANK			0	0	0	2.03
2.04	00204	BLANK			0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL			0	0	0	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	66,532	6,710	20,841,250	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	44,011	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	2,699	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	360,993	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	46,655	2,748	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	86,186	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	28,781	0	0	0	9.05
10.00	01000	DIETARY	0	62,715	161,545	0	0	10.00
11.00	01100	CAFETERIA	16,199	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	255,865	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	43,436	0	0	14.00
15.00	01500	PHARMACY	0	3,435	10,702	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,934	0	5,903	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,274	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,684,222	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	196,085	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	253,198	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	67,035	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	239,026	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	181,913	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	336,548	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	13,134	0	0	40.00
43.00	04300	NURSERY	0	0	233,516	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	5,702,917	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	114,192	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	635,570	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	360,643	2,611,423	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,594,311	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	519,523	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	962,315	0	0	55.02
57.00	05700	CT SCAN	0	0	1,352,656	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,793,074	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	751,975	0	0	59.00
60.00	06000	LABORATORY	0	122,504	1,304,935	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	339,186	0	0	60.01
60.02	03140	CARDIOLOGY	0	10,240	960,249	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	204,781	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	763	367,805	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,626	763	23,435	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
67.00	06700	OCCUPATIONAL THERAPY	3,901	795	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20,007	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,469	0	151,301	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,578	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	739,222	698,254	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	200,517	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	11,723	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	44,575	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	6,597	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	636,058	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	5,311	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	97,316	1,249	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,655	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	194,367	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	61,078	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	34,494	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,524	0	30,796	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	70,341	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	35,505	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	33,373	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	336,369	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	8,206	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,321	0	380,666	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	30,016	0	306,724	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	60,319	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	139,959	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	16,521	0	101,135	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	90,132	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	2,716	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	50,516	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	149,250	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	509	0	0	0	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	88,380	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	198,385	3,834	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	137,070	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	163,180	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	20,417	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	76,263	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	162,035	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	114,267	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	64	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	64	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	206,209	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	51,075	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	604	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	399,442	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	277,860	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	99,829	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	4,039	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	4,707	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	53,969	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,686	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	154,677	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	18,228	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	24,005	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	69,248	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	188,895	4,056,150	49,880,993	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	5,093	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	167,887	99,199	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
190.11	19011	CLINICAL FACULTY DEPARTMENT	603	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	490,449	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	194,591	4,224,037	50,470,641	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK	0					2.03
2.04	00204	BLANK	0	0				2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	2,485,757			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	227,356,292	227,356,292	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	0	59,090,017	9,019,323	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	35,136	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	527,268	80,481	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	5,050,368	770,873	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,484,684	379,255	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	0	24,719,256	3,773,073	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	159,898	24,406	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	5,746	841,361	128,423	9.05
10.00	01000	DIETARY	0	0	0	15,363,356	2,345,017	10.00
11.00	01100	CAFETERIA	0	0	0	1,674,091	255,528	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,809,144	2,565,697	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	13,635,785	2,081,325	14.00
15.00	01500	PHARMACY	0	0	0	7,701,885	1,175,593	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	13,406,291	2,046,296	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,097,398	3,067,607	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	56,046,506	8,554,771	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	20,796,107	3,174,255	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	136,424	20,823	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	1,936,792	295,626	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	776,712	118,555	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	196,766	30,034	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	380,624	58,097	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	152,976	23,350	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	101,901,466	15,553,934	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	10,394,330	1,586,559	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	9,687,307	1,478,641	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,532,914	844,527	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	13,911,928	2,123,475	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	18,597,794	2,838,711	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	11,887,687	1,814,501	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	12,160,371	1,856,123	40.00
43.00	04300	NURSERY	0	0	0	10,614,159	1,620,113	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	117,956,046	18,004,457	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,982,597	913,166	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,134,989	1,241,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	179,115	28,037,269	4,279,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,972,189	1,980,036	55.00
55.01	03630	ULTRA SOUND	0	0	0	4,824,609	736,414	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	7,004,605	1,069,162	55.02
57.00	05700	CT SCAN	0	0	0	6,795,267	1,037,209	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,200,372	1,099,043	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,169,507	1,246,969	59.00
60.00	06000	LABORATORY	0	0	3,798	43,574,416	6,651,068	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	5,756,756	878,694	60.01
60.02	03140	CARDIOLOGY	0	0	20,466	11,539,248	1,761,316	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	14,519,533	2,216,218	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,252,663	2,328,121	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	8,046,669	1,228,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,849,665	434,964	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	673,791	102,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,479,550	683,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,936,275	5,179,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,070,603	11,763,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,319	219,856,698	33,557,604	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,249,468	1,564,448	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	716,604	109,380	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	242,933	37,081	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	536,201	81,844	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	7,020,227	1,071,546	76.05
76.06	03956	RECREATION THERAPY	0	0	0	985,332	150,398	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	402,034	61,365	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	8,196	832,490	127,069	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	522,845	79,805	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,305,176	199,218	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,011,782	612,346	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	1,204,619	183,869	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	2,044,817	312,115	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	2,459,568	375,421	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	12,906,593	1,970,024	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	2,827,854	431,635	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	4,556,323	695,463	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	8,564,019	1,307,186	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	5,635,722	860,220	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	6,207,578	947,506	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	12,588,730	1,921,506	90.10
90.11	09011	SURGERY CLINIC	0	0	0	5,984,415	913,443	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	2,043,537	311,919	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	4,671,646	713,066	90.13
90.14	09014	CANCER CLINIC	0	0	0	13,333,487	2,035,183	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	2,879,548	439,526	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	2,645,582	403,814	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	398,026	60,753	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	115,035	17,559	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	237,634	1,775,203	270,962	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	9,110	225,454	34,413	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	86,458	667,153	101,832	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	199,113	3,368,338	514,133	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	198,777	2,251,836	343,713	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	155,594	1,406,373	214,665	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	70,011	760,293	116,049	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	60,340	754,810	115,212	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	96,219	1,656,156	252,791	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	193,111	1,294,701	197,619	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1,091	7,240	1,105	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	1,646	10,100	1,542	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	49,882	803,914	122,707	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	81,584	953,815	145,587	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	13,136	555,428	84,779	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	561,586	4,125,686	629,732	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	20,648	123,328	18,824	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	110,730	2,299,907	351,051	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	12,452	330,831	50,497	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	4,025	16,809	2,566	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	2,373	56,219	8,581	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	34,949	535,258	81,700	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	210	17,051	2,603	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	48,661	1,981,400	302,435	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	7,257	1,658,804	253,195	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	1,361,762	207,855	90.97
91.00	09100	EMERGENCY	0	0	0	12,291,182	1,876,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,280,496	805,999	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	491,843	75,073	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	736,270	112,382	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,061,433	162,014	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	5,918,009	903,307	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,675,414	255,730	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,177,827	332,417	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,609,027	245,597	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	701,378	107,056	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,477,237	1,507,724,409	195,430,880	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,891,314	288,684	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	2,676,615	408,550	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	10,225	1,561	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	8,520	168,246,287	25,680,609	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	393,626	60,082	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	861,884	131,555	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	3,901,650	595,536	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	34,203	5,221	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	576,749	88,033	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	655,767	100,094	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	127	19	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	133,688	20,406	190.15
191.00	19100	RESEARCH	0	0	0	684,229	104,439	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	27,058,385	4,130,111	194.00
194.01	07951	OUTREACH	0	0	0	2,034,315	310,512	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,485,757	1,716,883,473	227,356,292	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	68,109,340				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	265,332			6.02
6.03	00603	BLANK	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	607,749	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	197,762	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	728,076	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	592,568	0	0	0	10.00
11.00	01100	CAFETERIA	0	1,654,165	0	0	76,878	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,614,506	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,558,971	0	0	0	14.00
15.00	01500	PHARMACY	0	194,012	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,474,873	0	0	32,908	16.00
17.00	01700	SOCIAL SERVICE	0	491,968	0	0	20,285	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,937,462	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	815,238	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	25,783	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	54,410	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	6,875	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	16,532	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	313	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,502,622	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	595,662	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	659,760	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	444,778	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	292,018	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	709,575	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	837,989	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	907,494	0	0	0	40.00
43.00	04300	NURSERY	0	1,000,781	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,487,683	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	357,522	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	565,035	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,080,472	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	833,895	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	112,069	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	291,487	0	0	0	55.02
57.00	05700	CT SCAN	0	208,857	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	594,912	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	347,178	0	0	0	59.00
60.00	06000	LABORATORY	0	1,401,212	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	603,569	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	867,460	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	335,990	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	423,245	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	284,549	0	0	17,210	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
67.00	06700	OCCUPATIONAL THERAPY	0	87,443	0	0	18,512	67.00
69.00	06900	ELECTROCARDIOLOGY	0	34,596	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	64,566	0	0	92,396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,690	0	0	31,216	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	663,916	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	369,304	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	307,144	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	13,251	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	84,818	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	484,155	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	156,228	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	45,159	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	6,282	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	47,940	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	14,001	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	17,001	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	275,548	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	415,807	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	375,773	0	0	21,472	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	2,573,753	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	740,358	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	877,554	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	1,224,201	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	978,248	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	952,715	0	0	48,980	90.09
90.10	09010	PEDIATRIC CLINIC	0	3,752,513	0	0	142,449	90.10
90.11	09011	SURGERY CLINIC	0	1,173,385	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	405,181	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	657,822	0	0	78,407	90.13
90.14	09014	CANCER CLINIC	0	1,449,058	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	740,296	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	1,053,315	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	241,734	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	159,416	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	62,848	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	278,330	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	26,939	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	24,658	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,906	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,406	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	63,995,586	0	0	580,713	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,003	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	347,740	0	0	24,173	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	18,564	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	390,055	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	713,419	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	105,132	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	62,098	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	1,046,033	0	0	2,863	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	134,446	265,332	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	1,242,264	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	68,109,340	265,332	0	607,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	5,821,241					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	70,426	3,132,127				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	326	0	29,220,731		9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	43,446	0	0	0	0	9.05
10.00	01000	DIETARY	94,670	3,998	0	257,731	0	10.00
11.00	01100	CAFETERIA	0	2,793	0	719,461	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	702,212	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44	0	678,058	0	14.00
15.00	01500	PHARMACY	5,185	0	0	84,383	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	641,480	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	213,976	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,712,556	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	22,132	0	354,579	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	11,214	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	23,665	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	2,990	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	7,191	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	136	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,111,193	0	3,698,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	90,404	0	259,077	0	31.01
32.00	03200	CORONARY CARE UNIT	0	50,559	0	286,955	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	64,353	0	193,451	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	102,221	0	127,010	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	11,209	0	308,622	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	25,477	0	364,474	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	72,498	0	394,704	0	40.00
43.00	04300	NURSERY	0	48,637	0	435,279	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	678,628	0	2,821,747	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,840	0	155,500	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	245,756	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	544,400	69,341	0	904,879	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,244	0	362,694	0	55.00
55.01	03630	ULTRA SOUND	0	17,132	0	48,743	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	14,448	0	126,779	0	55.02
57.00	05700	CT SCAN	0	45,194	0	90,840	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	49,138	0	258,750	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,228	0	151,001	0	59.00
60.00	06000	LABORATORY	184,923	0	0	609,442	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	2,785	0	262,516	0	60.01
60.02	03140	CARDIOLOGY	15,458	28,240	0	377,292	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,506	0	146,135	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,152	2,981	0	184,086	0	65.00
66.00	06600	PHYSICAL THERAPY	1,152	6,841	0	123,761	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,200	0	0	38,032	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,047	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,385	0	28,082	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89	0	19,438	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	1,115,879	8,539	0	288,763	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,722	0	160,625	0	74.00
76.00	03950	IVF/CULTURE LAB	0	1,255	0	133,589	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	2,755	0	5,763	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	175	0	36,891	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	40,205	0	210,578	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	67,950	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	8,017	0	0	19,641	0	76.08
76.97	07697	CARDIAC REHABILITATION	146,902	1,329	0	2,732	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,004	0	20,851	0	76.98
76.99	07699	LITHOTRIPSY	0	7,163	0	6,090	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	7,394	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	5,299	0	119,847	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	8,503	0	180,851	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,878	0	163,438	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	7,470	0	1,119,426	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	3,425	0	322,011	0	90.05
90.06	09006	OB-GYN CLINIC	0	7,618	0	381,683	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	2,330	0	532,453	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	6,391	0	425,478	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	3,581	0	414,373	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	8,481	0	1,632,115	0	90.10
90.11	09011	SURGERY CLINIC	0	3,609	0	510,351	0	90.11
90.12	09012	UROLOGY CLINIC	0	17,632	0	176,229	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	601	0	286,112	0	90.13
90.14	09014	CANCER CLINIC	0	32,620	0	630,252	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	3,565	0	321,984	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	225,297	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	768	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	133,412	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	299,468	7,264	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	206,910	17,738	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	246,324	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	30,821	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	115,121	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	244,596	2,171	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	172,489	4,064	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	96	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	96	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	311,278	255	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	77,099	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	912	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	602,969	21,985	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	419,438	1,744	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	150,694	170	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	6,097	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	7,105	178	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	81,468	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,544	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	144,631	0	458,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	70,861	0	105,139	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	69,336	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	227	0	27,335	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,457	0	121,056	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	11,717	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	10,725	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,699	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,047	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,567,812	3,131,759	0	27,431,498	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,488	0	190.00
190.01	19001	VENDING/PATIENT ART	0	368	0	151,246	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	8,074	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	253,429	0	0	169,650	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	310,294	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	45,726	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	27,009	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	454,961	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	58,476	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	540,309	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,821,241	3,132,127	0	29,220,731	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK	0					9.03
9.04	00904	HOUSEKEEPING-CDD	0	184,304				9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	1,013,230			9.05
10.00	01000	DIETARY	0	0	16,807	18,674,147		10.00
11.00	01100	CAFETERIA	0	23,314	0	0	4,406,230	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	56,120	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	89,163	14.00
15.00	01500	PHARMACY	0	0	920	0	14,686	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,980	0	0	72,379	16.00
17.00	01700	SOCIAL SERVICE	0	6,152	0	0	95,981	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	397,562	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	11,539	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	524	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	8,392	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	11,299,965	533,416	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	727,363	47,204	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	685,130	43,533	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	489,589	26,224	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,033,745	65,037	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,229,855	75,526	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	610,665	50,875	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,028,651	81,820	40.00
43.00	04300	NURSERY	0	0	0	538,973	47,204	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	341,442	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	25,700	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	87,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,647	0	108,569	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	27,273	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	16,259	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	12,063	55.02
57.00	05700	CT SCAN	0	0	0	0	14,161	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	19,406	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	19,931	59.00
60.00	06000	LABORATORY	0	0	32,829	0	109,618	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	28,322	60.01
60.02	03140	CARDIOLOGY	0	0	2,744	0	45,631	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	30,945	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	205	0	68,708	65.00
66.00	06600	PHYSICAL THERAPY	0	5,219	205	0	40,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,614	213	0	13,112	67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,020	0	0	24,126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,467	0	0	1,049	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	198,104	0	122,206	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	24,126	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	3,671	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	524	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	3,147	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	27,798	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	4,720	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	1,423	0	2,098	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	26,079	0	3,671	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	2,622	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	2,622	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	6,818	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	4,720	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	15,210	90.02
90.03	09003	ORAL SURGERY CLINIC	0	6,512	0	0	14,161	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	177,802	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	26,749	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	41,959	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	61,365	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	59,267	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	14,853	0	0	28,322	90.09
90.10	09010	PEDIATRIC CLINIC	0	43,197	0	0	116,961	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	51,924	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	19,931	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	23,777	0	0	57,169	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	67,135	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	49,826	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	12,588	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	2,098	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	1,049	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	39,997	0	6,818	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	136	0	1,573	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	23,685	0	3,147	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	53,165	0	18,357	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	36,733	0	9,441	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	43,730	0	6,294	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	5,472	0	4,196	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	20,437	0	2,622	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	43,423	0	9,441	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	30,622	0	5,245	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	17	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	17	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	55,261	0	3,147	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	13,687	0	5,245	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	162	0	1,573	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	107,045	0	12,588	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	524	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	74,463	0	13,637	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	26,753	0	1,573	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	1,082	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	1,261	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	14,463	0	2,098	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	452	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	11,014	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	4,196	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	6,818	90.97
91.00	09100	EMERGENCY	0	0	0	0	89,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	28,847	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	3,147	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	1,573	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	20,455	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5,769	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,573	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,098	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,573	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	524	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	176,105	968,239	18,643,936	4,047,479	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	7,331	0	0	16,784	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	44,991	0	86,541	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	30,211	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	3,671	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	868	0	0	159,969	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	91,786	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	184,304	1,013,230	18,674,147	4,406,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	21,747,679					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,376	18,044,722				14.00
15.00	01500	PHARMACY	0	0	9,176,664			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,488	0	0	17,744,695		16.00
17.00	01700	SOCIAL SERVICE	462,270	0	0	0	24,455,637	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,918,725	0	316	1,520,458	10,472,400	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	545,094	0	0	82,156	417,351	31.01
32.00	03200	CORONARY CARE UNIT	505,128	0	0	77,375	417,351	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	289,235	0	0	55,295	271,298	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	732,218	0	0	116,755	626,026	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	737,404	0	0	138,898	646,933	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	534,738	0	0	68,946	313,013	35.01
40.00	04000	SUBPROVIDER - IPF	903,266	0	0	108,577	1,460,728	40.00
43.00	04300	NURSERY	526,418	0	0	105,117	41,715	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,833,003	0	1,040	0	34,646	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	273,339	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	244,121	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,385	0	99,253	0	26,084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	54,660	0	4,799	0	26,084	55.00
55.01	03630	ULTRA SOUND	89	0	45	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	11,585	0	27,211	0	0	55.02
57.00	05700	CT SCAN	6,620	0	28,596	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	16,613	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	126,930	0	2,298	0	0	59.00
60.00	06000	LABORATORY	8,035	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	146,544	0	23,478	0	3,285	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	101,038	0	24,125	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,047	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,071	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,307,937	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,736,785	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,489	0	6,725,378	0	1,043,377	73.00
74.00	07400	RENAL DIALYSIS	131,079	0	32,893	130,469	396,443	74.00
76.00	03950	IVF/CULTURE LAB	22,394	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	7,889	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	28,876	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	320,236	0	1,189	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	22,391	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	26,084	76.98
76.99	07699	LITHOTRIPSY	28,974	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	34,187	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	46,509	0	0	90,460	26,084	90.01
90.02	09002	DERMATOLOGY CLINIC	82,173	0	7	268,864	52,169	90.02
90.03	09003	ORAL SURGERY CLINIC	44,650	0	0	218,790	26,084	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	554,346	0	1,263	1,057,778	245,213	90.04
90.05	09005	NEUROLOGY CLINIC	91,526	0	0	209,606	0	90.05
90.06	09006	OB-GYN CLINIC	169,436	0	60	558,424	76,362	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	302,258	0	208	798,539	26,084	90.07
90.08	09008	ORTHOPAEDICS CLINIC	227,411	0	378	722,045	208,675	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	78,812	0	0	268,046	0	90.09
90.10	09010	PEDIATRIC CLINIC	530,821	0	6,164	1,144,716	2,370,994	90.10
90.11	09011	SURGERY CLINIC	188,678	0	422	411,914	618,559	90.11
90.12	09012	UROLOGY CLINIC	87,618	0	1,103	141,100	26,084	90.12
90.13	09013	PSYCHIATRIC CLINIC	96,390	0	0	588,368	417,351	90.13
90.14	09014	CANCER CLINIC	636,192	0	40,668	840,876	694,921	90.14
90.15	09015	FAMILY CARE CLINIC	144,789	0	223	761,928	34,646	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	60,317	0	3,153	324,285	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	23,846	0	0	38,814	271,298	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	8,255	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	59,546	0	3,012	317,742	20,310	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	17,171	0	0	16,733	4,281	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	35,829	0	0	106,501	19,414	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	193,114	0	111	301,009	57,943	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	91,715	0	4	275,217	41,815	90.56
90.57	09057	IRL-OPHTHALMOLOGY	68,016	0	0	146,950	14,536	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	50,300	0	325	85,427	13,839	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	28,313	0	0	110,842	13,042	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	117,650	0	0	186,770	40,520	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	65,741	0	0	266,096	28,175	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	660	0	0	2,013	498	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	1,033	0	0	3,020	299	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	38,501	0	0	50,703	12,843	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	42,800	0	0	82,031	14,137	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	23,779	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	127,731	0	12,982	571,194	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	7,531	0	0	37,681	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	149,491	0	153	198,660	47,191	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	21,051	0	0	22,961	7,069	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	410	0	0	7,234	597	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	1,654	0	0	4,403	1,394	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	13,784	0	0	63,850	6,173	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	377	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	82,827	0	6,794	99,959	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	43,479	0	5	388,764	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	74,862	0	9	0	0	90.97
91.00	09100	EMERGENCY	611,300	0	9	729,405	1,982,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	294,482	0	3,052	120,152	198,222	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	20,098	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	30,227	0	0	1,384	0	94.00
95.00	09500	AMBULANCE SERVICES	150,745	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	48,444	0	0	127,575	324,462	105.00
106.00	10600	HEART ACQUISITION	6,033	0	0	16,859	88,309	106.00
107.00	10700	LIVER ACQUISITION	10,940	0	0	24,911	116,484	107.00
108.00	10800	LUNG ACQUISITION	9,243	0	0	19,312	84,326	108.00
109.00	10900	PANCREAS ACQUISITION	373	0	0	2,957	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,737,463	18,044,722	7,067,339	15,261,070	24,455,637	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	4,981	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	5,235	0	2,109,325	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	2,483,625	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,747,679	18,044,722	9,176,664	17,744,695	24,455,637	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	70,648,857					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		25,173,850				22.00
23.00	02300	BLANK			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				157,771		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY					2,277,807	23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,272,460	2,591,349	0	41,153	1,080,890	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	794,360	283,049	0	6,860	85,494	31.01
32.00	03200	CORONARY CARE UNIT	771,531	274,915	0	32,012	329,763	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	344,941	122,911	0	13,719	79,387	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,151,374	410,262	0	0	54,960	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,436,333	511,799	0	4,573	61,067	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	734,690	261,788	0	0	116,028	35.01
40.00	04000	SUBPROVIDER - IPF	822,004	292,899	0	20,579	109,921	40.00
43.00	04300	NURSERY	1,306,878	465,672	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,172,969	3,981,192	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	561,293	200,002	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,502,775	535,474	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,879,057	1,025,876	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,336,193	832,441	0	0	0	55.00
55.01	03630	ULTRA SOUND	722,808	257,554	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	763,633	272,101	0	0	0	55.02
57.00	05700	CT SCAN	3,671,010	1,308,067	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,921,874	1,041,133	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,873,645	667,624	0	0	0	59.00
60.00	06000	LABORATORY	8,529,853	3,039,388	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	764,534	272,421	0	0	0	60.01
60.02	03140	CARDIOLOGY	1,737,193	619,003	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,307,935	466,048	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
65.00	06500	RESPIRATORY THERAPY	1,807,723	644,134	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	588,729	209,778	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,801	86,516	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	192,918	68,741	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	500,983	178,512	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,236,020	440,423	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	26,345	9,387	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	46,125	16,435	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	36,218	12,905	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	1,003,836	357,690	0	0	0	76.05
76.06	03956	RECREATION THERAPY	8,210	2,925	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	8,799	3,135	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	51,979	18,521	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,997	13,183	0	0	0	76.98
76.99	07699	LITHOTRIPSY	201,231	71,703	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	182,369	64,982	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	139,068	49,553	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	232,080	82,695	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	80,108	28,544	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	323,411	115,239	0	0	48,854	90.04
90.05	09005	NEUROLOGY CLINIC	174,748	62,267	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	128,104	45,646	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	530,930	189,183	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	209,874	74,783	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	342,100	121,898	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	300,600	107,111	0	0	0	90.10
90.11	09011	SURGERY CLINIC	123,288	43,931	0	6,860	0	90.11
90.12	09012	UROLOGY CLINIC	190,337	67,821	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	207,588	73,969	0	0	0	90.13
90.14	09014	CANCER CLINIC	956,083	340,675	0	0	116,028	90.14
90.15	09015	FAMILY CARE CLINIC	122,855	43,776	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	184,119	65,606	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	14,636	5,215	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	10,496	3,740	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	194,650	69,358	0	4,573	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	10,271	3,660	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	65,247	23,249	0	2,287	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	184,396	65,705	0	4,573	116,028	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	168,617	60,082	0	2,287	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	90,050	32,087	0	2,287	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	52,360	18,657	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	67,897	24,193	0	2,287	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	114,438	40,777	0	2,287	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	162,399	57,866	0	2,287	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	1,230	438	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	1,853	660	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	31,056	11,066	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	50,247	17,904	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	14,567	5,190	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	349,947	124,694	0	6,860	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	23,106	8,233	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	121,712	43,369	0	2,287	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	14,082	5,018	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	4,434	1,580	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	2,719	969	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	39,127	13,942	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	242	86	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	187,635	66,859	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	85,183	30,353	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	10,947	3,901	0	0	0	90.97
91.00	09100	EMERGENCY	2,277,268	811,444	0	0	79,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	309,001	110,104	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	12,609	4,493	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	142,445	50,757	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	38,071	13,566	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,648,857	25,173,850	0	157,771	2,277,807	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	70,648,857	25,173,850	0	157,771	2,277,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK	0					23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH		973,342				23.04
23.05	02305	BLANK			0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH				236,665		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH					462,444	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	973,342	0	236,665	462,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	973,342	0	236,665	462,444	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	973,342	0	236,665	462,444	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	176,775					23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	171,498,469	-9,863,809	161,634,660		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	15,914,963	-1,077,409	14,837,554		31.01
32.00	03200	CORONARY CARE UNIT	0	15,299,960	-1,046,446	14,253,514		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,772,622	-467,852	8,304,770		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	20,747,029	-1,561,636	19,185,393		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	27,308,299	-1,948,132	25,360,167		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	17,620,871	-996,478	16,624,393		35.01
40.00	04000	SUBPROVIDER - IPF	0	21,219,635	-1,114,903	20,104,732		40.00
43.00	04300	NURSERY	0	16,750,946	-1,772,550	14,978,396		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	164,312,853	-15,154,161	149,158,692		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,520,959	-761,295	7,759,664		52.00
53.00	05300	ANESTHESIOLOGY	0	12,556,915	-2,038,249	10,518,666		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	176,775	42,181,983	-3,904,933	38,277,050		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,461,508	-3,168,634	16,292,874		55.00
55.01	03630	ULTRA SOUND	0	6,735,722	-980,362	5,755,360		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,593,074	-1,035,734	8,557,340		55.02
57.00	05700	CT SCAN	0	13,205,821	-4,979,077	8,226,744		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,201,241	-3,963,007	9,238,234		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,646,311	-2,541,269	10,105,042		59.00
60.00	06000	LABORATORY	0	64,140,784	-11,569,241	52,571,543		60.00
60.01	03420	ANATOMICAL LABORATORY	0	8,569,597	-1,036,955	7,532,642		60.01
60.02	03140	CARDIOLOGY	0	17,166,892	-2,356,196	14,810,696		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19,157,473	-1,773,983	17,383,490		63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
65.00	06500	RESPIRATORY THERAPY	0	20,727,065	-2,451,857	18,275,208		65.00
66.00	06600	PHYSICAL THERAPY	0	10,552,718	-798,507	9,754,211		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,778,072	-329,317	3,448,755		67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,087,938	-261,659	826,279		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,115,436	-679,495	5,435,941		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,530,092	0	45,530,092		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	100,571,214	0	100,571,214		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,581,953	0	263,581,953		73.00
74.00	07400	RENAL DIALYSIS	0	14,757,020	-2,343,344	12,413,676		74.00
76.00	03950	IVF/CULTURE LAB	0	1,329,769	-35,732	1,294,037		76.00
76.01	03951	BLANK	0	0	0	0		76.01
76.02	03952	URODYNAMICS	0	372,756	-62,560	310,196		76.02
76.03	03953	SPINE TREATMENT CENTER	0	821,075	-49,123	771,952		76.03
76.04	03954	BLANK	0	0	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	10,537,460	-1,361,526	9,175,934		76.05
76.06	03956	RECREATION THERAPY	0	1,375,763	-11,135	1,364,628		76.06
76.07	03957	CDC - REHAB	0	0	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	574,062	-11,934	562,128		76.08
76.97	07697	CARDIAC REHABILITATION	0	1,217,054	-70,500	1,146,554		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	752,331	-50,180	702,151		76.98
76.99	07699	LITHOTRIPSY	0	1,836,178	-272,934	1,563,244		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,936,879	-247,351	4,689,528		77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	2,145,576	-188,621	1,956,955		90.01
90.02	09002	DERMATOLOGY CLINIC	0	3,695,291	-314,775	3,380,516		90.02
90.03	09003	ORAL SURGERY CLINIC	0	3,817,399	-108,652	3,708,747		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	21,101,172	-438,650	20,662,522		90.04
90.05	09005	NEUROLOGY CLINIC	0	4,890,179	-237,015	4,653,164		90.05
90.06	09006	OB-GYN CLINIC	0	7,538,632	-173,750	7,364,882		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	13,538,756	-720,113	12,818,643		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	9,408,492	-284,657	9,123,835		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	9,428,764	-463,998	8,964,766		90.09
90.10	09010	PEDIATRIC CLINIC	0	24,666,358	-407,711	24,258,647		90.10
90.11	09011	SURGERY CLINIC	0	10,030,779	-167,219	9,863,560		90.11
90.12	09012	UROLOGY CLINIC	0	3,488,492	-258,158	3,230,334		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	7,872,266	-281,557	7,590,709		90.13
90.14	09014	CANCER CLINIC	0	21,173,178	-1,296,758	19,876,420		90.14
90.15	09015	FAMILY CARE CLINIC	0	5,542,962	-166,631	5,376,331		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	3,699,464	-249,725	3,449,739		90.16
90.17	09017	BLANK	0	0	0	0		90.17
90.18	09018	BLANK	0	0	0	0		90.18
90.19	09019	BURN CLINIC	0	814,686	-19,851	794,835		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	156,134	-14,236	141,898		90.20
90.21	09021	BLANK	0	0	0	0		90.21
90.22	09022	BLANK	0	0	0	0		90.22
90.23	09023	BLANK	0	0	0	0		90.23
90.24	09024	BLANK	0	0	0	0		90.24
90.25	09025	BLANK	0	0	0	0		90.25
90.26	09026	BLANK	0	0	0	0		90.26
90.27	09027	BLANK	0	0	0	0		90.27
90.28	09028	BLANK	0	0	0	0		90.28
90.29	09029	BLANK	0	0	0	0		90.29
90.30	09030	BLANK	0	0	0	0		90.30
90.31	09031	BLANK	0	0	0	0		90.31
90.32	09032	BLANK	0	0	0	0		90.32
90.33	09033	BLANK	0	0	0	0		90.33
90.34	09034	BLANK	0	0	0	0		90.34
90.35	09035	BLANK	0	0	0	0		90.35
90.36	09036	BLANK	0	0	0	0		90.36
90.37	09037	BLANK	0	0	0	0		90.37
90.38	09038	BLANK	0	0	0	0		90.38
90.39	09039	BLANK	0	0	0	0		90.39
90.40	09040	BLANK	0	0	0	0		90.40
90.41	09041	BLANK	0	0	0	0		90.41
90.42	09042	BLANK	0	0	0	0		90.42
90.43	09043	BLANK	0	0	0	0		90.43
90.44	09044	BLANK	0	0	0	0		90.44
90.45	09045	BLANK	0	0	0	0		90.45
90.46	09046	BLANK	0	0	0	0		90.46
90.47	09047	BLANK	0	0	0	0		90.47

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
90.48	09048	BLANK	0	0	0	0		90.48
90.49	09049	BLANK	0	0	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,987,468	-264,008	2,723,460		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	314,460	-13,931	300,529		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,181,756	-88,496	1,093,260		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	5,183,604	-250,101	4,933,503		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	3,506,108	-228,699	3,277,409		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	2,271,312	-122,137	2,149,175		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	1,137,739	-71,017	1,066,722		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,254,776	-92,090	1,162,686		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	2,711,020	-155,215	2,555,805		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	2,287,304	-220,265	2,067,039		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	13,297	-1,668	11,629		90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	18,620	-2,513	16,107		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	1,440,731	-42,122	1,398,609		90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,402,552	-68,151	1,334,401		90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	686,390	-19,757	666,633		90.72
90.73	09073	BLANK	0	0	0	0		90.73
90.74	09074	BLANK	0	0	0	0		90.74
90.75	09075	BLANK	0	0	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	0	6,693,413	-474,641	6,218,772		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	219,227	-31,339	187,888		90.77
90.78	09078	BLANK	0	0	0	0		90.78
90.79	09079	BLANK	0	0	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	3,723,103	-165,081	3,558,022		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	630,699	-19,100	611,599		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	40,809	-6,014	34,795		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	84,483	-3,688	80,795		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	851,863	-53,069	798,794		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	23,355	-328	23,027		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0		90.86
90.87	09087	BLANK	0	0	0	0		90.87
90.88	09088	BLANK	0	0	0	0		90.88
90.89	09089	BLANK	0	0	0	0		90.89
90.90	09090	BLANK	0	0	0	0		90.90
90.91	09091	BLANK	0	0	0	0		90.91
90.92	09092	BLANK	0	0	0	0		90.92
90.93	09093	BLANK	0	0	0	0		90.93
90.94	09094	BLANK	0	0	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	2,738,923	-254,494	2,484,429		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	2,463,979	-115,536	2,348,443		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	1,666,154	-14,848	1,651,306		90.97
91.00	09100	EMERGENCY	0	22,403,737	-3,088,712	19,315,025		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,568,089	-419,105	7,148,984		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	836,015	-17,102	818,913		93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	1,165,448	-193,202	972,246		94.00
95.00	09500	AMBULANCE SERVICES	0	1,850,127	-51,637	1,798,490		95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	7,366,222	0	7,366,222		105.00
106.00	10600	HEART ACQUISITION	0	2,079,301	0	2,079,301		106.00
107.00	10700	LIVER ACQUISITION	0	2,670,282	0	2,670,282		107.00
108.00	10800	LUNG ACQUISITION	0	1,969,078	0	1,969,078		108.00
109.00	10900	PANCREAS ACQUISITION	0	815,741	0	815,741		109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	176,775	1,464,304,527	-96,489,608	1,367,814,919		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,257,489	0	2,257,489		190.00
190.01	19001	VENDING/PATIENT ART	0	3,637,788	0	3,637,788		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	38,424	0	38,424		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	196,986,122	0	196,986,122		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0		190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
190.05	19005	CLINICAL RESEARCH UNIT	0	1,507,632	0	1,507,632		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	1,147,968	0	1,147,968		190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	4,497,186	0	4,497,186		190.08
190.09	19009	CONTACT LENS CLINIC	0	128,531	0	128,531		190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	2,329,476	0	2,329,476		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	0	1,214,115	0	1,214,115		190.13
190.14	19014	EPIC REMOTE HOSTING	0	146	0	146		190.14
190.15	19015	RENTAL PROPERTIES	0	154,094	0	154,094		190.15
191.00	19100	RESEARCH	0	2,571,241	0	2,571,241		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	UICOM	0	33,763,907	0	33,763,907		194.00
194.01	07951	OUTREACH	0	2,344,827	0	2,344,827		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	176,775	1,716,883,473	-96,489,608	1,620,393,865		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	4,249,440	0	7,123,659	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	5,704,931	0	622,467	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	723	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	108,926	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	401,018	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	0	326,381	0	0	10.00
11.00	01100	CAFETERIA	0	0	911,100	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,960	0	889,256	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	376,067	0	858,668	0	0	14.00
15.00	01500	PHARMACY	132,533	0	106,860	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,719	0	812,347	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	270,972	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,168,721	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,376	0	449,026	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	14,201	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	29,968	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	3,787	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	9,106	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	172	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	480,575	0	4,683,170	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	26,444	0	328,085	0	0	31.01
32.00	03200	CORONARY CARE UNIT	54,594	0	363,390	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	94,558	0	244,980	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64,389	0	160,841	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	390,828	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,678	0	461,557	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	11,792	0	499,840	0	0	40.00
43.00	04300	NURSERY	0	0	551,221	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,960,499	0	3,573,360	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	196,920	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	311,216	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,145,906	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	100	0	459,302	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	61,727	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	160,548	0	0	55.02
57.00	05700	CT SCAN	0	0	115,036	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	327,672	0	30,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	191,223	0	0	59.00
60.00	06000	LABORATORY	12,927	0	771,775	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	332,440	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	477,790	0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,329	0	185,060	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,986	0	233,120	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	156,727	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	48,163	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	7,120	0	19,055	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,176	0	35,563	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	24,615	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	365,679	0	0	73.00
74.00	07400	RENAL DIALYSIS	406,693	0	203,410	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	169,172	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	7,298	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	46,717	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	266,668	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	86,049	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	24,873	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,460	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	26,405	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	7,712	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	9,364	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	151,770	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	229,023	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	206,973	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	1,417,601	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	4,253	0	407,783	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	483,349	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	674,279	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	538,811	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	524,747	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	2,066,852	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	646,290	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	223,170	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	5,908	0	362,323	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	798,129	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	407,749	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	213,764	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	18,328	0	580,157	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	575	0	133,145	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	87,805	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4,099	0	34,616	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,854	0	153,302	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,122	0	14,838	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	13,581	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,152	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,325	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,702,748	0	42,994,342	0	244,023	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29,745	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	191,532	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,225	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	214,839	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	392,945	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	57,906	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	34,203	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	576,146	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	85,579	0	74,052	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	684,229	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	60,879	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,849,206	0	45,260,164	0	244,023	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	66,532	6,710	20,841,250	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	44,011	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	2,699	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	360,993	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	46,655	2,748	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	86,186	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	28,781	0	0	0	9.05
10.00	01000	DIETARY	0	62,715	161,545	0	0	10.00
11.00	01100	CAFETERIA	16,199	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	255,865	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	43,436	0	0	14.00
15.00	01500	PHARMACY	0	3,435	10,702	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,934	0	5,903	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,274	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,684,222	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	196,085	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	253,198	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	67,035	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	239,026	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	181,913	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	336,548	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	13,134	0	0	40.00
43.00	04300	NURSERY	0	0	233,516	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	5,702,917	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	114,192	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	635,570	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	360,643	2,611,423	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,594,311	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	519,523	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	962,315	0	0	55.02
57.00	05700	CT SCAN	0	0	1,352,656	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,793,074	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	751,975	0	0	59.00
60.00	06000	LABORATORY	0	122,504	1,304,935	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	339,186	0	0	60.01
60.02	03140	CARDIOLOGY	0	10,240	960,249	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	204,781	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	763	367,805	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,626	763	23,435	0	0	66.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
67.00	06700	OCCUPATIONAL THERAPY	3,901	795	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20,007	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,469	0	151,301	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,578	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	739,222	698,254	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	200,517	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	11,723	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	44,575	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	6,597	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	636,058	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	5,311	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	97,316	1,249	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,655	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	194,367	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	61,078	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	34,494	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,524	0	30,796	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	70,341	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	35,505	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	33,373	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	336,369	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	8,206	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,321	0	380,666	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	30,016	0	306,724	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	60,319	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	139,959	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	16,521	0	101,135	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	90,132	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	2,716	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	50,516	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	149,250	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	509	0	0	0	90.51

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	88,380	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	198,385	3,834	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	137,070	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	163,180	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	20,417	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	76,263	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	162,035	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	114,267	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	64	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	64	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	206,209	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	51,075	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	604	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	399,442	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	277,860	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	99,829	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	4,039	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	4,707	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	53,969	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,686	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	154,677	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	18,228	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	24,005	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	69,248	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	188,895	4,056,150	49,880,993	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	5,093	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	167,887	99,199	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
190.11	19011	CLINICAL FACULTY DEPARTMENT	603	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	490,449	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	194,591	4,224,037	50,470,641	0	0	202.00

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		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	32,287,591	32,287,591	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	0	6,371,409	1,280,835	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	4,990	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	3,422	11,429	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	360,993	109,472	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	158,329	53,858	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	0	487,204	535,815	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	3,466	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	5,746	34,527	18,237	9.05
10.00	01000	DIETARY	0	0	0	550,641	333,016	10.00
11.00	01100	CAFETERIA	0	0	0	927,299	36,288	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,153,081	364,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,278,171	295,569	14.00
15.00	01500	PHARMACY	0	0	0	253,530	166,946	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	826,903	290,595	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	275,246	435,631	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,168,721	1,214,864	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	467,402	450,776	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	2,957	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	14,201	41,982	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	29,968	16,836	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	3,787	4,265	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	9,106	8,250	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	172	3,316	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	6,847,967	2,208,816	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	550,614	225,307	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	671,182	209,982	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	406,573	119,931	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	464,256	301,555	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	572,741	403,126	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	809,783	257,678	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	524,766	263,588	40.00
43.00	04300	NURSERY	0	0	0	784,737	230,073	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	11,236,776	2,556,815	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	311,112	129,679	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	946,786	176,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	179,115	4,297,087	607,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,053,713	281,185	55.00
55.01	03630	ULTRA SOUND	0	0	0	581,250	104,578	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	1,122,863	151,832	55.02
57.00	05700	CT SCAN	0	0	0	1,467,692	147,294	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,151,005	156,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	943,198	177,082	59.00
60.00	06000	LABORATORY	0	0	3,798	2,215,939	944,519	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	671,626	124,783	60.01
60.02	03140	CARDIOLOGY	0	0	20,466	1,468,745	250,125	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	398,170	314,725	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	624,674	330,617	65.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK	BLANK	MVBLE EQUIP-IRL	Subtotal	ADMINISTRATIVE & GENERAL	
			2.03	2.04	2.05	2A	5.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	184,551	174,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	52,859	61,769	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46,182	14,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	213,509	97,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,193	735,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,670,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,319	1,806,474	4,766,216	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	810,620	222,167	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	180,895	15,533	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	51,873	5,266	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	53,314	11,623	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	902,726	152,170	76.05
76.06	03956	RECREATION THERAPY	0	0	0	86,049	21,358	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	30,184	8,714	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	8,196	110,221	18,045	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	33,060	11,333	76.98
76.99	07699	LITHOTRIPSY	0	0	0	202,079	28,291	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	9,364	86,959	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	212,848	26,111	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	263,517	44,323	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	242,293	53,314	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	1,487,942	279,763	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	447,541	61,297	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	516,722	98,763	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	1,010,648	185,634	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	547,017	122,160	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	915,734	134,555	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	2,403,592	272,873	90.10
90.11	09011	SURGERY CLINIC	0	0	0	706,609	129,718	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	363,129	44,296	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	485,887	101,263	90.13
90.14	09014	CANCER CLINIC	0	0	0	888,261	289,017	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	410,465	62,417	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	264,280	57,346	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	8,628	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	2,493	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK	BLANK	MVBLE EQUIP-IRL	Subtotal	ADMINISTRATIVE & GENERAL	
			2.03	2.04	2.05	2A	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	237,634	386,884	38,479	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	9,110	9,619	4,887	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	86,458	174,838	14,461	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	199,113	401,332	73,012	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	198,777	335,847	48,811	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	155,594	318,774	30,485	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	70,011	90,428	16,480	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	60,340	136,603	16,361	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	96,219	258,254	35,899	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	193,111	307,378	28,064	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1,091	1,155	157	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	1,646	1,710	219	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	49,882	256,091	17,426	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	81,584	132,659	20,675	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	13,136	13,740	12,039	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	561,586	961,028	89,428	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	20,648	20,648	2,673	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	110,730	388,590	49,853	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	12,452	112,281	7,171	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	4,025	8,064	364	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	2,373	7,080	1,219	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	34,949	88,918	11,602	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	210	1,896	370	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	48,661	48,661	42,949	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	7,257	7,257	35,956	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	29,518	90.97
91.00	09100	EMERGENCY	0	0	0	753,162	266,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	151,948	114,460	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	87,805	10,661	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	62,720	15,959	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	225,404	23,008	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	19,960	128,279	105.00
106.00	10600	HEART ACQUISITION	0	0	0	13,581	36,316	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,152	47,207	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	34,877	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,325	15,203	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,477,237	113,544,388	27,753,859	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,745	40,996	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	196,625	58,018	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	10,225	222	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	8,520	490,445	3,646,907	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	392,945	8,532	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	57,906	18,682	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK	BLANK	MVBLE EQUIP-IRL	Subtotal	ADMINISTRATIVE & GENERAL	
			2.03	2.04	2.05	2A	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	84,572	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	34,203	741	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	576,749	12,502	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	159,631	14,214	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	3	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	2,898	190.15
191.00	19100	RESEARCH	0	0	0	684,229	14,831	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	551,328	586,518	194.00
194.01	07951	OUTREACH	0	0	0	0	44,096	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,485,757	116,728,419	32,287,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	7,652,244				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	4,990			6.02
6.03	00603	BLANK	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	14,851	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,219	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	81,801	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	66,576	0	0	0	10.00
11.00	01100	CAFETERIA	0	185,849	0	0	1,879	11.00
13.00	01300	NURSING ADMINISTRATION	0	181,394	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	175,154	0	0	0	14.00
15.00	01500	PHARMACY	0	21,798	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	165,705	0	0	804	16.00
17.00	01700	SOCIAL SERVICE	0	55,274	0	0	496	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	442,383	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	91,594	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	2,897	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	6,113	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	772	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	1,857	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	35	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	955,294	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	66,924	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	74,126	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	49,972	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	32,809	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	79,722	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	94,150	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	101,959	0	0	0	40.00
43.00	04300	NURSERY	0	112,440	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	728,906	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,168	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	63,483	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	233,746	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,690	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	12,591	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	32,749	0	0	0	55.02
57.00	05700	CT SCAN	0	23,466	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	66,840	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,006	0	0	0	59.00
60.00	06000	LABORATORY	0	157,429	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	67,812	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	97,461	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	37,749	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	47,553	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,970	0	0	421	66.00

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		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
67.00	06700	OCCUPATIONAL THERAPY	0	9,824	0	0	452	67.00
69.00	06900	ELECTROCARDIOLOGY	0	3,887	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,254	0	0	2,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,021	0	0	763	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	74,593	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	41,492	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	34,508	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	1,489	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	9,529	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	54,396	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	17,553	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	5,074	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	706	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,386	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	1,573	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,910	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	30,958	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	46,717	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	42,219	0	0	525	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	289,167	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	83,181	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	98,595	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	137,542	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	109,908	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	107,040	0	0	1,197	90.09
90.10	09010	PEDIATRIC CLINIC	0	421,604	0	0	3,479	90.10
90.11	09011	SURGERY CLINIC	0	131,833	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	45,523	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	73,908	0	0	1,916	90.13
90.14	09014	CANCER CLINIC	0	162,805	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	83,174	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	118,342	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	27,159	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	17,911	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	7,061	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	31,271	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	3,027	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,770	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	439	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	270	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,190,055	0	0	14,190	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,067	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	39,069	0	0	591	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	2,086	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	43,824	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	80,154	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	11,812	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	6,977	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	117,524	0	0	70	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	15,105	4,990	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	139,571	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,652,244	4,990	0	14,851	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	470,465					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	5,692	240,098				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	25	0	1,104,845		9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	3,511	0	0	0	0	9.05
10.00	01000	DIETARY	7,651	307	0	9,745	0	10.00
11.00	01100	CAFETERIA	0	214	0	27,203	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	26,551	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	25,638	0	14.00
15.00	01500	PHARMACY	419	0	0	3,191	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	24,255	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,091	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	64,752	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,697	0	13,407	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	424	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	895	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	113	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	272	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	5	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	85,174	0	139,825	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	6,930	0	9,796	0	31.01
32.00	03200	CORONARY CARE UNIT	0	3,876	0	10,850	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,933	0	7,314	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	7,836	0	4,802	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	859	0	11,669	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,953	0	13,781	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	5,558	0	14,924	0	40.00
43.00	04300	NURSERY	0	3,728	0	16,458	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	52,022	0	106,691	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,974	0	5,880	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,292	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,998	5,316	0	34,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,395	0	13,714	0	55.00
55.01	03630	ULTRA SOUND	0	1,313	0	1,843	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	1,108	0	4,794	0	55.02
57.00	05700	CT SCAN	0	3,464	0	3,435	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,767	0	9,783	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,160	0	5,709	0	59.00
60.00	06000	LABORATORY	14,945	0	0	23,043	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	213	0	9,926	0	60.01
60.02	03140	CARDIOLOGY	1,249	2,165	0	14,266	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	729	0	5,525	0	63.00
65.00	06500	RESPIRATORY THERAPY	93	229	0	6,960	0	65.00
66.00	06600	PHYSICAL THERAPY	93	524	0	4,679	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	97	0	0	1,438	0	67.00

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		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	183	0	1,062	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7	0	735	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	90,184	655	0	10,918	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,665	0	6,073	0	74.00
76.00	03950	IVF/CULTURE LAB	0	96	0	5,051	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	211	0	218	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	13	0	1,395	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	3,082	0	7,962	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	2,569	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	648	0	0	743	0	76.08
76.97	07697	CARDIAC REHABILITATION	11,872	102	0	103	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	154	0	788	0	76.98
76.99	07699	LITHOTRIPSY	0	549	0	230	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	280	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	406	0	4,531	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	652	0	6,838	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	221	0	6,180	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	573	0	42,326	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	263	0	12,175	0	90.05
90.06	09006	OB-GYN CLINIC	0	584	0	14,432	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	179	0	20,132	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	490	0	16,087	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	275	0	15,668	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	650	0	61,711	0	90.10
90.11	09011	SURGERY CLINIC	0	277	0	19,297	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,352	0	6,663	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	46	0	10,818	0	90.13
90.14	09014	CANCER CLINIC	0	2,501	0	23,830	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	273	0	12,174	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	18,208	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	62	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	10,782	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

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		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	24,203	557	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	16,722	1,360	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	19,908	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	2,491	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	9,304	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	19,768	166	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	13,940	312	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	8	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	8	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	25,157	20	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	6,231	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	74	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	48,731	1,685	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	33,898	134	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	12,179	13	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	493	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	574	14	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	6,584	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	206	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	11,087	0	17,322	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,432	0	3,975	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,622	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	17	0	1,034	0	94.00
95.00	09500	AMBULANCE SERVICES	0	342	0	4,577	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	443	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	406	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	64	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	40	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	449,983	240,070	0	1,037,194	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	888	0	190.00
190.01	19001	VENDING/PATIENT ART	0	28	0	5,719	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	305	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	20,482	0	0	6,415	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	11,732	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,729	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	1,021	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	17,202	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	2,211	0	190.13

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		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	20,429	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	470,465	240,098	0	1,104,845	0	202.00

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		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK	0					9.03
9.04	00904	HOUSEKEEPING-CDD	0	3,466				9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	56,275			9.05
10.00	01000	DIETARY	0	0	933	968,869		10.00
11.00	01100	CAFETERIA	0	438	0	0	1,179,170	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	15,019	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	23,861	14.00
15.00	01500	PHARMACY	0	0	51	0	3,930	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	188	0	0	19,370	16.00
17.00	01700	SOCIAL SERVICE	0	116	0	0	25,686	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	106,393	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	3,088	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	140	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	2,246	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	586,275	142,749	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	37,738	12,632	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	35,547	11,650	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	25,401	7,018	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	53,634	17,405	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	63,808	20,212	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	31,683	13,615	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	105,252	21,896	40.00
43.00	04300	NURSERY	0	0	0	27,964	12,632	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	91,375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,878	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	23,300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,368	0	29,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,299	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	4,351	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	3,228	55.02
57.00	05700	CT SCAN	0	0	0	0	3,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	5,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,334	59.00
60.00	06000	LABORATORY	0	0	1,823	0	29,335	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	7,579	60.01
60.02	03140	CARDIOLOGY	0	0	152	0	12,211	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,281	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	11	0	18,387	65.00
66.00	06600	PHYSICAL THERAPY	0	98	11	0	10,808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	106	12	0	3,509	67.00

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		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	527	0	0	6,457	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178	0	0	281	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	11,005	0	32,704	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,457	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	983	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	140	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	842	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	7,439	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	1,263	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	79	0	561	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	1,448	0	983	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	702	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	702	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,825	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	1,263	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	4,070	90.02
90.03	09003	ORAL SURGERY CLINIC	0	122	0	0	3,790	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	47,582	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	7,158	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	11,229	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	16,422	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	15,861	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	279	0	0	7,579	90.09
90.10	09010	PEDIATRIC CLINIC	0	813	0	0	31,300	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	13,896	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	5,334	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	447	0	0	15,299	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	17,966	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	13,334	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	3,369	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	561	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	281	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	2,221	0	1,825	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	8	0	421	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	1,315	0	842	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

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		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	2,953	0	4,913	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	2,040	0	2,526	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	2,429	0	1,684	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	304	0	1,123	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	1,135	0	702	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	2,412	0	2,526	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	1,701	0	1,404	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	1	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	3,069	0	842	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	760	0	1,404	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	9	0	421	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	5,945	0	3,369	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	140	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	4,136	0	3,649	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	1,486	0	421	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	60	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	70	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	803	0	561	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	25	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	2,948	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	1,123	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	1,825	90.97
91.00	09100	EMERGENCY	0	0	0	0	23,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	7,720	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	842	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	421	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	5,474	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,544	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	421	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	561	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	421	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	140	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,312	53,776	967,302	1,083,162	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	138	0	0	4,492	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	2,499	0	23,160	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,567	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	983	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	16	0	0	42,810	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	24,563	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,466	56,275	968,869	1,179,170	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,740,400					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110	1,798,506				14.00
15.00	01500	PHARMACY	0	0	449,865			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,841	0	0	1,332,661		16.00
17.00	01700	SOCIAL SERVICE	36,994	0	0	0	837,534	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	473,659	0	16	114,189	358,646	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	43,622	0	0	6,170	14,293	31.01
32.00	03200	CORONARY CARE UNIT	40,424	0	0	5,811	14,293	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,147	0	0	4,153	9,291	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	58,597	0	0	8,769	21,440	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	59,012	0	0	10,432	22,156	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	42,793	0	0	5,178	10,720	35.01
40.00	04000	SUBPROVIDER - IPF	72,286	0	0	8,154	50,026	40.00
43.00	04300	NURSERY	42,128	0	0	7,895	1,429	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	226,716	0	51	0	1,187	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,874	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,536	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,516	0	4,872	0	893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,374	0	236	0	893	55.00
55.01	03630	ULTRA SOUND	7	0	2	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	927	0	1,336	0	0	55.02
57.00	05700	CT SCAN	530	0	1,404	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	815	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,158	0	113	0	0	59.00
60.00	06000	LABORATORY	643	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	11,727	0	1,153	0	113	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,086	0	1,184	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,124	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00

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		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,647	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	628,655	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,169,851	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119	0	329,532	0	35,733	73.00
74.00	07400	RENAL DIALYSIS	10,490	0	1,615	9,798	13,577	74.00
76.00	03950	IVF/CULTURE LAB	1,792	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	631	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	2,311	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	25,628	0	58	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1,792	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	893	76.98
76.99	07699	LITHOTRIPSY	2,319	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,736	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	3,722	0	0	6,794	893	90.01
90.02	09002	DERMATOLOGY CLINIC	6,576	0	0	20,192	1,787	90.02
90.03	09003	ORAL SURGERY CLINIC	3,573	0	0	16,432	893	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	44,363	0	62	79,441	8,398	90.04
90.05	09005	NEUROLOGY CLINIC	7,325	0	0	15,742	0	90.05
90.06	09006	OB-GYN CLINIC	13,559	0	3	41,939	2,615	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	24,189	0	10	59,972	893	90.07
90.08	09008	ORTHOPAEDICS CLINIC	18,199	0	19	54,227	7,147	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	6,307	0	0	20,131	0	90.09
90.10	09010	PEDIATRIC CLINIC	42,480	0	303	85,970	81,200	90.10
90.11	09011	SURGERY CLINIC	15,099	0	21	30,936	21,184	90.11
90.12	09012	UROLOGY CLINIC	7,012	0	54	10,597	893	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,714	0	0	44,188	14,293	90.13
90.14	09014	CANCER CLINIC	50,912	0	1,996	63,151	23,799	90.14
90.15	09015	FAMILY CARE CLINIC	11,587	0	11	57,222	1,187	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,827	0	155	24,354	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	1,908	0	0	2,915	9,291	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	661	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	4,765	0	148	23,863	696	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	1,374	0	0	1,257	147	90.51

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		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	2,867	0	0	7,998	665	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	15,454	0	5	22,606	1,984	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	7,340	0	0	20,669	1,432	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,443	0	0	11,036	498	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	4,025	0	16	6,416	474	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,266	0	0	8,324	447	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	9,415	0	0	14,027	1,388	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	5,261	0	0	19,984	965	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	53	0	0	151	17	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	83	0	0	227	10	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	3,081	0	0	3,808	440	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	3,425	0	0	6,161	484	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	1,786	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	10,222	0	637	42,898	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	603	0	0	2,830	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	11,963	0	8	14,920	1,616	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,685	0	0	1,724	242	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	33	0	0	543	20	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	132	0	0	331	48	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,103	0	0	4,795	211	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	28	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	6,628	0	334	7,507	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	3,479	0	0	29,197	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	5,991	0	0	0	0	90.97
91.00	09100	EMERGENCY	48,920	0	0	54,780	67,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,566	0	150	9,024	6,789	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1,608	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,419	0	0	104	0	94.00
95.00	09500	AMBULANCE SERVICES	12,064	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,877	0	0	9,581	11,112	105.00
106.00	10600	HEART ACQUISITION	483	0	0	1,266	3,024	106.00
107.00	10700	LIVER ACQUISITION	875	0	0	1,871	3,989	107.00
108.00	10800	LUNG ACQUISITION	740	0	0	1,450	2,888	108.00
109.00	10900	PANCREAS ACQUISITION	30	0	0	222	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,739,582	1,798,506	346,319	1,146,136	837,534	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	399	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	419	0	103,546	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	186,525	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,740,400	1,798,506	449,865	1,332,661	837,534	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,997,113					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,027,964				22.00
23.00	02300	BLANK			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				3,097		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY					61,750	23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	03420	ANATOMICAL LABORATORY						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03950	IVF/CULTURE LAB						76.00
76.01	03951	BLANK						76.01
76.02	03952	URODYNAMICS						76.02
76.03	03953	SPINE TREATMENT CENTER						76.03
76.04	03954	BLANK						76.04
76.05	03955	DIGESTIVE DISEASE CNTR						76.05
76.06	03956	RECREATION THERAPY						76.06
76.07	03957	CDC - REHAB						76.07
76.08	03958	DIABETES EDUCATION						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
90.01	09001	ANESTHESIA PAIN CLINIC						90.01
90.02	09002	DERMATOLOGY CLINIC						90.02
90.03	09003	ORAL SURGERY CLINIC						90.03
90.04	09004	INTERNAL MEDICINE CLINIC						90.04
90.05	09005	NEUROLOGY CLINIC						90.05
90.06	09006	OB-GYN CLINIC						90.06
90.07	09007	OPHTHALMOLOGY CLINIC						90.07
90.08	09008	ORTHOPAEDICS CLINIC						90.08
90.09	09009	OTOLARYNGOLOGY CLINIC						90.09
90.10	09010	PEDIATRIC CLINIC						90.10
90.11	09011	SURGERY CLINIC						90.11
90.12	09012	UROLOGY CLINIC						90.12
90.13	09013	PSYCHIATRIC CLINIC						90.13
90.14	09014	CANCER CLINIC						90.14
90.15	09015	FAMILY CARE CLINIC						90.15
90.16	09016	ORTHO SPORTS MED CLINIC						90.16
90.17	09017	BLANK						90.17
90.18	09018	BLANK						90.18
90.19	09019	BURN CLINIC						90.19
90.20	09020	HOSPITAL BASED PROGRAMS						90.20
90.21	09021	BLANK						90.21
90.22	09022	BLANK						90.22
90.23	09023	BLANK						90.23
90.24	09024	BLANK						90.24
90.25	09025	BLANK						90.25
90.26	09026	BLANK						90.26
90.27	09027	BLANK						90.27
90.28	09028	BLANK						90.28
90.29	09029	BLANK						90.29
90.30	09030	BLANK						90.30
90.31	09031	BLANK						90.31
90.32	09032	BLANK						90.32
90.33	09033	BLANK						90.33
90.34	09034	BLANK						90.34
90.35	09035	BLANK						90.35
90.36	09036	BLANK						90.36
90.37	09037	BLANK						90.37
90.38	09038	BLANK						90.38
90.39	09039	BLANK						90.39
90.40	09040	BLANK						90.40
90.41	09041	BLANK						90.41
90.42	09042	BLANK						90.42
90.43	09043	BLANK						90.43
90.44	09044	BLANK						90.44
90.45	09045	BLANK						90.45
90.46	09046	BLANK						90.46
90.47	09047	BLANK						90.47

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
90.48	09048	BLANK						90.48
90.49	09049	BLANK						90.49
90.50	09050	IRL-CARDIOLOGY CLINIC						90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC						90.51
90.52	09052	IRL-DERMATOLOGY CLINIC						90.52
90.53	09053	IRL - ORAL SURGERY CLINIC						90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC						90.54
90.55	09055	IRL - NEUROLOGY CLINIC						90.55
90.56	09056	IRL-OB/GYN CLINIC						90.56
90.57	09057	IRL-OPHTHALMOLOGY						90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC						90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC						90.59
90.60	09060	IRL-PEDIATRICS CLINIC						90.60
90.61	09061	IRL - SURGERY CLINIC						90.61
90.62	09062	IRL-UROLOGY CLINIC						90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC						90.63
90.64	09064	IRL - CANCER CLINIC						90.64
90.65	09065	IRL - FAMILY CARE CLINIC						90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC						90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC						90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC						90.68
90.69	09069	IRL-RADIOLOGY						90.69
90.70	09070	IRL-DIABETES CENTER CLINIC						90.70
90.71	09071	IRL - HEART CENTER						90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC						90.72
90.73	09073	BLANK						90.73
90.74	09074	BLANK						90.74
90.75	09075	BLANK						90.75
90.76	09076	IRL - PROCEDURE SUITES						90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN						90.77
90.78	09078	BLANK						90.78
90.79	09079	BLANK						90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC						90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC						90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC						90.82
90.83	09083	IRL EAST-SURGERY CLINIC						90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC						90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC						90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC						90.86
90.87	09087	BLANK						90.87
90.88	09088	BLANK						90.88
90.89	09089	BLANK						90.89
90.90	09090	BLANK						90.90
90.91	09091	BLANK						90.91
90.92	09092	BLANK						90.92
90.93	09093	BLANK						90.93
90.94	09094	BLANK						90.94
90.95	09095	QUAD CITIES - CANCER CENTER						90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC						90.96
90.97	09097	NORTH DODGE - REI CLINIC						90.97
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM						93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	VENDING/PATIENT ART						190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE						190.02
190.03	19003	PHARMACY HOMEGOING DRUGS						190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING						190.04

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		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06
190.07	19007	NON-ALLOWABLE						190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	3,997,113	1,027,964	0	3,097	61,750	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,997,113	1,027,964	0	3,097	61,750	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK	0					23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH		53,812				23.04
23.05	02305	BLANK			0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH				8,937		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH					19,485	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	03420	ANATOMICAL LABORATORY						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03950	IVF/CULTURE LAB						76.00
76.01	03951	BLANK						76.01
76.02	03952	URODYNAMICS						76.02
76.03	03953	SPINE TREATMENT CENTER						76.03
76.04	03954	BLANK						76.04
76.05	03955	DIGESTIVE DISEASE CNTR						76.05
76.06	03956	RECREATION THERAPY						76.06
76.07	03957	CDC - REHAB						76.07
76.08	03958	DIABETES EDUCATION						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
90.01	09001	ANESTHESIA PAIN CLINIC						90.01
90.02	09002	DERMATOLOGY CLINIC						90.02
90.03	09003	ORAL SURGERY CLINIC						90.03
90.04	09004	INTERNAL MEDICINE CLINIC						90.04
90.05	09005	NEUROLOGY CLINIC						90.05
90.06	09006	OB-GYN CLINIC						90.06
90.07	09007	OPHTHALMOLOGY CLINIC						90.07
90.08	09008	ORTHOPAEDICS CLINIC						90.08
90.09	09009	OTOLARYNGOLOGY CLINIC						90.09
90.10	09010	PEDIATRIC CLINIC						90.10
90.11	09011	SURGERY CLINIC						90.11
90.12	09012	UROLOGY CLINIC						90.12
90.13	09013	PSYCHIATRIC CLINIC						90.13
90.14	09014	CANCER CLINIC						90.14
90.15	09015	FAMILY CARE CLINIC						90.15
90.16	09016	ORTHO SPORTS MED CLINIC						90.16
90.17	09017	BLANK						90.17
90.18	09018	BLANK						90.18
90.19	09019	BURN CLINIC						90.19
90.20	09020	HOSPITAL BASED PROGRAMS						90.20
90.21	09021	BLANK						90.21
90.22	09022	BLANK						90.22
90.23	09023	BLANK						90.23
90.24	09024	BLANK						90.24
90.25	09025	BLANK						90.25
90.26	09026	BLANK						90.26
90.27	09027	BLANK						90.27
90.28	09028	BLANK						90.28
90.29	09029	BLANK						90.29
90.30	09030	BLANK						90.30
90.31	09031	BLANK						90.31
90.32	09032	BLANK						90.32
90.33	09033	BLANK						90.33
90.34	09034	BLANK						90.34
90.35	09035	BLANK						90.35
90.36	09036	BLANK						90.36
90.37	09037	BLANK						90.37
90.38	09038	BLANK						90.38
90.39	09039	BLANK						90.39
90.40	09040	BLANK						90.40
90.41	09041	BLANK						90.41
90.42	09042	BLANK						90.42
90.43	09043	BLANK						90.43
90.44	09044	BLANK						90.44
90.45	09045	BLANK						90.45
90.46	09046	BLANK						90.46
90.47	09047	BLANK						90.47
90.48	09048	BLANK						90.48
90.49	09049	BLANK						90.49

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
90.50	09050	IRL-CARDIOLOGY CLINIC						90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC						90.51
90.52	09052	IRL-DERMATOLOGY CLINIC						90.52
90.53	09053	IRL - ORAL SURGERY CLINIC						90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC						90.54
90.55	09055	IRL - NEUROLOGY CLINIC						90.55
90.56	09056	IRL-OB/GYN CLINIC						90.56
90.57	09057	IRL-OPHTHALMOLOGY						90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC						90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC						90.59
90.60	09060	IRL-PEDIATRICS CLINIC						90.60
90.61	09061	IRL - SURGERY CLINIC						90.61
90.62	09062	IRL-UROLOGY CLINIC						90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC						90.63
90.64	09064	IRL - CANCER CLINIC						90.64
90.65	09065	IRL - FAMILY CARE CLINIC						90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC						90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC						90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC						90.68
90.69	09069	IRL-RADIOLOGY						90.69
90.70	09070	IRL-DIABETES CENTER CLINIC						90.70
90.71	09071	IRL - HEART CENTER						90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC						90.72
90.73	09073	BLANK						90.73
90.74	09074	BLANK						90.74
90.75	09075	BLANK						90.75
90.76	09076	IRL - PROCEDURE SUITES						90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN						90.77
90.78	09078	BLANK						90.78
90.79	09079	BLANK						90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC						90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC						90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC						90.82
90.83	09083	IRL EAST-SURGERY CLINIC						90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC						90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC						90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC						90.86
90.87	09087	BLANK						90.87
90.88	09088	BLANK						90.88
90.89	09089	BLANK						90.89
90.90	09090	BLANK						90.90
90.91	09091	BLANK						90.91
90.92	09092	BLANK						90.92
90.93	09093	BLANK						90.93
90.94	09094	BLANK						90.94
90.95	09095	QUAD CITIES - CANCER CENTER						90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC						90.96
90.97	09097	NORTH DODGE - REI CLINIC						90.97
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM						93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	VENDING/PATIENT ART						190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE						190.02
190.03	19003	PHARMACY HOMEGOING DRUGS						190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING						190.04
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06
190.07	19007	NON-ALLOWABLE						190.07

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		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	0	53,812	0	8,937	19,485	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	53,812	0	8,937	19,485	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	3,528					23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,912,610	0	11,912,610		30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		974,026	0	974,026		31.01
32.00	03200	CORONARY CARE UNIT		1,077,741	0	1,077,741		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		657,733	0	657,733		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		971,103	0	971,103		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,243,737	0	1,243,737		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,281,334	0	1,281,334		35.01
40.00	04000	SUBPROVIDER - IPF		1,168,409	0	1,168,409		40.00
43.00	04300	NURSERY		1,239,484	0	1,239,484		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		15,000,539	0	15,000,539		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		519,565	0	519,565		52.00
53.00	05300	ANESTHESIOLOGY		1,238,731	0	1,238,731		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,276,801	0	5,276,801		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		4,457,499	0	4,457,499		55.00
55.01	03630	ULTRA SOUND		705,935	0	705,935		55.01
55.02	05501	RADIOLOGY - PET SCAN		1,318,837	0	1,318,837		55.02
57.00	05700	CT SCAN		1,651,075	0	1,651,075		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,393,478	0	2,393,478		58.00
59.00	05900	CARDIAC CATHETERIZATION		1,183,760	0	1,183,760		59.00
60.00	06000	LABORATORY		3,387,676	0	3,387,676		60.00
60.01	03420	ANATOMICAL LABORATORY		881,939	0	881,939		60.01
60.02	03140	CARDIOLOGY		1,859,367	0	1,859,367		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		774,449	0	774,449		63.00

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		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
65.00	06500	RESPIRATORY THERAPY		1,029,648	0	1,029,648		65.00
66.00	06600	PHYSICAL THERAPY		407,575	0	407,575		66.00
67.00	06700	OCCUPATIONAL THERAPY		130,066	0	130,066		67.00
69.00	06900	ELECTROCARDIOLOGY		65,243	0	65,243		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		330,996	0	330,996		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,402,436	0	1,402,436		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,840,433	0	2,840,433		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		7,158,133	0	7,158,133		73.00
74.00	07400	RENAL DIALYSIS		1,123,954	0	1,123,954		74.00
76.00	03950	IVF/CULTURE LAB		238,858	0	238,858		76.00
76.01	03951	BLANK		0	0	0		76.01
76.02	03952	URODYNAMICS		59,828	0	59,828		76.02
76.03	03953	SPINE TREATMENT CENTER		79,027	0	79,027		76.03
76.04	03954	BLANK		0	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR		1,153,461	0	1,153,461		76.05
76.06	03956	RECREATION THERAPY		128,792	0	128,792		76.06
76.07	03957	CDC - REHAB		0	0	0		76.07
76.08	03958	DIABETES EDUCATION		47,795	0	47,795		76.08
76.97	07697	CARDIAC REHABILITATION		143,480	0	143,480		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		52,316	0	52,316		76.98
76.99	07699	LITHOTRIPSY		235,743	0	235,743		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		103,074	0	103,074		77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC		287,526	0	287,526		90.01
90.02	09002	DERMATOLOGY CLINIC		394,672	0	394,672		90.02
90.03	09003	ORAL SURGERY CLINIC		369,562	0	369,562		90.03
90.04	09004	INTERNAL MEDICINE CLINIC		2,279,617	0	2,279,617		90.04
90.05	09005	NEUROLOGY CLINIC		634,682	0	634,682		90.05
90.06	09006	OB-GYN CLINIC		798,441	0	798,441		90.06
90.07	09007	OPHTHALMOLOGY CLINIC		1,455,621	0	1,455,621		90.07
90.08	09008	ORTHOPAEDICS CLINIC		891,115	0	891,115		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC		1,208,765	0	1,208,765		90.09
90.10	09010	PEDIATRIC CLINIC		3,405,975	0	3,405,975		90.10
90.11	09011	SURGERY CLINIC		1,068,870	0	1,068,870		90.11
90.12	09012	UROLOGY CLINIC		484,853	0	484,853		90.12
90.13	09013	PSYCHIATRIC CLINIC		755,779	0	755,779		90.13
90.14	09014	CANCER CLINIC		1,524,238	0	1,524,238		90.14
90.15	09015	FAMILY CARE CLINIC		651,844	0	651,844		90.15
90.16	09016	ORTHO SPORTS MED CLINIC		354,331	0	354,331		90.16
90.17	09017	BLANK		0	0	0		90.17
90.18	09018	BLANK		0	0	0		90.18
90.19	09019	BURN CLINIC		23,303	0	23,303		90.19
90.20	09020	HOSPITAL BASED PROGRAMS		3,435	0	3,435		90.20
90.21	09021	BLANK		0	0	0		90.21
90.22	09022	BLANK		0	0	0		90.22
90.23	09023	BLANK		0	0	0		90.23
90.24	09024	BLANK		0	0	0		90.24
90.25	09025	BLANK		0	0	0		90.25
90.26	09026	BLANK		0	0	0		90.26
90.27	09027	BLANK		0	0	0		90.27
90.28	09028	BLANK		0	0	0		90.28
90.29	09029	BLANK		0	0	0		90.29
90.30	09030	BLANK		0	0	0		90.30
90.31	09031	BLANK		0	0	0		90.31
90.32	09032	BLANK		0	0	0		90.32
90.33	09033	BLANK		0	0	0		90.33
90.34	09034	BLANK		0	0	0		90.34
90.35	09035	BLANK		0	0	0		90.35
90.36	09036	BLANK		0	0	0		90.36
90.37	09037	BLANK		0	0	0		90.37
90.38	09038	BLANK		0	0	0		90.38
90.39	09039	BLANK		0	0	0		90.39
90.40	09040	BLANK		0	0	0		90.40
90.41	09041	BLANK		0	0	0		90.41
90.42	09042	BLANK		0	0	0		90.42
90.43	09043	BLANK		0	0	0		90.43
90.44	09044	BLANK		0	0	0		90.44
90.45	09045	BLANK		0	0	0		90.45
90.46	09046	BLANK		0	0	0		90.46
90.47	09047	BLANK		0	0	0		90.47

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
90.48	09048	BLANK		0	0	0		90.48
90.49	09049	BLANK		0	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC		477,089	0	477,089		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC		17,775	0	17,775		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC		213,768	0	213,768		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC		0	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC		547,019	0	547,019		90.54
90.55	09055	IRL - NEUROLOGY CLINIC		0	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC		436,747	0	436,747		90.56
90.57	09057	IRL-OPHTHALMOLOGY		390,257	0	390,257		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC		121,757	0	121,757		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC		175,142	0	175,142		90.59
90.60	09060	IRL-PEDIATRICS CLINIC		343,855	0	343,855		90.60
90.61	09061	IRL - SURGERY CLINIC		0	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC		379,009	0	379,009		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC		1,542	0	1,542		90.63
90.64	09064	IRL - CANCER CLINIC		0	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC		2,258	0	2,258		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC		0	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC		0	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC		309,934	0	309,934		90.68
90.69	09069	IRL-RADIOLOGY		0	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC		171,799	0	171,799		90.70
90.71	09071	IRL - HEART CENTER		0	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC		28,069	0	28,069		90.72
90.73	09073	BLANK		0	0	0		90.73
90.74	09074	BLANK		0	0	0		90.74
90.75	09075	BLANK		0	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES		1,163,943	0	1,163,943		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN		26,894	0	26,894		90.77
90.78	09078	BLANK		0	0	0		90.78
90.79	09079	BLANK		0	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC		508,767	0	508,767		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC		137,202	0	137,202		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC		9,577	0	9,577		90.82
90.83	09083	IRL EAST-SURGERY CLINIC		9,468	0	9,468		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC		114,577	0	114,577		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC		2,525	0	2,525		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC		0	0	0		90.86
90.87	09087	BLANK		0	0	0		90.87
90.88	09088	BLANK		0	0	0		90.88
90.89	09089	BLANK		0	0	0		90.89
90.90	09090	BLANK		0	0	0		90.90
90.91	09091	BLANK		0	0	0		90.91
90.92	09092	BLANK		0	0	0		90.92
90.93	09093	BLANK		0	0	0		90.93
90.94	09094	BLANK		0	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER		109,027	0	109,027		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC		77,012	0	77,012		90.96
90.97	09097	NORTH DODGE - REI CLINIC		37,334	0	37,334		90.97
91.00	09100	EMERGENCY		1,361,790	0	1,361,790		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		350,223	0	350,223		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		121,449	0	121,449		93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		89,735	0	89,735		94.00
95.00	09500	AMBULANCE SERVICES		302,140	0	302,140		95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		177,823	0	177,823		105.00
106.00	10600	HEART ACQUISITION		58,267	0	58,267		106.00
107.00	10700	LIVER ACQUISITION		57,158	0	57,158		107.00
108.00	10800	LUNG ACQUISITION		40,376	0	40,376		108.00
109.00	10900	PANCREAS ACQUISITION		17,230	0	17,230		109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	102,887,852	0	102,887,852		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		77,696	0	77,696		190.00
190.01	19001	VENDING/PATIENT ART		305,079	0	305,079		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE		12,838	0	12,838		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS		4,337,697	0	4,337,697		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING		0	0	0		190.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
190.05	19005	CLINICAL RESEARCH UNIT		494,930	0	494,930		190.05
190.06	19006	PATIENT EDUCATION SERVICE		91,112	0	91,112		190.06
190.07	19007	NON-ALLOWABLE		0	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC		84,572	0	84,572		190.08
190.09	19009	CONTACT LENS CLINIC		42,942	0	42,942		190.09
190.10	19010	IRL-PHYSICIANS		0	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT		766,873	0	766,873		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT		0	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE		196,151	0	196,151		190.13
190.14	19014	EPIC REMOTE HOSTING		3	0	3		190.14
190.15	19015	RENTAL PROPERTIES		2,898	0	2,898		190.15
191.00	19100	RESEARCH		859,060	0	859,060		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
194.00	07950	UICOM		1,348,934	0	1,348,934		194.00
194.01	07951	OUTREACH		44,096	0	44,096		194.01
200.00		Cross Foot Adjustments	3,528	5,175,686	0	5,175,686		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	3,528	116,728,419	0	116,728,419		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	0	2,629,372				1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	13,633			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	22,403		1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	56,771	1.04
1.05	00105	CAP REL COSTS-IRL	0	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	413,846	0	0	19,410	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	36,162	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	23,297	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	18,961	0	0	0	10.00
11.00	01100	CAFETERIA	0	52,930	0	0	4,726	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,661	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,884	0	0	0	14.00
15.00	01500	PHARMACY	0	6,208	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,193	0	0	2,023	16.00
17.00	01700	SOCIAL SERVICE	0	15,742	0	0	1,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	125,991	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,086	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	825	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,741	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	220	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	529	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	10	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	272,067	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,111	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	14,232	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	22,705	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,814	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	29,038	0	0	0	40.00
43.00	04300	NURSERY	0	32,023	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	207,593	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,440	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,080	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,571	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,683	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	3,586	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,327	0	0	0	55.02
57.00	05700	CT SCAN	0	6,683	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,036	0	2,778	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,109	0	0	0	59.00
60.00	06000	LABORATORY	0	44,836	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	19,313	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	27,757	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,751	0	0	0	63.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
65.00	06500	RESPIRATORY THERAPY	0	13,543	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,105	0	0	1,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,798	0	0	1,138	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,107	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,066	0	0	5,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,430	0	0	1,919	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	21,244	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,817	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	9,828	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	424	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,714	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	15,492	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	4,999	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,445	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	448	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,817	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,305	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,024	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	82,355	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	23,690	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	28,080	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	39,172	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	31,302	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,485	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	120,073	0	0	8,757	90.10
90.11	09011	SURGERY CLINIC	0	37,546	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	12,965	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	21,049	0	0	4,820	90.13
90.14	09014	CANCER CLINIC	0	46,367	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	23,688	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	19,625	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	33,704	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,735	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,906	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	862	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	789	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	125	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	77	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,497,740	0	22,403	55,109	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,728	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	11,127	0	0	1,486	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	12,481	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
190.05	19005	CLINICAL RESEARCH UNIT	0	22,828	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,364	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	1,987	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	33,471	0	0	176	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	4,302	13,633	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	39,750	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	45,260,164	0	244,023	194,591	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	17.213298	0.000000	10.892425	3.427648	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	132,820					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		46,380,927				2.00
2.01	00201	BLANK		0	46,380,927			2.01
2.02	00202	BLANK		0	0	46,380,927		2.02
2.03	00203	BLANK		0	0	0	46,380,927	2.03
2.04	00204	BLANK		0	0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		0	0	0	0	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	211	19,152,458	19,152,458	19,152,458	19,152,458	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	40,445	40,445	40,445	40,445	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	2,480	2,480	2,480	2,480	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	11,351	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,467	2,525	2,525	2,525	2,525	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	79,202	79,202	79,202	79,202	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	905	0	0	0	0	9.05
10.00	01000	DIETARY	1,972	148,455	148,455	148,455	148,455	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	235,132	235,132	235,132	235,132	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,916	39,916	39,916	39,916	14.00
15.00	01500	PHARMACY	108	9,835	9,835	9,835	9,835	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,425	5,425	5,425	5,425	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,547,746	1,547,746	1,547,746	1,547,746	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	180,196	180,196	180,196	180,196	31.01
32.00	03200	CORONARY CARE UNIT	0	232,681	232,681	232,681	232,681	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	61,603	61,603	61,603	61,603	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	219,657	219,657	219,657	219,657	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	167,172	167,172	167,172	167,172	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	309,277	309,277	309,277	309,277	35.01
40.00	04000	SUBPROVIDER - IPF	0	12,070	12,070	12,070	12,070	40.00
43.00	04300	NURSERY	0	214,594	214,594	214,594	214,594	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,240,799	5,240,799	5,240,799	5,240,799	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	104,939	104,939	104,939	104,939	52.00
53.00	05300	ANESTHESIOLOGY	0	584,069	584,069	584,069	584,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,340	2,399,815	2,399,815	2,399,815	2,399,815	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,303,057	3,303,057	3,303,057	3,303,057	55.00
55.01	03630	ULTRA SOUND	0	477,425	477,425	477,425	477,425	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	884,337	884,337	884,337	884,337	55.02
57.00	05700	CT SCAN	0	1,243,048	1,243,048	1,243,048	1,243,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,647,778	1,647,778	1,647,778	1,647,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	691,041	691,041	691,041	691,041	59.00
60.00	06000	LABORATORY	3,852	1,199,194	1,199,194	1,199,194	1,199,194	60.00
60.01	03420	ANATOMICAL LABORATORY	0	311,701	311,701	311,701	311,701	60.01
60.02	03140	CARDIOLOGY	322	882,438	882,438	882,438	882,438	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	188,187	188,187	188,187	188,187	63.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
65.00	06500	RESPIRATORY THERAPY	24	338,001	338,001	338,001	338,001	65.00
66.00	06600	PHYSICAL THERAPY	24	21,536	21,536	21,536	21,536	66.00
67.00	06700	OCCUPATIONAL THERAPY	25	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	18,386	18,386	18,386	18,386	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	139,041	139,041	139,041	139,041	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,244	641,673	641,673	641,673	641,673	73.00
74.00	07400	RENAL DIALYSIS	0	184,269	184,269	184,269	184,269	74.00
76.00	03950	IVF/CULTURE LAB	0	10,773	10,773	10,773	10,773	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	40,963	40,963	40,963	40,963	76.02
76.03	03953	SPINE TREATMENT CENTER	0	6,062	6,062	6,062	6,062	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	584,517	584,517	584,517	584,517	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	167	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,060	1,148	1,148	1,148	1,148	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,116	6,116	6,116	6,116	76.98
76.99	07699	LITHOTRIPSY	0	178,617	178,617	178,617	178,617	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	56,129	56,129	56,129	56,129	90.01
90.02	09002	DERMATOLOGY CLINIC	0	31,699	31,699	31,699	31,699	90.02
90.03	09003	ORAL SURGERY CLINIC	0	28,301	28,301	28,301	28,301	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	64,641	64,641	64,641	64,641	90.04
90.05	09005	NEUROLOGY CLINIC	0	32,628	32,628	32,628	32,628	90.05
90.06	09006	OB-GYN CLINIC	0	30,669	30,669	30,669	30,669	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	309,112	309,112	309,112	309,112	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	7,541	7,541	7,541	7,541	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	349,820	349,820	349,820	349,820	90.09
90.10	09010	PEDIATRIC CLINIC	0	281,870	281,870	281,870	281,870	90.10
90.11	09011	SURGERY CLINIC	0	55,431	55,431	55,431	55,431	90.11
90.12	09012	UROLOGY CLINIC	0	128,618	128,618	128,618	128,618	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	92,940	92,940	92,940	92,940	90.13
90.14	09014	CANCER CLINIC	0	82,828	82,828	82,828	82,828	90.14
90.15	09015	FAMILY CARE CLINIC	0	2,496	2,496	2,496	2,496	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	46,423	46,423	46,423	46,423	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	4,693	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	16	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	2,779	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	6,238	3,523	3,523	3,523	3,523	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	4,310	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,131	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	642	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,398	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	5,095	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	3,593	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	2	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	2	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	6,484	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,606	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	19	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	12,560	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	8,737	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	3,139	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	127	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	148	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,697	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	53	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	142,143	142,143	142,143	142,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,751	16,751	16,751	16,751	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	22,060	22,060	22,060	22,060	94.00
95.00	09500	AMBULANCE SERVICES	0	63,637	63,637	63,637	63,637	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,541	45,839,059	45,839,059	45,839,059	45,839,059	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	5,279	91,161	91,161	91,161	91,161	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

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		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	450,707	450,707	450,707	450,707	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,224,037	50,470,641	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.802718	1.088177	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK	46,380,927					2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,418,870				2.05
5.00	00500	ADMINISTRATIVE & GENERAL	19,152,458	0	-227,356,292	1,489,527,181		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	40,445	0	0	59,090,017	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	2,480	0	0	527,268	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	5,050,368	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,525	0	0	2,484,684	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	79,202	0	0	24,719,256	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	159,898	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	5,591	0	841,361	0	9.05
10.00	01000	DIETARY	148,455	0	0	15,363,356	0	10.00
11.00	01100	CAFETERIA	0	0	0	1,674,091	0	11.00
13.00	01300	NURSING ADMINISTRATION	235,132	0	0	16,809,144	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,916	0	0	13,635,785	0	14.00
15.00	01500	PHARMACY	9,835	0	0	7,701,885	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,425	0	0	13,406,291	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,097,398	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	56,046,506	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	20,796,107	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	136,424	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	1,936,792	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	776,712	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	196,766	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	380,624	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	152,976	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,547,746	0	0	101,901,466	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	180,196	0	0	10,394,330	0	31.01
32.00	03200	CORONARY CARE UNIT	232,681	0	0	9,687,307	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,603	0	0	5,532,914	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	219,657	0	0	13,911,928	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	167,172	0	0	18,597,794	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	309,277	0	0	11,887,687	0	35.01
40.00	04000	SUBPROVIDER - IPF	12,070	0	0	12,160,371	0	40.00
43.00	04300	NURSERY	214,594	0	0	10,614,159	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,240,799	0	0	117,956,046	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,939	0	0	5,982,597	0	52.00
53.00	05300	ANESTHESIOLOGY	584,069	0	0	8,134,989	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,399,815	174,295	0	28,037,269	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,303,057	0	0	12,972,189	0	55.00
55.01	03630	ULTRA SOUND	477,425	0	0	4,824,609	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	884,337	0	0	7,004,605	0	55.02
57.00	05700	CT SCAN	1,243,048	0	0	6,795,267	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,647,778	0	0	7,200,372	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	691,041	0	0	8,169,507	0	59.00
60.00	06000	LABORATORY	1,199,194	3,696	0	43,574,416	0	60.00
60.01	03420	ANATOMICAL LABORATORY	311,701	0	0	5,756,756	0	60.01
60.02	03140	CARDIOLOGY	882,438	19,915	0	11,539,248	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	188,187	0	0	14,519,533	0	63.00

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		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
65.00	06500	RESPIRATORY THERAPY	338,001	0	0	15,252,663	0	65.00
66.00	06600	PHYSICAL THERAPY	21,536	0	0	8,046,669	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,849,665	0	67.00
69.00	06900	ELECTROCARDIOLOGY	18,386	0	0	673,791	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,041	0	0	4,479,550	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,936,275	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,070,603	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	641,673	3,230	0	219,856,698	0	73.00
74.00	07400	RENAL DIALYSIS	184,269	0	0	10,249,468	0	74.00
76.00	03950	IVF/CULTURE LAB	10,773	0	0	716,604	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	40,963	0	0	242,933	0	76.02
76.03	03953	SPINE TREATMENT CENTER	6,062	0	0	536,201	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	584,517	0	0	7,020,227	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	985,332	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	402,034	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,148	7,975	0	832,490	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,116	0	0	522,845	0	76.98
76.99	07699	LITHOTRIPSY	178,617	0	0	1,305,176	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,011,782	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	56,129	0	0	1,204,619	0	90.01
90.02	09002	DERMATOLOGY CLINIC	31,699	0	0	2,044,817	0	90.02
90.03	09003	ORAL SURGERY CLINIC	28,301	0	0	2,459,568	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	64,641	0	0	12,906,593	0	90.04
90.05	09005	NEUROLOGY CLINIC	32,628	0	0	2,827,854	0	90.05
90.06	09006	OB-GYN CLINIC	30,669	0	0	4,556,323	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	309,112	0	0	8,564,019	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	7,541	0	0	5,635,722	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	349,820	0	0	6,207,578	0	90.09
90.10	09010	PEDIATRIC CLINIC	281,870	0	0	12,588,730	0	90.10
90.11	09011	SURGERY CLINIC	55,431	0	0	5,984,415	0	90.11
90.12	09012	UROLOGY CLINIC	128,618	0	0	2,043,537	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	92,940	0	0	4,671,646	0	90.13
90.14	09014	CANCER CLINIC	82,828	0	0	13,333,487	0	90.14
90.15	09015	FAMILY CARE CLINIC	2,496	0	0	2,879,548	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	46,423	0	0	2,645,582	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	398,026	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	115,035	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	231,240	0	1,775,203	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	8,865	0	225,454	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	84,132	0	667,153	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	3,523	193,755	0	3,368,338	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	193,428	0	2,251,836	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	151,407	0	1,406,373	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	68,127	0	760,293	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	58,716	0	754,810	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	93,630	0	1,656,156	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	187,915	0	1,294,701	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	1,062	0	7,240	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	1,602	0	10,100	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	48,540	0	803,914	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	79,389	0	953,815	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	12,783	0	555,428	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	546,474	0	4,125,686	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	20,092	0	123,328	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	107,750	0	2,299,907	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	12,117	0	330,831	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	3,917	0	16,809	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	2,309	0	56,219	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	34,009	0	535,258	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	204	0	17,051	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	47,352	0	1,981,400	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	7,062	0	1,658,804	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	1,361,762	0	90.97
91.00	09100	EMERGENCY	142,143	0	0	12,291,182	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,751	0	0	5,280,496	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	491,843	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	22,060	0	0	736,270	0	94.00
95.00	09500	AMBULANCE SERVICES	63,637	0	0	1,061,433	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	5,918,009	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,675,414	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,177,827	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,609,027	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	701,378	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,839,059	2,410,579	-227,356,292	1,280,368,117	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,891,314	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	2,676,615	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	10,225	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	91,161	8,291	0	168,246,287	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

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		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	393,626	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	861,884	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	3,901,650	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	34,203	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	576,749	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	655,767	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	127	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	133,688	0	190.15
191.00	19100	RESEARCH	0	0	0	684,229	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	450,707	0	0	27,058,385	0	194.00
194.01	07951	OUTREACH	0	0	0	2,034,315	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,485,757		227,356,292	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.027652		0.152637	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				32,287,591	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.021676	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	2,179,364					6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	13,633				6.02
6.03	00603	BLANK	0	0	2,418,870			6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	37,361		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	121,258	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	6,328	0	0	0	1,467	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	23,297	0	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	5,591	0	905	9.05
10.00	01000	DIETARY	18,961	0	0	0	1,972	10.00
11.00	01100	CAFETERIA	52,930	0	0	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	51,661	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,884	0	0	0	0	14.00
15.00	01500	PHARMACY	6,208	0	0	0	108	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,193	0	0	2,023	0	16.00
17.00	01700	SOCIAL SERVICE	15,742	0	0	1,247	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	125,991	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,086	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	825	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,741	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	220	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	529	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	10	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	272,067	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	19,060	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,111	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	14,232	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,344	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,705	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,814	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	29,038	0	0	0	0	40.00
43.00	04300	NURSERY	32,023	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	207,593	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,440	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,080	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,571	0	174,295	0	11,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,683	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	3,586	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	9,327	0	0	0	0	55.02
57.00	05700	CT SCAN	6,683	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,036	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,109	0	0	0	0	59.00
60.00	06000	LABORATORY	44,836	0	3,696	0	3,852	60.00
60.01	03420	ANATOMICAL LABORATORY	19,313	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	27,757	0	19,915	0	322	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,751	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,543	0	0	0	24	65.00

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		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
66.00	06600	PHYSICAL THERAPY	9,105	0	0	1,058	24	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,798	0	0	1,138	25	67.00
69.00	06900	ELECTROCARDIOLOGY	1,107	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,066	0	0	5,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,430	0	0	1,919	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,244	0	3,230	0	23,244	73.00
74.00	07400	RENAL DIALYSIS	11,817	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	9,828	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	424	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	2,714	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	15,492	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	4,999	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1,445	0	0	0	167	76.08
76.97	07697	CARDIAC REHABILITATION	201	0	7,975	0	3,060	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,534	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	448	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	544	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	8,817	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	13,305	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	12,024	0	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	82,355	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	23,690	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	28,080	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	39,172	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	31,302	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	30,485	0	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	120,073	0	0	8,757	0	90.10
90.11	09011	SURGERY CLINIC	37,546	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	12,965	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	21,049	0	0	4,820	0	90.13
90.14	09014	CANCER CLINIC	46,367	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	23,688	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	231,240	0	4,693	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	8,865	0	16	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	84,132	0	2,779	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	193,755	0	6,238	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	193,428	0	4,310	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	151,407	0	5,131	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	68,127	0	642	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	58,716	0	2,398	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	93,630	0	5,095	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	187,915	0	3,593	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1,062	0	2	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	1,602	0	2	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	48,540	0	6,484	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	79,389	0	1,606	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	12,783	0	19	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	546,474	0	12,560	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	20,092	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	107,750	0	8,737	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	12,117	0	3,139	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	3,917	0	127	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	2,309	0	148	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	34,009	0	1,697	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	204	0	53	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	47,352	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	7,062	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	33,704	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,735	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	5,101	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,011	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	8,906	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	862	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	789	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	125	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	77	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,047,732	0	2,410,579	35,699	115,979	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,728	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	11,127	0	0	1,486	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	594	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	12,481	0	8,291	0	5,279	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	22,828	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	3,364	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	1,987	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	33,471	0	0	176	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	4,302	13,633	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	39,750	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	68,109,340	265,332	0	607,749	5,821,241	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.251934	19.462481	0.000000	16.266936	48.007068	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,652,244	4,990	0	14,851	470,465	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.511228	0.366024	0.000000	0.397500	3.879868	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE	13,936,767					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	1,451	0	2,149,739			9.01
9.02	00902	BLANK	0	0	0	0		9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	17,791	0	18,961	0	0	10.00
11.00	01100	CAFETERIA	12,426	0	52,930	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	51,661	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	196	0	49,884	0	0	14.00
15.00	01500	PHARMACY	0	0	6,208	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	47,193	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	15,742	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	125,991	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	98,478	0	26,086	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	825	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,741	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	220	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	529	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	10	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,944,360	0	272,067	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	402,264	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	224,970	0	21,111	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	286,347	0	14,232	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	454,845	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	49,875	0	22,705	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	113,365	0	26,814	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	322,590	0	29,038	0	0	40.00
43.00	04300	NURSERY	216,415	0	32,023	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,019,640	0	207,593	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	230,670	0	11,440	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,080	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	308,541	0	66,571	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	139,025	0	26,683	0	0	55.00
55.01	03630	ULTRA SOUND	76,233	0	3,586	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	64,288	0	9,327	0	0	55.02
57.00	05700	CT SCAN	201,095	0	6,683	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	218,646	0	19,036	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	183,447	0	11,109	0	0	59.00
60.00	06000	LABORATORY	0	0	44,836	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	12,391	0	19,313	0	0	60.01
60.02	03140	CARDIOLOGY	125,656	0	27,757	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,299	0	10,751	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,265	0	13,543	0	0	65.00

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		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
66.00	06600	PHYSICAL THERAPY	30,438	0	9,105	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,798	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,611	0	2,066	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	395	0	1,430	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	37,996	0	21,244	0	0	73.00
74.00	07400	RENAL DIALYSIS	96,655	0	11,817	0	0	74.00
76.00	03950	IVF/CULTURE LAB	5,586	0	9,828	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	12,259	0	424	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	779	0	2,714	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	178,898	0	15,492	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	4,999	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	1,445	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	5,914	0	201	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,917	0	1,534	0	0	76.98
76.99	07699	LITHOTRIPSY	31,873	0	448	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	544	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	23,579	0	8,817	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	37,836	0	13,305	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	12,804	0	12,024	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	33,240	0	82,355	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	15,240	0	23,690	0	0	90.05
90.06	09006	OB-GYN CLINIC	33,896	0	28,080	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,366	0	39,172	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	28,438	0	31,302	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	15,934	0	30,485	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	37,739	0	120,073	0	0	90.10
90.11	09011	SURGERY CLINIC	16,060	0	37,546	0	0	90.11
90.12	09012	UROLOGY CLINIC	78,457	0	12,965	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,675	0	21,049	0	0	90.13
90.14	09014	CANCER CLINIC	145,145	0	46,367	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	15,865	0	23,688	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	32,323	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	78,928	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	9,660	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	18,085	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	1,135	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	97,826	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	7,760	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	756	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	793	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	643,553	0	33,704	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	315,306	0	7,735	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	5,101	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,008	0	2,011	0	0	94.00
95.00	09500	AMBULANCE SERVICES	19,834	0	8,906	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	862	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	789	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	125	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	77	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,935,131	0	2,018,107	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,728	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,636	0	11,127	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	594	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	12,481	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	22,828	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,364	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

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		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	1,987	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	33,471	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	4,302	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	39,750	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,132,127	0	29,220,731	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.224738	0.000000	13.592688	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	240,098	0	1,104,845	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.017228	0.000000	0.513944	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD	37,361					9.04
9.05	00905	HOUSEKEEPING-IRL	0	118,886				9.05
10.00	01000	DIETARY	0	1,972	720,740			10.00
11.00	01100	CAFETERIA	4,726	0	0	8,401		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	107	7,112,696	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	170	450	14.00
15.00	01500	PHARMACY	0	108	0	28	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,023	0	0	138	19,783	16.00
17.00	01700	SOCIAL SERVICE	1,247	0	0	183	151,188	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	758	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	1	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	16	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	436,129	1,017	1,935,750	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	28,073	90	178,276	31.01
32.00	03200	CORONARY CARE UNIT	0	0	26,443	83	165,205	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	18,896	50	94,596	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	39,898	124	239,476	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	47,467	144	241,172	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	23,569	97	174,889	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	78,297	156	295,418	40.00
43.00	04300	NURSERY	0	0	20,802	90	172,168	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	651	926,549	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	49	89,397	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	166	79,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,340	0	207	59,323	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	52	17,877	55.00
55.01	03630	ULTRA SOUND	0	0	0	31	29	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	23	3,789	55.02
57.00	05700	CT SCAN	0	0	0	27	2,165	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	37	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38	41,513	59.00
60.00	06000	LABORATORY	0	3,852	0	209	2,628	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	54	0	60.01
60.02	03140	CARDIOLOGY	0	322	0	87	47,928	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	59	33,045	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
65.00	06500	RESPIRATORY THERAPY	0	24	0	131	4,594	65.00
66.00	06600	PHYSICAL THERAPY	1,058	24	0	77	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138	25	0	25	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,680	0	0	46	10,816	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,919	0	0	2	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	23,244	0	233	487	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	46	42,870	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	7	7,324	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	1	2,580	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	6	9,444	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	53	104,735	76.05
76.06	03956	RECREATION THERAPY	0	0	0	9	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	167	0	4	7,323	76.08
76.97	07697	CARDIAC REHABILITATION	0	3,060	0	7	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	5	9,476	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	13	11,181	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	9	15,211	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	29	26,875	90.02
90.03	09003	ORAL SURGERY CLINIC	1,320	0	0	27	14,603	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	339	181,302	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	51	29,934	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	80	55,415	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	117	98,855	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	113	74,376	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,011	0	0	54	25,776	90.09
90.10	09010	PEDIATRIC CLINIC	8,757	0	0	223	173,608	90.10
90.11	09011	SURGERY CLINIC	0	0	0	99	61,708	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	38	28,656	90.12
90.13	09013	PSYCHIATRIC CLINIC	4,820	0	0	109	31,525	90.13
90.14	09014	CANCER CLINIC	0	0	0	128	208,070	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	95	47,354	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	24	19,727	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	4	7,799	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	2	2,700	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	4,693	0	13	19,475	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	16	0	3	5,616	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	2,779	0	6	11,718	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	6,238	0	35	63,159	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	4,310	0	18	29,996	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	5,131	0	12	22,245	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	642	0	8	16,451	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	2,398	0	5	9,260	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	5,095	0	18	38,478	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	3,593	0	10	21,501	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	2	0	0	216	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	2	0	0	338	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	6,484	0	6	12,592	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,606	0	10	13,998	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	19	0	3	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	12,560	0	24	41,775	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	1	2,463	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	8,737	0	26	48,892	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	3,139	0	3	6,885	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	127	0	0	134	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	148	0	0	541	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1,697	0	4	4,508	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	53	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	21	27,089	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	8	14,220	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	13	24,484	90.97
91.00	09100	EMERGENCY	0	0	0	170	199,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	55	96,312	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	6	6,573	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	3	9,886	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	39	49,302	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	11	15,844	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3	1,973	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	4	3,578	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3	3,023	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1	122	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,699	113,607	719,574	7,717	7,109,355	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,486	0	0	32	1,629	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	5,279	0	165	1,712	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

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		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	1,166	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	7	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	176	0	0	305	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	175	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	184,304	1,013,230	18,674,147	4,406,230	21,747,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.933059	8.522702	25.909686	524.488751	3.057586	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,466	56,275	968,869	1,179,170	1,740,400	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.092771	0.473353	1.344270	140.360671	0.244689	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

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		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,797,136					14.00
15.00	01500	PHARMACY	0	1,453,203,580				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	282,079			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	245,640		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,078,878	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	BLANK	0	0	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0		23.02
23.03	02303	BLANK	0	0	0	0		23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0		23.04
23.05	02305	BLANK	0	0	0	0		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	50,008	24,170	105,188	419,872	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	1,306	4,192	45,862	31.01
32.00	03200	CORONARY CARE UNIT	0	0	1,230	4,192	44,544	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	879	2,725	19,915	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	1,856	6,288	66,474	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,208	6,498	82,926	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	1,096	3,144	42,417	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	1,726	14,672	47,458	40.00
43.00	04300	NURSERY	0	0	1,671	419	75,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	164,722	0	348	645,066	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	32,406	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	86,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,717,060	0	262	166,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	759,966	0	262	134,879	55.00
55.01	03630	ULTRA SOUND	0	7,110	0	0	41,731	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	4,308,981	0	0	44,088	55.02
57.00	05700	CT SCAN	0	4,528,283	0	0	211,944	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,630,644	0	0	168,693	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	363,925	0	0	108,174	59.00
60.00	06000	LABORATORY	0	0	0	0	492,467	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	44,140	60.01
60.02	03140	CARDIOLOGY	0	3,717,786	0	33	100,296	60.02

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		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,820,333	0	0	75,513	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	104,368	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	33,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	14,018	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	11,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	28,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,619,590	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	241,177,546	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,065,034,988	0	10,480	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,208,667	2,074	3,982	71,361	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	1,521	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	2,663	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	2,091	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	188,264	0	0	57,956	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	474	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	508	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3,001	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	262	2,136	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	11,618	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	10,529	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	1,438	262	8,029	90.01
90.02	09002	DERMATOLOGY CLINIC	0	1,097	4,274	524	13,399	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	3,478	262	4,625	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	199,957	16,815	2,463	18,672	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	3,332	0	10,089	90.05
90.06	09006	OB-GYN CLINIC	0	9,548	8,877	767	7,396	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	32,950	12,694	262	30,653	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	59,870	11,478	2,096	12,117	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	1	4,261	0	19,751	90.09
90.10	09010	PEDIATRIC CLINIC	0	976,065	18,197	23,815	17,355	90.10
90.11	09011	SURGERY CLINIC	0	66,866	6,548	6,213	7,118	90.11
90.12	09012	UROLOGY CLINIC	0	174,594	2,243	262	10,989	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	9,353	4,192	11,985	90.13
90.14	09014	CANCER CLINIC	0	6,439,884	13,367	6,980	55,199	90.14
90.15	09015	FAMILY CARE CLINIC	0	35,250	12,112	348	7,093	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	499,242	5,155	0	10,630	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	617	2,725	845	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	606	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45

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		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	476,937	5,051	204	11,238	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	266	43	593	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	1,693	195	3,767	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	17,608	4,785	582	10,646	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	606	4,375	420	9,735	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	2,336	146	5,199	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	51,438	1,358	139	3,023	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	1,762	131	3,920	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	2,969	407	6,607	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	4,230	283	9,376	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	32	5	71	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	48	3	107	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	806	129	1,793	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	1,304	142	2,901	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	378	0	841	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	2,055,765	9,080	0	20,204	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	599	0	1,334	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	24,210	3,158	474	7,027	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	365	71	813	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	115	6	256	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	70	14	157	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	1,015	62	2,259	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	6	0	14	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	1,075,814	1,589	0	10,833	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	758	6,180	0	4,918	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	1,417	0	0	632	90.97
91.00	09100	EMERGENCY	0	1,374	11,595	19,912	131,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	483,326	1,910	1,991	17,840	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	728	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	22	0	8,224	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	2,198	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,028	3,259	0	105.00
106.00	10600	HEART ACQUISITION	0	0	268	887	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	396	1,170	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	307	847	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	47	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	370,797,136	1,119,185,314	242,598	245,640	4,078,878	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	334,018,266	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	39,481	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,044,722	9,176,664	17,744,695	24,455,637	70,648,857	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.048665	0.006315	62.906828	99.558854	17.320660	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,798,506	449,865	1,332,661	837,534	3,997,113	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004850	0.000310	4.724425	3.409599	0.979954	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,078,878					22.00
23.00	02300	BLANK			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			69			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY				373		23.02
23.03	02303	BLANK					0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	419,872	0	18	177	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	45,862	0	3	14	0	31.01
32.00	03200	CORONARY CARE UNIT	44,544	0	14	54	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,915	0	6	13	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	66,474	0	0	9	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82,926	0	2	10	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	42,417	0	0	19	0	35.01
40.00	04000	SUBPROVIDER - IPF	47,458	0	9	18	0	40.00
43.00	04300	NURSERY	75,452	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	645,066	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,406	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	86,762	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	166,221	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	134,879	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	41,731	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	44,088	0	0	0	0	55.02
57.00	05700	CT SCAN	211,944	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	168,693	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	108,174	0	0	0	0	59.00
60.00	06000	LABORATORY	492,467	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	44,140	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
60.02	03140	CARDIOLOGY	100,296	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	75,513	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	104,368	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	33,990	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,018	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	11,138	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,924	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	71,361	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	1,521	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	2,663	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	2,091	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	57,956	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	474	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	508	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,001	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,136	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	11,618	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,529	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	8,029	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	13,399	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,625	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	18,672	0	0	8	0	90.04
90.05	09005	NEUROLOGY CLINIC	10,089	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	7,396	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	30,653	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	12,117	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	19,751	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	17,355	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	7,118	0	3	0	0	90.11
90.12	09012	UROLOGY CLINIC	10,989	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	11,985	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	55,199	0	0	19	0	90.14
90.15	09015	FAMILY CARE CLINIC	7,093	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	10,630	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	845	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	606	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	11,238	0	2	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	593	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	3,767	0	1	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	10,646	0	2	19	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	9,735	0	1	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,199	0	1	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	3,023	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	3,920	0	1	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	6,607	0	1	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	9,376	0	1	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	71	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	107	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	1,793	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	2,901	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	841	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	20,204	0	3	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	1,334	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	7,027	0	1	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	813	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	256	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	157	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	2,259	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	14	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	10,833	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	4,918	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	632	0	0	0	0	90.97
91.00	09100	EMERGENCY	131,477	0	0	13	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	17,840	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	728	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	8,224	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,198	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,078,878	0	69	373	0	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	25,173,850	0	157,771	2,277,807	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.171759	0.000000	2,286.536232	6,106.721180	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,027,964	0	3,097	61,750	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.252021	0.000000	44.884058	165.549598	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: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,000					23.04
23.05	02305	BLANK		0				23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH			1,000			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH				1,000		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH					1,000	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000	0	1,000	1,000	1,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02

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		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	0	1,000	1,000	1,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/20/2020 10:43 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	973,342	0	236,665	462,444	176,775	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	973.342000	0.000000	236.665000	462.444000	176.775000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53,812	0	8,937	19,485	3,528	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	53.812000	0.000000	8.937000	19.485000	3.528000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-2 | Date/Time Prepared: 11/20/2020 10:43 am

		Description	Worksheet CODE	Worksheet Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-666,901	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		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	161,634,660		161,634,660	0	161,634,660	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,837,554		14,837,554	0	14,837,554	31.01
32.00	03200	CORONARY CARE UNIT	14,253,514		14,253,514	0	14,253,514	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,304,770		8,304,770	0	8,304,770	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,185,393		19,185,393	0	19,185,393	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	25,360,167		25,360,167	0	25,360,167	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,624,393		16,624,393	0	16,624,393	35.01
40.00	04000	SUBPROVIDER - IPF	20,104,732		20,104,732	0	20,104,732	40.00
43.00	04300	NURSERY	14,978,396		14,978,396	0	14,978,396	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	149,158,692		149,158,692	0	149,158,692	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,759,664		7,759,664	0	7,759,664	52.00
53.00	05300	ANESTHESIOLOGY	10,518,666		10,518,666	0	10,518,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,277,050		38,277,050	0	38,277,050	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,292,874		16,292,874	0	16,292,874	55.00
55.01	03630	ULTRA SOUND	5,755,360		5,755,360	0	5,755,360	55.01
55.02	05501	RADIOLOGY - PET SCAN	8,557,340		8,557,340	0	8,557,340	55.02
57.00	05700	CT SCAN	8,226,744		8,226,744	0	8,226,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,238,234		9,238,234	0	9,238,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,105,042		10,105,042	0	10,105,042	59.00
60.00	06000	LABORATORY	52,571,543		52,571,543	190,534	52,762,077	60.00
60.01	03420	ANATOMICAL LABORATORY	7,532,642		7,532,642	53,641	7,586,283	60.01
60.02	03140	CARDIOLOGY	14,810,696		14,810,696	0	14,810,696	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,383,490		17,383,490	0	17,383,490	63.00
65.00	06500	RESPIRATORY THERAPY	18,275,208	0	18,275,208	0	18,275,208	65.00
66.00	06600	PHYSICAL THERAPY	9,754,211	0	9,754,211	0	9,754,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,448,755	0	3,448,755	0	3,448,755	67.00
69.00	06900	ELECTROCARDIOLOGY	826,279		826,279	0	826,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,435,941		5,435,941	0	5,435,941	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,530,092		45,530,092	0	45,530,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	100,571,214		100,571,214	0	100,571,214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	263,581,953		263,581,953	0	263,581,953	73.00
74.00	07400	RENAL DIALYSIS	12,413,676		12,413,676	0	12,413,676	74.00
76.00	03950	IVF/CULTURE LAB	1,294,037		1,294,037	0	1,294,037	76.00
76.01	03951	BLANK	0		0	0	0	76.01
76.02	03952	URODYNAMICS	310,196		310,196	0	310,196	76.02
76.03	03953	SPINE TREATMENT CENTER	771,952		771,952	0	771,952	76.03
76.04	03954	BLANK	0		0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	9,175,934		9,175,934	0	9,175,934	76.05
76.06	03956	RECREATION THERAPY	1,364,628		1,364,628	0	1,364,628	76.06
76.07	03957	CDC - REHAB	0		0	0	0	76.07
76.08	03958	DIABETES EDUCATION	562,128		562,128	0	562,128	76.08
76.97	07697	CARDIAC REHABILITATION	1,146,554		1,146,554	0	1,146,554	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	702,151		702,151	0	702,151	76.98
76.99	07699	LITHOTRIPSY	1,563,244		1,563,244	0	1,563,244	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,689,528		4,689,528	0	4,689,528	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,956,955		1,956,955	0	1,956,955	90.01
90.02	09002	DERMATOLOGY CLINIC	3,380,516		3,380,516	0	3,380,516	90.02
90.03	09003	ORAL SURGERY CLINIC	3,708,747		3,708,747	0	3,708,747	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	20,662,522		20,662,522	0	20,662,522	90.04
90.05	09005	NEUROLOGY CLINIC	4,653,164		4,653,164	0	4,653,164	90.05
90.06	09006	OB-GYN CLINIC	7,364,882		7,364,882	0	7,364,882	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,818,643		12,818,643	0	12,818,643	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,123,835		9,123,835	0	9,123,835	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	8,964,766		8,964,766	0	8,964,766	90.09
90.10	09010	PEDIATRIC CLINIC	24,258,647		24,258,647	0	24,258,647	90.10
90.11	09011	SURGERY CLINIC	9,863,560		9,863,560	0	9,863,560	90.11
90.12	09012	UROLOGY CLINIC	3,230,334		3,230,334	0	3,230,334	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,590,709		7,590,709	0	7,590,709	90.13
90.14	09014	CANCER CLINIC	19,876,420		19,876,420	0	19,876,420	90.14
90.15	09015	FAMILY CARE CLINIC	5,376,331		5,376,331	0	5,376,331	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,449,739		3,449,739	0	3,449,739	90.16
90.17	09017	BLANK	0		0	0	0	90.17
90.18	09018	BLANK	0		0	0	0	90.18
90.19	09019	BURN CLINIC	794,835		794,835	0	794,835	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	141,898		141,898	0	141,898	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.21	09021	BLANK	0		0	0	0	90.21
90.22	09022	BLANK	0		0	0	0	90.22
90.23	09023	BLANK	0		0	0	0	90.23
90.24	09024	BLANK	0		0	0	0	90.24
90.25	09025	BLANK	0		0	0	0	90.25
90.26	09026	BLANK	0		0	0	0	90.26
90.27	09027	BLANK	0		0	0	0	90.27
90.28	09028	BLANK	0		0	0	0	90.28
90.29	09029	BLANK	0		0	0	0	90.29
90.30	09030	BLANK	0		0	0	0	90.30
90.31	09031	BLANK	0		0	0	0	90.31
90.32	09032	BLANK	0		0	0	0	90.32
90.33	09033	BLANK	0		0	0	0	90.33
90.34	09034	BLANK	0		0	0	0	90.34
90.35	09035	BLANK	0		0	0	0	90.35
90.36	09036	BLANK	0		0	0	0	90.36
90.37	09037	BLANK	0		0	0	0	90.37
90.38	09038	BLANK	0		0	0	0	90.38
90.39	09039	BLANK	0		0	0	0	90.39
90.40	09040	BLANK	0		0	0	0	90.40
90.41	09041	BLANK	0		0	0	0	90.41
90.42	09042	BLANK	0		0	0	0	90.42
90.43	09043	BLANK	0		0	0	0	90.43
90.44	09044	BLANK	0		0	0	0	90.44
90.45	09045	BLANK	0		0	0	0	90.45
90.46	09046	BLANK	0		0	0	0	90.46
90.47	09047	BLANK	0		0	0	0	90.47
90.48	09048	BLANK	0		0	0	0	90.48
90.49	09049	BLANK	0		0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	2,723,460		2,723,460	0	2,723,460	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	300,529		300,529	0	300,529	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,093,260		1,093,260	0	1,093,260	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0		0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,933,503		4,933,503	0	4,933,503	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,277,409		3,277,409	0	3,277,409	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,149,175		2,149,175	0	2,149,175	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,066,722		1,066,722	0	1,066,722	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,162,686		1,162,686	0	1,162,686	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,555,805		2,555,805	0	2,555,805	90.60
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	2,067,039		2,067,039	0	2,067,039	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	11,629		11,629	0	11,629	90.63
90.64	09064	IRL - CANCER CLINIC	0		0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	16,107		16,107	0	16,107	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0		0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0		0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	1,398,609		1,398,609	0	1,398,609	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,334,401		1,334,401	0	1,334,401	90.70
90.71	09071	IRL - HEART CENTER	0		0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	666,633		666,633	0	666,633	90.72
90.73	09073	BLANK	0		0	0	0	90.73
90.74	09074	BLANK	0		0	0	0	90.74
90.75	09075	BLANK	0		0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	6,218,772		6,218,772	0	6,218,772	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	187,888		187,888	0	187,888	90.77
90.78	09078	BLANK	0		0	0	0	90.78
90.79	09079	BLANK	0		0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	3,558,022		3,558,022	0	3,558,022	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	611,599		611,599	0	611,599	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	34,795		34,795	0	34,795	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	80,795		80,795	0	80,795	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	798,794		798,794	0	798,794	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	23,027		23,027	0	23,027	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0		0	0	0	90.86
90.87	09087	BLANK	0		0	0	0	90.87
90.88	09088	BLANK	0		0	0	0	90.88
90.89	09089	BLANK	0		0	0	0	90.89
90.90	09090	BLANK	0		0	0	0	90.90

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.91	09091	BLANK	0		0	0	0	90.91
90.92	09092	BLANK	0		0	0	0	90.92
90.93	09093	BLANK	0		0	0	0	90.93
90.94	09094	BLANK	0		0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	2,484,429		2,484,429	0	2,484,429	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,348,443		2,348,443	0	2,348,443	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,651,306		1,651,306	0	1,651,306	90.97
91.00	09100	EMERGENCY	19,315,025		19,315,025	0	19,315,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,359,284		8,359,284		8,359,284	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,148,984		7,148,984	0	7,148,984	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	818,913		818,913	0	818,913	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	972,246		972,246	0	972,246	94.00
95.00	09500	AMBULANCE SERVICES	1,798,490		1,798,490	0	1,798,490	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,366,222		7,366,222		7,366,222	105.00
106.00	10600	HEART ACQUISITION	2,079,301		2,079,301		2,079,301	106.00
107.00	10700	LIVER ACQUISITION	2,670,282		2,670,282		2,670,282	107.00
108.00	10800	LUNG ACQUISITION	1,969,078		1,969,078		1,969,078	108.00
109.00	10900	PANCREAS ACQUISITION	815,741		815,741		815,741	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,376,174,203	0	1,376,174,203	244,175	1,376,418,378	200.00
201.00		Less Observation Beds	8,359,284		8,359,284		8,359,284	201.00
202.00		Total (see instructions)	1,367,814,919	0	1,367,814,919	244,175	1,368,059,094	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,271,790		421,271,790			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	45,864,850		45,864,850			31.01
32.00	03200	CORONARY CARE UNIT	44,544,815		44,544,815			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,934,526		19,934,526			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	66,474,932		66,474,932			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	90,853,494		90,853,494			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	42,422,263		42,422,263			35.01
40.00	04000	SUBPROVIDER - IPF	47,458,155		47,458,155			40.00
43.00	04300	NURSERY	65,622,183		65,622,183			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	338,472,128	306,347,146	644,819,274	0.231319	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,181,833	1,027,419	33,209,252	0.233660	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	41,701,847	45,060,192	86,762,039	0.121236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,577,159	105,644,219	166,221,378	0.230278	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,967,052	127,911,583	134,878,635	0.120797	0.000000	55.00
55.01	03630	ULTRA SOUND	8,555,742	33,175,293	41,731,035	0.137916	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,053,523	39,034,400	44,087,923	0.194097	0.000000	55.02
57.00	05700	CT SCAN	70,390,143	141,553,732	211,943,875	0.038816	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	39,689,166	129,003,339	168,692,505	0.054764	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,337,110	64,838,112	108,175,222	0.093414	0.000000	59.00
60.00	06000	LABORATORY	226,492,536	265,974,287	492,466,823	0.106751	0.000000	60.00
60.01	03420	ANATOMICAL LABORATORY	12,094,945	32,045,408	44,140,353	0.170652	0.000000	60.01
60.02	03140	CARDIOLOGY	50,819,771	49,482,511	100,302,282	0.147661	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,404,072	26,074,627	75,478,699	0.230310	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	92,768,660	11,599,570	104,368,230	0.175103	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,798,295	15,191,488	33,989,783	0.286975	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,657,331	2,361,129	14,018,460	0.246015	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	5,669,293	5,469,069	11,138,362	0.074183	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,655,244	10,269,184	28,924,428	0.187936	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,126,270	42,913,078	130,039,348	0.350126	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,310,361	82,003,240	239,313,601	0.420249	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	346,168,442	719,374,873	1,065,543,315	0.247369	0.000000	73.00
74.00	07400	RENAL DIALYSIS	25,492,561	45,868,168	71,360,729	0.173957	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	624	1,520,422	1,521,046	0.850755	0.000000	76.00
76.01	03951	BLANK	0	0	0	0.000000	0.000000	76.01
76.02	03952	URODYNAMICS	7,010	2,655,702	2,662,712	0.116496	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	6,210	2,084,680	2,090,890	0.369198	0.000000	76.03
76.04	03954	BLANK	0	0	0	0.000000	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	15,455,368	42,500,310	57,955,678	0.158327	0.000000	76.05
76.06	03956	RECREATION THERAPY	326	473,464	473,790	2.880238	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0.000000	0.000000	76.07
76.08	03958	DIABETES EDUCATION	2,526	505,638	508,164	1.106194	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,215,791	1,785,282	3,001,073	0.382048	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	431,556	1,704,351	2,135,907	0.328737	0.000000	76.98
76.99	07699	LITHOTRIPSY	405,221	11,213,990	11,619,211	0.134540	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	7,287,123	3,241,731	10,528,854	0.445398	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	61,643	7,967,720	8,029,363	0.243725	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	42,603	13,356,436	13,399,039	0.252295	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	7,447	4,617,247	4,624,694	0.801944	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	314,351	18,357,285	18,671,636	1.106626	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	441,769	9,647,251	10,089,020	0.461211	0.000000	90.05
90.06	09006	OB-GYN CLINIC	162,900	7,233,473	7,396,373	0.995742	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	311,835	30,341,639	30,653,474	0.418179	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	66,778	12,050,040	12,116,818	0.752989	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,363,427	16,387,410	19,750,837	0.453893	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	284,267	17,070,759	17,355,026	1.397788	0.000000	90.10
90.11	09011	SURGERY CLINIC	231,430	6,887,013	7,118,443	1.385634	0.000000	90.11
90.12	09012	UROLOGY CLINIC	71,887	10,917,163	10,989,050	0.293959	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	92,997	11,892,212	11,985,209	0.633340	0.000000	90.13
90.14	09014	CANCER CLINIC	1,049,831	53,984,136	55,033,967	0.361166	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	46,929	7,045,738	7,092,667	0.758013	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	6,772	10,623,271	10,630,043	0.324527	0.000000	90.16
90.17	09017	BLANK	0	0	0	0.000000	0.000000	90.17
90.18	09018	BLANK	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	1,789	843,247	845,036	0.940593	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	32,890	572,638	605,528	0.234338	0.000000	90.20
90.21	09021	BLANK	0	0	0	0.000000	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I | Date/Time Prepared: 11/20/2020 10:43 am

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		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	
90.22	09022	BLANK	0	0	0	0.000000	0.000000	90.22
90.23	09023	BLANK	0	0	0	0.000000	0.000000	90.23
90.24	09024	BLANK	0	0	0	0.000000	0.000000	90.24
90.25	09025	BLANK	0	0	0	0.000000	0.000000	90.25
90.26	09026	BLANK	0	0	0	0.000000	0.000000	90.26
90.27	09027	BLANK	0	0	0	0.000000	0.000000	90.27
90.28	09028	BLANK	0	0	0	0.000000	0.000000	90.28
90.29	09029	BLANK	0	0	0	0.000000	0.000000	90.29
90.30	09030	BLANK	0	0	0	0.000000	0.000000	90.30
90.31	09031	BLANK	0	0	0	0.000000	0.000000	90.31
90.32	09032	BLANK	0	0	0	0.000000	0.000000	90.32
90.33	09033	BLANK	0	0	0	0.000000	0.000000	90.33
90.34	09034	BLANK	0	0	0	0.000000	0.000000	90.34
90.35	09035	BLANK	0	0	0	0.000000	0.000000	90.35
90.36	09036	BLANK	0	0	0	0.000000	0.000000	90.36
90.37	09037	BLANK	0	0	0	0.000000	0.000000	90.37
90.38	09038	BLANK	0	0	0	0.000000	0.000000	90.38
90.39	09039	BLANK	0	0	0	0.000000	0.000000	90.39
90.40	09040	BLANK	0	0	0	0.000000	0.000000	90.40
90.41	09041	BLANK	0	0	0	0.000000	0.000000	90.41
90.42	09042	BLANK	0	0	0	0.000000	0.000000	90.42
90.43	09043	BLANK	0	0	0	0.000000	0.000000	90.43
90.44	09044	BLANK	0	0	0	0.000000	0.000000	90.44
90.45	09045	BLANK	0	0	0	0.000000	0.000000	90.45
90.46	09046	BLANK	0	0	0	0.000000	0.000000	90.46
90.47	09047	BLANK	0	0	0	0.000000	0.000000	90.47
90.48	09048	BLANK	0	0	0	0.000000	0.000000	90.48
90.49	09049	BLANK	0	0	0	0.000000	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	86,770	11,151,725	11,238,495	0.242333	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,475	590,400	592,875	0.506901	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,064	3,766,214	3,767,278	0.290199	0.000000	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0.000000	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	58,712	10,587,491	10,646,203	0.463405	0.000000	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	121,246	9,613,384	9,734,630	0.336675	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,745	5,193,031	5,198,776	0.413400	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	11,979	3,010,800	3,022,779	0.352894	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	3,188	3,917,024	3,920,212	0.296588	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	93,281	6,513,597	6,606,878	0.386840	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	24,406	9,388,355	9,412,761	0.219600	0.000000	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	230	70,536	70,766	0.164330	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0.000000	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	187	106,756	106,943	0.150613	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0.000000	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	8,280	1,785,142	1,793,422	0.779855	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	6,108	2,895,009	2,901,117	0.459961	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0.000000	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	2,276	838,243	840,519	0.793121	0.000000	90.72
90.73	09073	BLANK	0	0	0	0.000000	0.000000	90.73
90.74	09074	BLANK	0	0	0	0.000000	0.000000	90.74
90.75	09075	BLANK	0	0	0	0.000000	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	38,323	20,165,712	20,204,035	0.307799	0.000000	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	922	1,332,633	1,333,555	0.140893	0.000000	90.77
90.78	09078	BLANK	0	0	0	0.000000	0.000000	90.78
90.79	09079	BLANK	0	0	0	0.000000	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	34,412	6,993,057	7,027,469	0.506302	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	626	812,090	812,716	0.752537	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	255,819	255,819	0.136014	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	230	156,449	156,679	0.515672	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	690	2,258,243	2,258,933	0.353616	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	13,632	13,632	1.689187	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.86
90.87	09087	BLANK	0	0	0	0.000000	0.000000	90.87
90.88	09088	BLANK	0	0	0	0.000000	0.000000	90.88
90.89	09089	BLANK	0	0	0	0.000000	0.000000	90.89
90.90	09090	BLANK	0	0	0	0.000000	0.000000	90.90
90.91	09091	BLANK	0	0	0	0.000000	0.000000	90.91
90.92	09092	BLANK	0	0	0	0.000000	0.000000	90.92

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	Charges					
			Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.93	09093	BLANK	0	0	0	0.000000	0.000000	90.93
90.94	09094	BLANK	0	0	0	0.000000	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	24,080	10,808,570	10,832,650	0.229346	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	95,608	4,822,310	4,917,918	0.477528	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	516	631,375	631,891	2.613277	0.000000	90.97
91.00	09100	EMERGENCY	61,486,982	70,503,552	131,990,534	0.146336	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,445,691	25,321,606	40,767,297	0.205049	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,339,990	14,556,508	17,896,498	0.399463	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	536	727,107	727,643	1.125432	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	742	8,223,623	8,224,365	0.118215	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,415,420	783,008	2,198,428	0.818080	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,562,000	0	15,562,000			105.00
106.00	10600	HEART ACQUISITION	3,961,000	0	3,961,000			106.00
107.00	10700	LIVER ACQUISITION	4,732,000	0	4,732,000			107.00
108.00	10800	LUNG ACQUISITION	3,825,000	0	3,825,000			108.00
109.00	10900	PANCREAS ACQUISITION	720,000	0	720,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,736,344,507	2,847,495,316	5,583,839,823			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,736,344,507	2,847,495,316	5,583,839,823			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.231319	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233660	52.00
53.00	05300	ANESTHESIOLOGY	0.121236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230278	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120797	55.00
55.01	03630	ULTRA SOUND	0.137916	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194097	55.02
57.00	05700	CT SCAN	0.038816	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054764	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093414	59.00
60.00	06000	LABORATORY	0.107138	60.00
60.01	03420	ANATOMICAL LABORATORY	0.171867	60.01
60.02	03140	CARDIOLOGY	0.147661	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230310	63.00
65.00	06500	RESPIRATORY THERAPY	0.175103	65.00
66.00	06600	PHYSICAL THERAPY	0.286975	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246015	67.00
69.00	06900	ELECTROCARDIOLOGY	0.074183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187936	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.350126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247369	73.00
74.00	07400	RENAL DIALYSIS	0.173957	74.00
76.00	03950	IVF/CULTURE LAB	0.850755	76.00
76.01	03951	BLANK	0.000000	76.01
76.02	03952	URODYNAMICS	0.116496	76.02
76.03	03953	SPINE TREATMENT CENTER	0.369198	76.03
76.04	03954	BLANK	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.158327	76.05
76.06	03956	RECREATION THERAPY	2.880238	76.06
76.07	03957	CDC - REHAB	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1.106194	76.08
76.97	07697	CARDIAC REHABILITATION	0.382048	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.328737	76.98
76.99	07699	LITHOTRIPSY	0.134540	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.445398	77.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.243725	90.01
90.02	09002	DERMATOLOGY CLINIC	0.252295	90.02
90.03	09003	ORAL SURGERY CLINIC	0.801944	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.106626	90.04
90.05	09005	NEUROLOGY CLINIC	0.461211	90.05
90.06	09006	OB-GYN CLINIC	0.995742	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.418179	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.752989	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.453893	90.09
90.10	09010	PEDIATRIC CLINIC	1.397788	90.10
90.11	09011	SURGERY CLINIC	1.385634	90.11
90.12	09012	UROLOGY CLINIC	0.293959	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.633340	90.13
90.14	09014	CANCER CLINIC	0.361166	90.14
90.15	09015	FAMILY CARE CLINIC	0.758013	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.324527	90.16
90.17	09017	BLANK	0.000000	90.17
90.18	09018	BLANK	0.000000	90.18
90.19	09019	BURN CLINIC	0.940593	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.234338	90.20
90.21	09021	BLANK	0.000000	90.21
90.22	09022	BLANK	0.000000	90.22
90.23	09023	BLANK	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.24	09024	BLANK	0.000000		90.24
90.25	09025	BLANK	0.000000		90.25
90.26	09026	BLANK	0.000000		90.26
90.27	09027	BLANK	0.000000		90.27
90.28	09028	BLANK	0.000000		90.28
90.29	09029	BLANK	0.000000		90.29
90.30	09030	BLANK	0.000000		90.30
90.31	09031	BLANK	0.000000		90.31
90.32	09032	BLANK	0.000000		90.32
90.33	09033	BLANK	0.000000		90.33
90.34	09034	BLANK	0.000000		90.34
90.35	09035	BLANK	0.000000		90.35
90.36	09036	BLANK	0.000000		90.36
90.37	09037	BLANK	0.000000		90.37
90.38	09038	BLANK	0.000000		90.38
90.39	09039	BLANK	0.000000		90.39
90.40	09040	BLANK	0.000000		90.40
90.41	09041	BLANK	0.000000		90.41
90.42	09042	BLANK	0.000000		90.42
90.43	09043	BLANK	0.000000		90.43
90.44	09044	BLANK	0.000000		90.44
90.45	09045	BLANK	0.000000		90.45
90.46	09046	BLANK	0.000000		90.46
90.47	09047	BLANK	0.000000		90.47
90.48	09048	BLANK	0.000000		90.48
90.49	09049	BLANK	0.000000		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.242333		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.506901		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.290199		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.463405		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000		90.55
90.56	09056	IRL-OB/GYN CLINIC	0.336675		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.413400		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.352894		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.296588		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.386840		90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000		90.61
90.62	09062	IRL-UROLOGY CLINIC	0.219600		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.164330		90.63
90.64	09064	IRL - CANCER CLINIC	0.000000		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.150613		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.779855		90.68
90.69	09069	IRL-RADIOLOGY	0.000000		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.459961		90.70
90.71	09071	IRL - HEART CENTER	0.000000		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.793121		90.72
90.73	09073	BLANK	0.000000		90.73
90.74	09074	BLANK	0.000000		90.74
90.75	09075	BLANK	0.000000		90.75
90.76	09076	IRL - PROCEDURE SUITES	0.307799		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.140893		90.77
90.78	09078	BLANK	0.000000		90.78
90.79	09079	BLANK	0.000000		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.506302		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.752537		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.136014		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.515672		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.353616		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.689187		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000		90.86
90.87	09087	BLANK	0.000000		90.87
90.88	09088	BLANK	0.000000		90.88
90.89	09089	BLANK	0.000000		90.89
90.90	09090	BLANK	0.000000		90.90
90.91	09091	BLANK	0.000000		90.91
90.92	09092	BLANK	0.000000		90.92
90.93	09093	BLANK	0.000000		90.93
90.94	09094	BLANK	0.000000		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.229346		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.477528		90.96

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		Cost Center Description	PPS Inpatient Ratio			
			11.00			
90.97	09097	NORTH DODGE - REI CLINIC	2.613277			90.97
91.00	09100	EMERGENCY	0.146336			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205049			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.399463			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.125432			93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.118215			94.00
95.00	09500	AMBULANCE SERVICES	0.818080			95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	161,634,660		161,634,660	0	161,634,660	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,837,554		14,837,554	0	14,837,554	31.01
32.00	03200	CORONARY CARE UNIT	14,253,514		14,253,514	0	14,253,514	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,304,770		8,304,770	0	8,304,770	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,185,393		19,185,393	0	19,185,393	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	25,360,167		25,360,167	0	25,360,167	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,624,393		16,624,393	0	16,624,393	35.01
40.00	04000	SUBPROVIDER - IPF	20,104,732		20,104,732	0	20,104,732	40.00
43.00	04300	NURSERY	14,978,396		14,978,396	0	14,978,396	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	149,158,692		149,158,692	0	149,158,692	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,759,664		7,759,664	0	7,759,664	52.00
53.00	05300	ANESTHESIOLOGY	10,518,666		10,518,666	0	10,518,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,277,050		38,277,050	0	38,277,050	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,292,874		16,292,874	0	16,292,874	55.00
55.01	03630	ULTRA SOUND	5,755,360		5,755,360	0	5,755,360	55.01
55.02	05501	RADIOLOGY - PET SCAN	8,557,340		8,557,340	0	8,557,340	55.02
57.00	05700	CT SCAN	8,226,744		8,226,744	0	8,226,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,238,234		9,238,234	0	9,238,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,105,042		10,105,042	0	10,105,042	59.00
60.00	06000	LABORATORY	52,571,543		52,571,543	190,534	52,762,077	60.00
60.01	03420	ANATOMICAL LABORATORY	7,532,642		7,532,642	53,641	7,586,283	60.01
60.02	03140	CARDIOLOGY	14,810,696		14,810,696	0	14,810,696	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,383,490		17,383,490	0	17,383,490	63.00
65.00	06500	RESPIRATORY THERAPY	18,275,208	0	18,275,208	0	18,275,208	65.00
66.00	06600	PHYSICAL THERAPY	9,754,211	0	9,754,211	0	9,754,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,448,755	0	3,448,755	0	3,448,755	67.00
69.00	06900	ELECTROCARDIOLOGY	826,279		826,279	0	826,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,435,941		5,435,941	0	5,435,941	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,530,092		45,530,092	0	45,530,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	100,571,214		100,571,214	0	100,571,214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	263,581,953		263,581,953	0	263,581,953	73.00
74.00	07400	RENAL DIALYSIS	12,413,676		12,413,676	0	12,413,676	74.00
76.00	03950	IVF/CULTURE LAB	1,294,037		1,294,037	0	1,294,037	76.00
76.01	03951	BLANK	0		0	0	0	76.01
76.02	03952	URODYNAMICS	310,196		310,196	0	310,196	76.02
76.03	03953	SPINE TREATMENT CENTER	771,952		771,952	0	771,952	76.03
76.04	03954	BLANK	0		0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	9,175,934		9,175,934	0	9,175,934	76.05
76.06	03956	RECREATION THERAPY	1,364,628		1,364,628	0	1,364,628	76.06
76.07	03957	CDC - REHAB	0		0	0	0	76.07
76.08	03958	DIABETES EDUCATION	562,128		562,128	0	562,128	76.08
76.97	07697	CARDIAC REHABILITATION	1,146,554		1,146,554	0	1,146,554	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	702,151		702,151	0	702,151	76.98
76.99	07699	LITHOTRIPSY	1,563,244		1,563,244	0	1,563,244	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,689,528		4,689,528	0	4,689,528	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,956,955		1,956,955	0	1,956,955	90.01
90.02	09002	DERMATOLOGY CLINIC	3,380,516		3,380,516	0	3,380,516	90.02
90.03	09003	ORAL SURGERY CLINIC	3,708,747		3,708,747	0	3,708,747	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	20,662,522		20,662,522	0	20,662,522	90.04
90.05	09005	NEUROLOGY CLINIC	4,653,164		4,653,164	0	4,653,164	90.05
90.06	09006	OB-GYN CLINIC	7,364,882		7,364,882	0	7,364,882	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,818,643		12,818,643	0	12,818,643	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,123,835		9,123,835	0	9,123,835	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	8,964,766		8,964,766	0	8,964,766	90.09
90.10	09010	PEDIATRIC CLINIC	24,258,647		24,258,647	0	24,258,647	90.10
90.11	09011	SURGERY CLINIC	9,863,560		9,863,560	0	9,863,560	90.11
90.12	09012	UROLOGY CLINIC	3,230,334		3,230,334	0	3,230,334	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,590,709		7,590,709	0	7,590,709	90.13
90.14	09014	CANCER CLINIC	19,876,420		19,876,420	0	19,876,420	90.14
90.15	09015	FAMILY CARE CLINIC	5,376,331		5,376,331	0	5,376,331	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	3,449,739		3,449,739	0	3,449,739	90.16
90.17	09017	BLANK	0		0	0	0	90.17
90.18	09018	BLANK	0		0	0	0	90.18
90.19	09019	BURN CLINIC	794,835		794,835	0	794,835	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	141,898		141,898	0	141,898	90.20

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Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.21	09021	BLANK	0		0	0	0	90.21
90.22	09022	BLANK	0		0	0	0	90.22
90.23	09023	BLANK	0		0	0	0	90.23
90.24	09024	BLANK	0		0	0	0	90.24
90.25	09025	BLANK	0		0	0	0	90.25
90.26	09026	BLANK	0		0	0	0	90.26
90.27	09027	BLANK	0		0	0	0	90.27
90.28	09028	BLANK	0		0	0	0	90.28
90.29	09029	BLANK	0		0	0	0	90.29
90.30	09030	BLANK	0		0	0	0	90.30
90.31	09031	BLANK	0		0	0	0	90.31
90.32	09032	BLANK	0		0	0	0	90.32
90.33	09033	BLANK	0		0	0	0	90.33
90.34	09034	BLANK	0		0	0	0	90.34
90.35	09035	BLANK	0		0	0	0	90.35
90.36	09036	BLANK	0		0	0	0	90.36
90.37	09037	BLANK	0		0	0	0	90.37
90.38	09038	BLANK	0		0	0	0	90.38
90.39	09039	BLANK	0		0	0	0	90.39
90.40	09040	BLANK	0		0	0	0	90.40
90.41	09041	BLANK	0		0	0	0	90.41
90.42	09042	BLANK	0		0	0	0	90.42
90.43	09043	BLANK	0		0	0	0	90.43
90.44	09044	BLANK	0		0	0	0	90.44
90.45	09045	BLANK	0		0	0	0	90.45
90.46	09046	BLANK	0		0	0	0	90.46
90.47	09047	BLANK	0		0	0	0	90.47
90.48	09048	BLANK	0		0	0	0	90.48
90.49	09049	BLANK	0		0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	2,723,460		2,723,460	0	2,723,460	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	300,529		300,529	0	300,529	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,093,260		1,093,260	0	1,093,260	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0		0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,933,503		4,933,503	0	4,933,503	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,277,409		3,277,409	0	3,277,409	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,149,175		2,149,175	0	2,149,175	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,066,722		1,066,722	0	1,066,722	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,162,686		1,162,686	0	1,162,686	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,555,805		2,555,805	0	2,555,805	90.60
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	2,067,039		2,067,039	0	2,067,039	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	11,629		11,629	0	11,629	90.63
90.64	09064	IRL - CANCER CLINIC	0		0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	16,107		16,107	0	16,107	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0		0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0		0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	1,398,609		1,398,609	0	1,398,609	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,334,401		1,334,401	0	1,334,401	90.70
90.71	09071	IRL - HEART CENTER	0		0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	666,633		666,633	0	666,633	90.72
90.73	09073	BLANK	0		0	0	0	90.73
90.74	09074	BLANK	0		0	0	0	90.74
90.75	09075	BLANK	0		0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	6,218,772		6,218,772	0	6,218,772	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	187,888		187,888	0	187,888	90.77
90.78	09078	BLANK	0		0	0	0	90.78
90.79	09079	BLANK	0		0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	3,558,022		3,558,022	0	3,558,022	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	611,599		611,599	0	611,599	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	34,795		34,795	0	34,795	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	80,795		80,795	0	80,795	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	798,794		798,794	0	798,794	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	23,027		23,027	0	23,027	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0		0	0	0	90.86
90.87	09087	BLANK	0		0	0	0	90.87
90.88	09088	BLANK	0		0	0	0	90.88
90.89	09089	BLANK	0		0	0	0	90.89
90.90	09090	BLANK	0		0	0	0	90.90

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.91	09091	BLANK	0		0	0	0	90.91
90.92	09092	BLANK	0		0	0	0	90.92
90.93	09093	BLANK	0		0	0	0	90.93
90.94	09094	BLANK	0		0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	2,484,429		2,484,429	0	2,484,429	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,348,443		2,348,443	0	2,348,443	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,651,306		1,651,306	0	1,651,306	90.97
91.00	09100	EMERGENCY	19,315,025		19,315,025	0	19,315,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,359,284		8,359,284		8,359,284	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,148,984		7,148,984	0	7,148,984	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	818,913		818,913	0	818,913	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	972,246		972,246	0	972,246	94.00
95.00	09500	AMBULANCE SERVICES	1,798,490		1,798,490	0	1,798,490	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,366,222		7,366,222		7,366,222	105.00
106.00	10600	HEART ACQUISITION	2,079,301		2,079,301		2,079,301	106.00
107.00	10700	LIVER ACQUISITION	2,670,282		2,670,282		2,670,282	107.00
108.00	10800	LUNG ACQUISITION	1,969,078		1,969,078		1,969,078	108.00
109.00	10900	PANCREAS ACQUISITION	815,741		815,741		815,741	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,376,174,203	0	1,376,174,203	244,175	1,376,418,378	200.00
201.00		Less Observation Beds	8,359,284		8,359,284		8,359,284	201.00
202.00		Total (see instructions)	1,367,814,919	0	1,367,814,919	244,175	1,368,059,094	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,271,790		421,271,790			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	45,864,850		45,864,850			31.01
32.00	03200	CORONARY CARE UNIT	44,544,815		44,544,815			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,934,526		19,934,526			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	66,474,932		66,474,932			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	90,853,494		90,853,494			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	42,422,263		42,422,263			35.01
40.00	04000	SUBPROVIDER - IPF	47,458,155		47,458,155			40.00
43.00	04300	NURSERY	65,622,183		65,622,183			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	338,472,128	306,347,146	644,819,274	0.231319	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,181,833	1,027,419	33,209,252	0.233660	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	41,701,847	45,060,192	86,762,039	0.121236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,577,159	105,644,219	166,221,378	0.230278	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,967,052	127,911,583	134,878,635	0.120797	0.000000	55.00
55.01	03630	ULTRA SOUND	8,555,742	33,175,293	41,731,035	0.137916	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,053,523	39,034,400	44,087,923	0.194097	0.000000	55.02
57.00	05700	CT SCAN	70,390,143	141,553,732	211,943,875	0.038816	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	39,689,166	129,003,339	168,692,505	0.054764	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,337,110	64,838,112	108,175,222	0.093414	0.000000	59.00
60.00	06000	LABORATORY	226,492,536	265,974,287	492,466,823	0.106751	0.000000	60.00
60.01	03420	ANATOMICAL LABORATORY	12,094,945	32,045,408	44,140,353	0.170652	0.000000	60.01
60.02	03140	CARDIOLOGY	50,819,771	49,482,511	100,302,282	0.147661	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,404,072	26,074,627	75,478,699	0.230310	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	92,768,660	11,599,570	104,368,230	0.175103	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,798,295	15,191,488	33,989,783	0.286975	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,657,331	2,361,129	14,018,460	0.246015	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	5,669,293	5,469,069	11,138,362	0.074183	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,655,244	10,269,184	28,924,428	0.187936	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,126,270	42,913,078	130,039,348	0.350126	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,310,361	82,003,240	239,313,601	0.420249	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	346,168,442	719,374,873	1,065,543,315	0.247369	0.000000	73.00
74.00	07400	RENAL DIALYSIS	25,492,561	45,868,168	71,360,729	0.173957	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	624	1,520,422	1,521,046	0.850755	0.000000	76.00
76.01	03951	BLANK	0	0	0	0.000000	0.000000	76.01
76.02	03952	URODYNAMICS	7,010	2,655,702	2,662,712	0.116496	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	6,210	2,084,680	2,090,890	0.369198	0.000000	76.03
76.04	03954	BLANK	0	0	0	0.000000	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	15,455,368	42,500,310	57,955,678	0.158327	0.000000	76.05
76.06	03956	RECREATION THERAPY	326	473,464	473,790	2.880238	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0.000000	0.000000	76.07
76.08	03958	DIABETES EDUCATION	2,526	505,638	508,164	1.106194	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,215,791	1,785,282	3,001,073	0.382048	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	431,556	1,704,351	2,135,907	0.328737	0.000000	76.98
76.99	07699	LITHOTRIPSY	405,221	11,213,990	11,619,211	0.134540	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	7,287,123	3,241,731	10,528,854	0.445398	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	61,643	7,967,720	8,029,363	0.243725	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	42,603	13,356,436	13,399,039	0.252295	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	7,447	4,617,247	4,624,694	0.801944	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	314,351	18,357,285	18,671,636	1.106626	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	441,769	9,647,251	10,089,020	0.461211	0.000000	90.05
90.06	09006	OB-GYN CLINIC	162,900	7,233,473	7,396,373	0.995742	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	311,835	30,341,639	30,653,474	0.418179	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	66,778	12,050,040	12,116,818	0.752989	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,363,427	16,387,410	19,750,837	0.453893	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	284,267	17,070,759	17,355,026	1.397788	0.000000	90.10
90.11	09011	SURGERY CLINIC	231,430	6,887,013	7,118,443	1.385634	0.000000	90.11
90.12	09012	UROLOGY CLINIC	71,887	10,917,163	10,989,050	0.293959	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	92,997	11,892,212	11,985,209	0.633340	0.000000	90.13
90.14	09014	CANCER CLINIC	1,049,831	53,984,136	55,033,967	0.361166	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	46,929	7,045,738	7,092,667	0.758013	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	6,772	10,623,271	10,630,043	0.324527	0.000000	90.16
90.17	09017	BLANK	0	0	0	0.000000	0.000000	90.17
90.18	09018	BLANK	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	1,789	843,247	845,036	0.940593	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	32,890	572,638	605,528	0.234338	0.000000	90.20
90.21	09021	BLANK	0	0	0	0.000000	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I | Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.22	09022	BLANK	0	0	0	0.000000	0.000000	90.22
90.23	09023	BLANK	0	0	0	0.000000	0.000000	90.23
90.24	09024	BLANK	0	0	0	0.000000	0.000000	90.24
90.25	09025	BLANK	0	0	0	0.000000	0.000000	90.25
90.26	09026	BLANK	0	0	0	0.000000	0.000000	90.26
90.27	09027	BLANK	0	0	0	0.000000	0.000000	90.27
90.28	09028	BLANK	0	0	0	0.000000	0.000000	90.28
90.29	09029	BLANK	0	0	0	0.000000	0.000000	90.29
90.30	09030	BLANK	0	0	0	0.000000	0.000000	90.30
90.31	09031	BLANK	0	0	0	0.000000	0.000000	90.31
90.32	09032	BLANK	0	0	0	0.000000	0.000000	90.32
90.33	09033	BLANK	0	0	0	0.000000	0.000000	90.33
90.34	09034	BLANK	0	0	0	0.000000	0.000000	90.34
90.35	09035	BLANK	0	0	0	0.000000	0.000000	90.35
90.36	09036	BLANK	0	0	0	0.000000	0.000000	90.36
90.37	09037	BLANK	0	0	0	0.000000	0.000000	90.37
90.38	09038	BLANK	0	0	0	0.000000	0.000000	90.38
90.39	09039	BLANK	0	0	0	0.000000	0.000000	90.39
90.40	09040	BLANK	0	0	0	0.000000	0.000000	90.40
90.41	09041	BLANK	0	0	0	0.000000	0.000000	90.41
90.42	09042	BLANK	0	0	0	0.000000	0.000000	90.42
90.43	09043	BLANK	0	0	0	0.000000	0.000000	90.43
90.44	09044	BLANK	0	0	0	0.000000	0.000000	90.44
90.45	09045	BLANK	0	0	0	0.000000	0.000000	90.45
90.46	09046	BLANK	0	0	0	0.000000	0.000000	90.46
90.47	09047	BLANK	0	0	0	0.000000	0.000000	90.47
90.48	09048	BLANK	0	0	0	0.000000	0.000000	90.48
90.49	09049	BLANK	0	0	0	0.000000	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	86,770	11,151,725	11,238,495	0.242333	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,475	590,400	592,875	0.506901	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,064	3,766,214	3,767,278	0.290199	0.000000	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0.000000	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	58,712	10,587,491	10,646,203	0.463405	0.000000	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	121,246	9,613,384	9,734,630	0.336675	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,745	5,193,031	5,198,776	0.413400	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	11,979	3,010,800	3,022,779	0.352894	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	3,188	3,917,024	3,920,212	0.296588	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	93,281	6,513,597	6,606,878	0.386840	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	24,406	9,388,355	9,412,761	0.219600	0.000000	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	230	70,536	70,766	0.164330	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0.000000	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	187	106,756	106,943	0.150613	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0.000000	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	8,280	1,785,142	1,793,422	0.779855	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	6,108	2,895,009	2,901,117	0.459961	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0.000000	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	2,276	838,243	840,519	0.793121	0.000000	90.72
90.73	09073	BLANK	0	0	0	0.000000	0.000000	90.73
90.74	09074	BLANK	0	0	0	0.000000	0.000000	90.74
90.75	09075	BLANK	0	0	0	0.000000	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	38,323	20,165,712	20,204,035	0.307799	0.000000	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	922	1,332,633	1,333,555	0.140893	0.000000	90.77
90.78	09078	BLANK	0	0	0	0.000000	0.000000	90.78
90.79	09079	BLANK	0	0	0	0.000000	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	34,412	6,993,057	7,027,469	0.506302	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	626	812,090	812,716	0.752537	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	255,819	255,819	0.136014	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	230	156,449	156,679	0.515672	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	690	2,258,243	2,258,933	0.353616	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	13,632	13,632	1.689187	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.86
90.87	09087	BLANK	0	0	0	0.000000	0.000000	90.87
90.88	09088	BLANK	0	0	0	0.000000	0.000000	90.88
90.89	09089	BLANK	0	0	0	0.000000	0.000000	90.89
90.90	09090	BLANK	0	0	0	0.000000	0.000000	90.90
90.91	09091	BLANK	0	0	0	0.000000	0.000000	90.91
90.92	09092	BLANK	0	0	0	0.000000	0.000000	90.92

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I | Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.93	09093	BLANK	0	0	0	0.000000	0.000000	90.93
90.94	09094	BLANK	0	0	0	0.000000	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	24,080	10,808,570	10,832,650	0.229346	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	95,608	4,822,310	4,917,918	0.477528	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	516	631,375	631,891	2.613277	0.000000	90.97
91.00	09100	EMERGENCY	61,486,982	70,503,552	131,990,534	0.146336	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,445,691	25,321,606	40,767,297	0.205049	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,339,990	14,556,508	17,896,498	0.399463	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	536	727,107	727,643	1.125432	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	742	8,223,623	8,224,365	0.118215	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,415,420	783,008	2,198,428	0.818080	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,562,000	0	15,562,000			105.00
106.00	10600	HEART ACQUISITION	3,961,000	0	3,961,000			106.00
107.00	10700	LIVER ACQUISITION	4,732,000	0	4,732,000			107.00
108.00	10800	LUNG ACQUISITION	3,825,000	0	3,825,000			108.00
109.00	10900	PANCREAS ACQUISITION	720,000	0	720,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,736,344,507	2,847,495,316	5,583,839,823			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,736,344,507	2,847,495,316	5,583,839,823			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	03630	ULTRA SOUND	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	55.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	03420	ANATOMICAL LABORATORY	0.000000	60.01
60.02	03140	CARDIOLOGY	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	76.00
76.01	03951	BLANK	0.000000	76.01
76.02	03952	URODYNAMICS	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	76.03
76.04	03954	BLANK	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	76.05
76.06	03956	RECREATION THERAPY	0.000000	76.06
76.07	03957	CDC - REHAB	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	90.10
90.11	09011	SURGERY CLINIC	0.000000	90.11
90.12	09012	UROLOGY CLINIC	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	90.13
90.14	09014	CANCER CLINIC	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	90.16
90.17	09017	BLANK	0.000000	90.17
90.18	09018	BLANK	0.000000	90.18
90.19	09019	BURN CLINIC	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	90.20
90.21	09021	BLANK	0.000000	90.21
90.22	09022	BLANK	0.000000	90.22
90.23	09023	BLANK	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio				
			11.00				
90.24	09024	BLANK	0.000000				90.24
90.25	09025	BLANK	0.000000				90.25
90.26	09026	BLANK	0.000000				90.26
90.27	09027	BLANK	0.000000				90.27
90.28	09028	BLANK	0.000000				90.28
90.29	09029	BLANK	0.000000				90.29
90.30	09030	BLANK	0.000000				90.30
90.31	09031	BLANK	0.000000				90.31
90.32	09032	BLANK	0.000000				90.32
90.33	09033	BLANK	0.000000				90.33
90.34	09034	BLANK	0.000000				90.34
90.35	09035	BLANK	0.000000				90.35
90.36	09036	BLANK	0.000000				90.36
90.37	09037	BLANK	0.000000				90.37
90.38	09038	BLANK	0.000000				90.38
90.39	09039	BLANK	0.000000				90.39
90.40	09040	BLANK	0.000000				90.40
90.41	09041	BLANK	0.000000				90.41
90.42	09042	BLANK	0.000000				90.42
90.43	09043	BLANK	0.000000				90.43
90.44	09044	BLANK	0.000000				90.44
90.45	09045	BLANK	0.000000				90.45
90.46	09046	BLANK	0.000000				90.46
90.47	09047	BLANK	0.000000				90.47
90.48	09048	BLANK	0.000000				90.48
90.49	09049	BLANK	0.000000				90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000000				90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000				90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000000				90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000				90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.000000				90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000				90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000000				90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000000				90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000000				90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000000				90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000000				90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000				90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000000				90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.000000				90.63
90.64	09064	IRL - CANCER CLINIC	0.000000				90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000				90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000				90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000				90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.000000				90.68
90.69	09069	IRL-RADIOLOGY	0.000000				90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000				90.70
90.71	09071	IRL - HEART CENTER	0.000000				90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000				90.72
90.73	09073	BLANK	0.000000				90.73
90.74	09074	BLANK	0.000000				90.74
90.75	09075	BLANK	0.000000				90.75
90.76	09076	IRL - PROCEDURE SUITES	0.000000				90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.000000				90.77
90.78	09078	BLANK	0.000000				90.78
90.79	09079	BLANK	0.000000				90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000000				90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000				90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000				90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000				90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000				90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000				90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000				90.86
90.87	09087	BLANK	0.000000				90.87
90.88	09088	BLANK	0.000000				90.88
90.89	09089	BLANK	0.000000				90.89
90.90	09090	BLANK	0.000000				90.90
90.91	09091	BLANK	0.000000				90.91
90.92	09092	BLANK	0.000000				90.92
90.93	09093	BLANK	0.000000				90.93
90.94	09094	BLANK	0.000000				90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000				90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000				90.96

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio			
			11.00			
90.97	09097	NORTH DODGE - REI CLINIC	0.000000			90.97
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part I Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,912,610	0	11,912,610	149,622	79.62	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	974,026		974,026	7,666	127.06	31.01
32.00	CORONARY CARE UNIT	1,077,741		1,077,741	7,221	149.25	32.00
33.00	BURN INTENSIVE CARE UNIT	657,733		657,733	5,160	127.47	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	971,103		971,103	10,895	89.13	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,243,737		1,243,737	12,962	95.95	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,281,334		1,281,334	6,436	199.09	35.01
40.00	SUBPROVIDER - IPF	1,168,409	0	1,168,409	25,858	45.19	40.00
43.00	NURSERY	1,239,484		1,239,484	17,041	72.74	43.00
200.00	Total (lines 30 through 199)	20,526,177		20,526,177	242,861		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	46,959	3,738,876	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	2,555	324,638	31.01
32.00	CORONARY CARE UNIT	3,092	461,481	32.00
33.00	BURN INTENSIVE CARE UNIT	1,097	139,835	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,453	307,766	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	11	2,190	35.01
40.00	SUBPROVIDER - IPF	6,457	291,792	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	63,624	5,266,578	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,000,539	644,819,274	0.023263	99,090,176	2,305,135	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	519,565	33,209,252	0.015645	302,472	4,732	52.00
53.00	05300	ANESTHESIOLOGY	1,238,731	86,762,039	0.014277	11,130,851	158,915	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,276,801	166,221,378	0.031746	18,954,136	601,718	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,457,499	134,878,635	0.033048	2,841,655	93,911	55.00
55.01	03630	ULTRA SOUND	705,935	41,731,035	0.016916	1,949,779	32,982	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,318,837	44,087,923	0.029914	1,936,105	57,917	55.02
57.00	05700	CT SCAN	1,651,075	211,943,875	0.007790	25,396,530	197,839	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,393,478	168,692,505	0.014188	12,371,912	175,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,183,760	108,175,222	0.010943	18,322,186	200,500	59.00
60.00	06000	LABORATORY	3,387,676	492,466,823	0.006879	68,862,804	473,707	60.00
60.01	03420	ANATOMICAL LABORATORY	881,939	44,140,353	0.019980	3,382,326	67,579	60.01
60.02	03140	CARDIOLOGY	1,859,367	100,302,282	0.018538	14,450,516	267,884	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	774,449	75,478,699	0.010260	14,996,710	153,866	63.00
65.00	06500	RESPIRATORY THERAPY	1,029,648	104,368,230	0.009866	16,963,989	167,367	65.00
66.00	06600	PHYSICAL THERAPY	407,575	33,989,783	0.011991	6,359,824	76,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	130,066	14,018,460	0.009278	3,311,541	30,724	67.00
69.00	06900	ELECTROCARDIOLOGY	65,243	11,138,362	0.005858	2,244,940	13,151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	330,996	28,924,428	0.011443	4,957,098	56,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,402,436	130,039,348	0.010785	23,477,818	253,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,840,433	239,313,601	0.011869	59,354,199	704,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,158,133	1,065,543,315	0.006718	99,625,483	669,284	73.00
74.00	07400	RENAL DIALYSIS	1,123,954	71,360,729	0.015750	9,690,759	152,629	74.00
76.00	03950	IVF/CULTURE LAB	238,858	1,521,046	0.157035	0	0	76.00
76.01	03951	BLANK	0	0	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	59,828	2,662,712	0.022469	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	79,027	2,090,890	0.037796	2,388	90	76.03
76.04	03954	BLANK	0	0	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	1,153,461	57,955,678	0.019902	6,140,361	122,205	76.05
76.06	03956	RECREATION THERAPY	128,792	473,790	0.271834	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	47,795	508,164	0.094054	96	9	76.08
76.97	07697	CARDIAC REHABILITATION	143,480	3,001,073	0.047810	515,253	24,634	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	52,316	2,135,907	0.024494	76,785	1,881	76.98
76.99	07699	LITHOTRIPSY	235,743	11,619,211	0.020289	6,755	137	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	103,074	10,528,854	0.009790	2,038,680	19,959	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	287,526	8,029,363	0.035809	19,791	709	90.01
90.02	09002	DERMATOLOGY CLINIC	394,672	13,399,039	0.029455	21,573	635	90.02
90.03	09003	ORAL SURGERY CLINIC	369,562	4,624,694	0.079911	3,787	303	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,279,617	18,671,636	0.122090	112,605	13,748	90.04
90.05	09005	NEUROLOGY CLINIC	634,682	10,089,020	0.062908	140,256	8,823	90.05
90.06	09006	OB-GYN CLINIC	798,441	7,396,373	0.107950	4,877	526	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,455,621	30,653,474	0.047486	91,169	4,329	90.07
90.08	09008	ORTHOPAEDICS CLINIC	891,115	12,116,818	0.073544	20,473	1,506	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,208,765	19,750,837	0.061201	1,153,307	70,584	90.09
90.10	09010	PEDIATRIC CLINIC	3,405,975	17,355,026	0.196253	4,584	900	90.10
90.11	09011	SURGERY CLINIC	1,068,870	7,118,443	0.150155	46,627	7,001	90.11
90.12	09012	UROLOGY CLINIC	484,853	10,989,050	0.044121	37,625	1,660	90.12
90.13	09013	PSYCHIATRIC CLINIC	755,779	11,985,209	0.063059	9,997	630	90.13
90.14	09014	CANCER CLINIC	1,524,238	55,033,967	0.027696	338,347	9,371	90.14
90.15	09015	FAMILY CARE CLINIC	651,844	7,092,667	0.091904	10,179	935	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	354,331	10,630,043	0.033333	2,103	70	90.16
90.17	09017	BLANK	0	0	0.000000	0	0	90.17
90.18	09018	BLANK	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	23,303	845,036	0.027576	303	8	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	3,435	605,528	0.005673	11,328	64	90.20
90.21	09021	BLANK	0	0	0.000000	0	0	90.21
90.22	09022	BLANK	0	0	0.000000	0	0	90.22
90.23	09023	BLANK	0	0	0.000000	0	0	90.23
90.24	09024	BLANK	0	0	0.000000	0	0	90.24
90.25	09025	BLANK	0	0	0.000000	0	0	90.25
90.26	09026	BLANK	0	0	0.000000	0	0	90.26
90.27	09027	BLANK	0	0	0.000000	0	0	90.27
90.28	09028	BLANK	0	0	0.000000	0	0	90.28
90.29	09029	BLANK	0	0	0.000000	0	0	90.29
90.30	09030	BLANK	0	0	0.000000	0	0	90.30
90.31	09031	BLANK	0	0	0.000000	0	0	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.32	09032	BLANK	0	0	0.000000	0	0	90.32
90.33	09033	BLANK	0	0	0.000000	0	0	90.33
90.34	09034	BLANK	0	0	0.000000	0	0	90.34
90.35	09035	BLANK	0	0	0.000000	0	0	90.35
90.36	09036	BLANK	0	0	0.000000	0	0	90.36
90.37	09037	BLANK	0	0	0.000000	0	0	90.37
90.38	09038	BLANK	0	0	0.000000	0	0	90.38
90.39	09039	BLANK	0	0	0.000000	0	0	90.39
90.40	09040	BLANK	0	0	0.000000	0	0	90.40
90.41	09041	BLANK	0	0	0.000000	0	0	90.41
90.42	09042	BLANK	0	0	0.000000	0	0	90.42
90.43	09043	BLANK	0	0	0.000000	0	0	90.43
90.44	09044	BLANK	0	0	0.000000	0	0	90.44
90.45	09045	BLANK	0	0	0.000000	0	0	90.45
90.46	09046	BLANK	0	0	0.000000	0	0	90.46
90.47	09047	BLANK	0	0	0.000000	0	0	90.47
90.48	09048	BLANK	0	0	0.000000	0	0	90.48
90.49	09049	BLANK	0	0	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	477,089	11,238,495	0.042451	41,757	1,773	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	17,775	592,875	0.029981	682	20	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	213,768	3,767,278	0.056743	627	36	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	547,019	10,646,203	0.051382	27,096	1,392	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	436,747	9,734,630	0.044865	827	37	90.56
90.57	09057	IRL-OPHTHALMOLOGY	390,257	5,198,776	0.075067	3,369	253	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	121,757	3,022,779	0.040280	5,815	234	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	175,142	3,920,212	0.044677	305	14	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	343,855	6,606,878	0.052045	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	379,009	9,412,761	0.040265	3,789	153	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	1,542	70,766	0.021790	171	4	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	2,258	106,943	0.021114	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	309,934	1,793,422	0.172817	3,644	630	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	171,799	2,901,117	0.059218	2,012	119	90.70
90.71	09071	IRL - HEART CENTER	0	0	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	28,069	840,519	0.033395	1,621	54	90.72
90.73	09073	BLANK	0	0	0.000000	0	0	90.73
90.74	09074	BLANK	0	0	0.000000	0	0	90.74
90.75	09075	BLANK	0	0	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,163,943	20,204,035	0.057609	8,557	493	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	26,894	1,333,555	0.020167	0	0	90.77
90.78	09078	BLANK	0	0	0.000000	0	0	90.78
90.79	09079	BLANK	0	0	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	508,767	7,027,469	0.072397	10,468	758	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	137,202	812,716	0.168819	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	9,577	255,819	0.037437	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	9,468	156,679	0.060429	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	114,577	2,258,933	0.050722	341	17	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,525	13,632	0.185226	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0.000000	0	0	90.86
90.87	09087	BLANK	0	0	0.000000	0	0	90.87
90.88	09088	BLANK	0	0	0.000000	0	0	90.88
90.89	09089	BLANK	0	0	0.000000	0	0	90.89
90.90	09090	BLANK	0	0	0.000000	0	0	90.90
90.91	09091	BLANK	0	0	0.000000	0	0	90.91
90.92	09092	BLANK	0	0	0.000000	0	0	90.92
90.93	09093	BLANK	0	0	0.000000	0	0	90.93
90.94	09094	BLANK	0	0	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	109,027	10,832,650	0.010065	8,356	84	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	77,012	4,917,918	0.015659	1,021	16	90.96
90.97	09097	NORTH DODGE - REI CLINIC	37,334	631,891	0.059083	0	0	90.97
91.00	09100	EMERGENCY	1,361,790	131,990,534	0.010317	19,932,772	205,646	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	616,088	40,767,297	0.015112	1,617,425	24,443	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,223	17,896,498	0.019569	436,261	8,537	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	121,449	727,643	0.166907	0	0	93.99

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	89,735	8,224,365	0.010911	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	82,324,769	4,708,394,387		552,889,974	7,451,471	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part III Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,122,043	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	92,354	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	361,775	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	93,106	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	54,960	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	65,640	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	116,028	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	130,500	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	2,036,406	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	1,122,043	149,622	7.50	46,959	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		92,354	7,666	12.05	2,555	31.01
32.00	03200	CORONARY CARE UNIT		361,775	7,221	50.10	3,092	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		93,106	5,160	18.04	1,097	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		54,960	10,895	5.04	3,453	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		65,640	12,962	5.06	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		116,028	6,436	18.03	11	35.01
40.00	04000	SUBPROVIDER - IPF	0	130,500	25,858	5.05	6,457	40.00
43.00	04300	NURSERY		0	17,041	0.00	0	43.00
200.00		Total (lines 30 through 199)		2,036,406	242,861		63,624	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	352,193	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	30,788	31.01
32.00	03200	CORONARY CARE UNIT	154,909	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,790	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,403	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	198	35.01
40.00	04000	SUBPROVIDER - IPF	32,608	40.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	607,889	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,849,226	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	48,854	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	6,860	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	116,028	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	4,573	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	2,287	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	120,601	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	2,287	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	2,287	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	2,287	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	2,287	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	2,287	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	6,860	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	2,287	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	79,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		58,030	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,306,428	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

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		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	644,819,274	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,209,252	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	86,762,039	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,849,226	1,849,226	166,221,378	0.011125	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	134,878,635	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	41,731,035	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	44,087,923	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	211,943,875	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	168,692,505	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	108,175,222	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	492,466,823	0.000000	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	44,140,353	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	100,302,282	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	75,478,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,368,230	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,989,783	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,018,460	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,138,362	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	28,924,428	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	130,039,348	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	239,313,601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,065,543,315	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	71,360,729	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	1,521,046	0.000000	76.00
76.01	03951	BLANK	0	0	0	0	0.000000	76.01
76.02	03952	URODYNAMICS	0	0	0	2,662,712	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	2,090,890	0.000000	76.03
76.04	03954	BLANK	0	0	0	0	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	57,955,678	0.000000	76.05
76.06	03956	RECREATION THERAPY	0	0	0	473,790	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	508,164	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,001,073	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,135,907	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	11,619,211	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	10,528,854	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	8,029,363	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	13,399,039	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	4,624,694	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	48,854	48,854	18,671,636	0.002616	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	10,089,020	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,396,373	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	30,653,474	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	12,116,818	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	19,750,837	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	17,355,026	0.000000	90.10
90.11	09011	SURGERY CLINIC	0	6,860	6,860	7,118,443	0.000964	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	10,989,050	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	11,985,209	0.000000	90.13
90.14	09014	CANCER CLINIC	0	116,028	116,028	55,033,967	0.002108	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	7,092,667	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	10,630,043	0.000000	90.16
90.17	09017	BLANK	0	0	0	0	0.000000	90.17
90.18	09018	BLANK	0	0	0	0	0.000000	90.18
90.19	09019	BURN CLINIC	0	0	0	845,036	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	605,528	0.000000	90.20
90.21	09021	BLANK	0	0	0	0	0.000000	90.21
90.22	09022	BLANK	0	0	0	0	0.000000	90.22
90.23	09023	BLANK	0	0	0	0	0.000000	90.23
90.24	09024	BLANK	0	0	0	0	0.000000	90.24
90.25	09025	BLANK	0	0	0	0	0.000000	90.25
90.26	09026	BLANK	0	0	0	0	0.000000	90.26
90.27	09027	BLANK	0	0	0	0	0.000000	90.27
90.28	09028	BLANK	0	0	0	0	0.000000	90.28
90.29	09029	BLANK	0	0	0	0	0.000000	90.29
90.30	09030	BLANK	0	0	0	0	0.000000	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/20/2020 10:43 am

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		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	
90.31	09031	BLANK	0	0	0	0	0.000000	90.31
90.32	09032	BLANK	0	0	0	0	0.000000	90.32
90.33	09033	BLANK	0	0	0	0	0.000000	90.33
90.34	09034	BLANK	0	0	0	0	0.000000	90.34
90.35	09035	BLANK	0	0	0	0	0.000000	90.35
90.36	09036	BLANK	0	0	0	0	0.000000	90.36
90.37	09037	BLANK	0	0	0	0	0.000000	90.37
90.38	09038	BLANK	0	0	0	0	0.000000	90.38
90.39	09039	BLANK	0	0	0	0	0.000000	90.39
90.40	09040	BLANK	0	0	0	0	0.000000	90.40
90.41	09041	BLANK	0	0	0	0	0.000000	90.41
90.42	09042	BLANK	0	0	0	0	0.000000	90.42
90.43	09043	BLANK	0	0	0	0	0.000000	90.43
90.44	09044	BLANK	0	0	0	0	0.000000	90.44
90.45	09045	BLANK	0	0	0	0	0.000000	90.45
90.46	09046	BLANK	0	0	0	0	0.000000	90.46
90.47	09047	BLANK	0	0	0	0	0.000000	90.47
90.48	09048	BLANK	0	0	0	0	0.000000	90.48
90.49	09049	BLANK	0	0	0	0	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	4,573	4,573	11,238,495	0.000407	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	592,875	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	2,287	2,287	3,767,278	0.000607	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	120,601	120,601	10,646,203	0.011328	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,287	2,287	9,734,630	0.000235	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	2,287	2,287	5,198,776	0.000440	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	3,022,779	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	2,287	2,287	3,920,212	0.000583	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	2,287	2,287	6,606,878	0.000346	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	2,287	2,287	9,412,761	0.000243	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	70,766	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	106,943	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	1,793,422	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	2,901,117	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	840,519	0.000000	90.72
90.73	09073	BLANK	0	0	0	0	0.000000	90.73
90.74	09074	BLANK	0	0	0	0	0.000000	90.74
90.75	09075	BLANK	0	0	0	0	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	6,860	6,860	20,204,035	0.000340	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	1,333,555	0.000000	90.77
90.78	09078	BLANK	0	0	0	0	0.000000	90.78
90.79	09079	BLANK	0	0	0	0	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	2,287	2,287	7,027,469	0.000325	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	812,716	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	255,819	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	156,679	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	2,258,933	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	13,632	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0.000000	90.86
90.87	09087	BLANK	0	0	0	0	0.000000	90.87
90.88	09088	BLANK	0	0	0	0	0.000000	90.88
90.89	09089	BLANK	0	0	0	0	0.000000	90.89
90.90	09090	BLANK	0	0	0	0	0.000000	90.90
90.91	09091	BLANK	0	0	0	0	0.000000	90.91
90.92	09092	BLANK	0	0	0	0	0.000000	90.92
90.93	09093	BLANK	0	0	0	0	0.000000	90.93
90.94	09094	BLANK	0	0	0	0	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	10,832,650	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	4,917,918	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	631,891	0.000000	90.97
91.00	09100	EMERGENCY	0	79,387	79,387	131,990,534	0.000601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	58,030	58,030	40,767,297	0.001423	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

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		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	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,896,498	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	727,643	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	8,224,365	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,306,428	2,306,428	4,708,394,387		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/20/2020 10:43 am

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		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	99,090,176	0	61,488,081	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	302,472	0	8,183	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,130,851	0	7,557,539	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.011125	18,954,136	210,865	28,801,775	320,420	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,841,655	0	44,536,902	0	55.00
55.01	03630	ULTRA SOUND	0.000000	1,949,779	0	4,056,816	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	1,936,105	0	14,800,878	0	55.02
57.00	05700	CT SCAN	0.000000	25,396,530	0	47,370,840	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,371,912	0	29,435,013	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	18,322,186	0	20,010,171	0	59.00
60.00	06000	LABORATORY	0.000000	68,862,804	0	48,395,589	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0.000000	3,382,326	0	7,762,150	0	60.01
60.02	03140	CARDIOLOGY	0.000000	14,450,516	0	11,815,007	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	14,996,710	0	5,286,485	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	16,963,989	0	2,837,227	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,359,824	0	154,337	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,311,541	0	92,642	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,244,940	0	1,566,208	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,957,098	0	1,425,919	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	23,477,818	0	9,983,082	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	59,354,199	0	25,001,622	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	99,625,483	0	213,051,344	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	9,690,759	0	25,792	0	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	1,685	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.000000	0	0	885,175	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	2,388	0	553,864	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	6,140,361	0	13,094,794	0	76.05
76.06	03956	RECREATION THERAPY	0.000000	0	0	30,644	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0.000000	96	0	8,289	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	515,253	0	735,005	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76,785	0	519,835	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	6,755	0	193,845	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	2,038,680	0	461,534	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	19,791	0	2,388,714	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	21,573	0	5,016,112	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	3,787	0	539,998	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.002616	112,605	295	5,461,488	14,287	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	140,256	0	2,892,245	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	4,877	0	394,670	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	91,169	0	10,811,602	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	20,473	0	2,348,504	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	1,153,307	0	2,969,673	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	4,584	0	57,699	0	90.10
90.11	09011	SURGERY CLINIC	0.000964	46,627	45	1,435,118	1,383	90.11
90.12	09012	UROLOGY CLINIC	0.000000	37,625	0	4,133,098	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	9,997	0	1,029,239	0	90.13
90.14	09014	CANCER CLINIC	0.002108	338,347	713	18,298,428	38,573	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	10,179	0	773,302	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	2,103	0	1,225,748	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.000000	303	0	503,488	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	11,328	0	196,263	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000407	41,757	17	4,239,325	1,725	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	682	0	169,804	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000607	627	0	811,818	493	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.011328	27,096	307	3,283,402	37,194	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000235	827	0	852,267	200	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000440	3,369	1	2,024,705	891	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000000	5,815	0	1,042,069	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000583	305	0	450,517	263	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000346	0	0	939	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000243	3,789	1	1,106,734	269	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.000000	171	0	5,362	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	10,397	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.000000	3,644	0	411,181	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000	2,012	0	779,625	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000	1,621	0	458,305	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.000340	8,557	3	3,857,035	1,311	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.000000	0	0	234,932	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000325	10,468	3	1,214,837	395	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	7,423	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	17,291	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	14,377	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000	341	0	363,607	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	8,356	0	4,211,732	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	1,021	0	79,329	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	4,397	0	90.97
91.00	09100	EMERGENCY	0.000601	19,932,772	11,980	11,749,214	7,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001423	1,617,425	2,302	4,384,263	6,239	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	436,261	0	2,100,657	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	26,367	0	93.99

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		552,889,974	226,532	706,335,572	430,704	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231319	61,488,081	1,601,720	0	14,223,361	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233660	8,183	0	0	1,912	52.00
53.00	05300	ANESTHESIOLOGY	0.121236	7,557,539	0	0	916,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230278	28,801,775	0	0	6,632,415	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120797	44,536,902	0	0	5,379,924	55.00
55.01	03630	ULTRA SOUND	0.137916	4,056,816	0	0	559,500	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194097	14,800,878	0	0	2,872,806	55.02
57.00	05700	CT SCAN	0.038816	47,370,840	0	0	1,838,747	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054764	29,435,013	0	0	1,611,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093414	20,010,171	0	0	1,869,230	59.00
60.00	06000	LABORATORY	0.106751	48,395,589	14,794	0	5,166,278	60.00
60.01	03420	ANATOMICAL LABORATORY	0.170652	7,762,150	0	0	1,324,626	60.01
60.02	03140	CARDIOLOGY	0.147661	11,815,007	0	0	1,744,616	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230310	5,286,485	5,358	0	1,217,530	63.00
65.00	06500	RESPIRATORY THERAPY	0.175103	2,837,227	0	0	496,807	65.00
66.00	06600	PHYSICAL THERAPY	0.286975	154,337	0	0	44,291	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246015	92,642	0	0	22,791	67.00
69.00	06900	ELECTROCARDIOLOGY	0.074183	1,566,208	0	0	116,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187936	1,425,919	0	0	267,982	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.350126	9,983,082	21,156	0	3,495,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420249	25,001,622	0	0	10,506,907	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247369	213,051,344	1,026,460	0	52,702,298	73.00
74.00	07400	RENAL DIALYSIS	0.173957	25,792	10,392	0	4,487	74.00
76.00	03950	IVF/CULTURE LAB	0.850755	1,685	0	0	1,434	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.116496	885,175	0	0	103,119	76.02
76.03	03953	SPINE TREATMENT CENTER	0.369198	553,864	0	0	204,485	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.158327	13,094,794	0	0	2,073,259	76.05
76.06	03956	RECREATION THERAPY	2.880238	30,644	0	0	88,262	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.106194	8,289	0	0	9,169	76.08
76.97	07697	CARDIAC REHABILITATION	0.382048	735,005	0	0	280,807	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.328737	519,835	0	0	170,889	76.98
76.99	07699	LITHOTRIPSY	0.134540	193,845	0	0	26,080	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.445398	461,534	0	0	205,566	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.243725	2,388,714	0	0	582,189	90.01
90.02	09002	DERMATOLOGY CLINIC	0.252295	5,016,112	0	0	1,265,540	90.02
90.03	09003	ORAL SURGERY CLINIC	0.801944	539,998	0	0	433,048	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.106626	5,461,488	0	0	6,043,825	90.04
90.05	09005	NEUROLOGY CLINIC	0.461211	2,892,245	0	0	1,333,935	90.05
90.06	09006	OB-GYN CLINIC	0.995742	394,670	0	0	392,989	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.418179	10,811,602	0	0	4,521,185	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.752989	2,348,504	0	0	1,768,398	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.453893	2,969,673	0	0	1,347,914	90.09
90.10	09010	PEDIATRIC CLINIC	1.397788	57,699	0	0	80,651	90.10
90.11	09011	SURGERY CLINIC	1.385634	1,435,118	0	0	1,988,548	90.11
90.12	09012	UROLOGY CLINIC	0.293959	4,133,098	0	0	1,214,961	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.633340	1,029,239	0	0	651,858	90.13
90.14	09014	CANCER CLINIC	0.361166	18,298,428	0	0	6,608,770	90.14
90.15	09015	FAMILY CARE CLINIC	0.758013	773,302	0	0	586,173	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.324527	1,225,748	0	0	397,788	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.940593	503,488	0	0	473,577	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.234338	196,263	0	0	45,992	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.242333	4,239,325	0	0	1,027,328	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.506901	169,804	0	0	86,074	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.290199	811,818	0	0	235,589	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.463405	3,283,402	0	0	1,521,545	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.336675	852,267	0	0	286,937	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.413400	2,024,705	0	0	837,013	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.352894	1,042,069	0	0	367,740	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.296588	450,517	0	0	133,618	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.386840	939	0	0	363	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.219600	1,106,734	0	0	243,039	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.164330	5,362	0	0	881	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.150613	10,397	0	0	1,566	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.779855	411,181	0	0	320,662	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.459961	779,625	0	0	358,597	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.793121	458,305	0	0	363,491	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.307799	3,857,035	0	0	1,187,192	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.140893	234,932	0	0	33,100	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.506302	1,214,837	0	0	615,074	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.752537	7,423	0	0	5,586	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.136014	17,291	0	0	2,352	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.515672	14,377	0	0	7,414	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.353616	363,607	0	0	128,577	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.689187	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.229346	4,211,732	0	0	965,944	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.477528	79,329	0	0	37,882	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.613277	4,397	0	0	11,491	90.97

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0.146336	11,749,214	0	0	1,719,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205049	4,384,263	0	0	898,989	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.399463	2,100,657	0	0	839,135	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.125432	26,367	0	0	29,674	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.118215		0			94.00
95.00	09500	AMBULANCE SERVICES	0.818080		0			95.00
200.00		Subtotal (see instructions)		706,335,572	2,679,880	0	158,182,853	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		706,335,572	2,679,880	0	158,182,853	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	370,508	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,579	0		60.00
60.01	03420	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,234	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,407	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	253,914	0		73.00
74.00	07400	RENAL DIALYSIS	1,808	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.01	03951	BLANK	0	0		76.01
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.04	03954	BLANK	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0		76.05
76.06	03956	RECREATION THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	BLANK	0	0		90.17
90.18	09018	BLANK	0	0		90.18
90.19	09019	BURN CLINIC	0	0		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0		90.20
90.21	09021	BLANK	0	0		90.21
90.22	09022	BLANK	0	0		90.22
90.23	09023	BLANK	0	0		90.23
90.24	09024	BLANK	0	0		90.24
90.25	09025	BLANK	0	0		90.25
90.26	09026	BLANK	0	0		90.26
90.27	09027	BLANK	0	0		90.27
90.28	09028	BLANK	0	0		90.28
90.29	09029	BLANK	0	0		90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.30	09030	BLANK	0	0		90.30
90.31	09031	BLANK	0	0		90.31
90.32	09032	BLANK	0	0		90.32
90.33	09033	BLANK	0	0		90.33
90.34	09034	BLANK	0	0		90.34
90.35	09035	BLANK	0	0		90.35
90.36	09036	BLANK	0	0		90.36
90.37	09037	BLANK	0	0		90.37
90.38	09038	BLANK	0	0		90.38
90.39	09039	BLANK	0	0		90.39
90.40	09040	BLANK	0	0		90.40
90.41	09041	BLANK	0	0		90.41
90.42	09042	BLANK	0	0		90.42
90.43	09043	BLANK	0	0		90.43
90.44	09044	BLANK	0	0		90.44
90.45	09045	BLANK	0	0		90.45
90.46	09046	BLANK	0	0		90.46
90.47	09047	BLANK	0	0		90.47
90.48	09048	BLANK	0	0		90.48
90.49	09049	BLANK	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0		90.63
90.64	09064	IRL - CANCER CLINIC	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.71	09071	IRL - HEART CENTER	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0		90.72
90.73	09073	BLANK	0	0		90.73
90.74	09074	BLANK	0	0		90.74
90.75	09075	BLANK	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0		90.77
90.78	09078	BLANK	0	0		90.78
90.79	09079	BLANK	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.87	09087	BLANK	0	0		90.87
90.88	09088	BLANK	0	0		90.88
90.89	09089	BLANK	0	0		90.89
90.90	09090	BLANK	0	0		90.90
90.91	09091	BLANK	0	0		90.91
90.92	09092	BLANK	0	0		90.92
90.93	09093	BLANK	0	0		90.93
90.94	09094	BLANK	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	636,450	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	636,450	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,000,539	644,819,274	0.023263	567,437	13,200	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	519,565	33,209,252	0.015645	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,238,731	86,762,039	0.014277	203,018	2,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,276,801	166,221,378	0.031746	38,273	1,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,457,499	134,878,635	0.033048	49,581	1,639	55.00
55.01	03630	ULTRA SOUND	705,935	41,731,035	0.016916	13,761	233	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,318,837	44,087,923	0.029914	0	0	55.02
57.00	05700	CT SCAN	1,651,075	211,943,875	0.007790	170,529	1,328	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,393,478	168,692,505	0.014188	104,704	1,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,183,760	108,175,222	0.010943	0	0	59.00
60.00	06000	LABORATORY	3,387,676	492,466,823	0.006879	865,405	5,953	60.00
60.01	03420	ANATOMICAL LABORATORY	881,939	44,140,353	0.019980	392	8	60.01
60.02	03140	CARDIOLOGY	1,859,367	100,302,282	0.018538	23,479	435	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	774,449	75,478,699	0.010260	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,029,648	104,368,230	0.009866	76,854	758	65.00
66.00	06600	PHYSICAL THERAPY	407,575	33,989,783	0.011991	32,960	395	66.00
67.00	06700	OCCUPATIONAL THERAPY	130,066	14,018,460	0.009278	341,937	3,172	67.00
69.00	06900	ELECTROCARDIOLOGY	65,243	11,138,362	0.005858	63,612	373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	330,996	28,924,428	0.011443	29,773	341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,402,436	130,039,348	0.010785	31,786	343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,840,433	239,313,601	0.011869	1,648	20	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,158,133	1,065,543,315	0.006718	1,117,483	7,507	73.00
74.00	07400	RENAL DIALYSIS	1,123,954	71,360,729	0.015750	13,182	208	74.00
76.00	03950	IVF/CULTURE LAB	238,858	1,521,046	0.157035	0	0	76.00
76.01	03951	BLANK	0	0	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	59,828	2,662,712	0.022469	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	79,027	2,090,890	0.037796	0	0	76.03
76.04	03954	BLANK	0	0	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	1,153,461	57,955,678	0.019902	8,726	174	76.05
76.06	03956	RECREATION THERAPY	128,792	473,790	0.271834	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	47,795	508,164	0.094054	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	143,480	3,001,073	0.047810	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	52,316	2,135,907	0.024494	963	24	76.98
76.99	07699	LITHOTRIPSY	235,743	11,619,211	0.020289	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	103,074	10,528,854	0.009790	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	287,526	8,029,363	0.035809	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	394,672	13,399,039	0.029455	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	369,562	4,624,694	0.079911	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,279,617	18,671,636	0.122090	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	634,682	10,089,020	0.062908	0	0	90.05
90.06	09006	OB-GYN CLINIC	798,441	7,396,373	0.107950	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,455,621	30,653,474	0.047486	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	891,115	12,116,818	0.073544	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,208,765	19,750,837	0.061201	26,539	1,624	90.09
90.10	09010	PEDIATRIC CLINIC	3,405,975	17,355,026	0.196253	0	0	90.10
90.11	09011	SURGERY CLINIC	1,068,870	7,118,443	0.150155	0	0	90.11
90.12	09012	UROLOGY CLINIC	484,853	10,989,050	0.044121	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	755,779	11,985,209	0.063059	22,006	1,388	90.13
90.14	09014	CANCER CLINIC	1,524,238	55,033,967	0.027696	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	651,844	7,092,667	0.091904	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	354,331	10,630,043	0.033333	0	0	90.16
90.17	09017	BLANK	0	0	0.000000	0	0	90.17
90.18	09018	BLANK	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	23,303	845,036	0.027576	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	3,435	605,528	0.005673	0	0	90.20
90.21	09021	BLANK	0	0	0.000000	0	0	90.21
90.22	09022	BLANK	0	0	0.000000	0	0	90.22
90.23	09023	BLANK	0	0	0.000000	0	0	90.23
90.24	09024	BLANK	0	0	0.000000	0	0	90.24
90.25	09025	BLANK	0	0	0.000000	0	0	90.25
90.26	09026	BLANK	0	0	0.000000	0	0	90.26
90.27	09027	BLANK	0	0	0.000000	0	0	90.27
90.28	09028	BLANK	0	0	0.000000	0	0	90.28
90.29	09029	BLANK	0	0	0.000000	0	0	90.29
90.30	09030	BLANK	0	0	0.000000	0	0	90.30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.31	09031	BLANK	0	0	0.000000	0	0	90.31
90.32	09032	BLANK	0	0	0.000000	0	0	90.32
90.33	09033	BLANK	0	0	0.000000	0	0	90.33
90.34	09034	BLANK	0	0	0.000000	0	0	90.34
90.35	09035	BLANK	0	0	0.000000	0	0	90.35
90.36	09036	BLANK	0	0	0.000000	0	0	90.36
90.37	09037	BLANK	0	0	0.000000	0	0	90.37
90.38	09038	BLANK	0	0	0.000000	0	0	90.38
90.39	09039	BLANK	0	0	0.000000	0	0	90.39
90.40	09040	BLANK	0	0	0.000000	0	0	90.40
90.41	09041	BLANK	0	0	0.000000	0	0	90.41
90.42	09042	BLANK	0	0	0.000000	0	0	90.42
90.43	09043	BLANK	0	0	0.000000	0	0	90.43
90.44	09044	BLANK	0	0	0.000000	0	0	90.44
90.45	09045	BLANK	0	0	0.000000	0	0	90.45
90.46	09046	BLANK	0	0	0.000000	0	0	90.46
90.47	09047	BLANK	0	0	0.000000	0	0	90.47
90.48	09048	BLANK	0	0	0.000000	0	0	90.48
90.49	09049	BLANK	0	0	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	477,089	11,238,495	0.042451	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	17,775	592,875	0.029981	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	213,768	3,767,278	0.056743	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	547,019	10,646,203	0.051382	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	436,747	9,734,630	0.044865	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	390,257	5,198,776	0.075067	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	121,757	3,022,779	0.040280	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	175,142	3,920,212	0.044677	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	343,855	6,606,878	0.052045	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	379,009	9,412,761	0.040265	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	1,542	70,766	0.021790	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	2,258	106,943	0.021114	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	309,934	1,793,422	0.172817	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	171,799	2,901,117	0.059218	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	28,069	840,519	0.033395	0	0	90.72
90.73	09073	BLANK	0	0	0.000000	0	0	90.73
90.74	09074	BLANK	0	0	0.000000	0	0	90.74
90.75	09075	BLANK	0	0	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,163,943	20,204,035	0.057609	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	26,894	1,333,555	0.020167	0	0	90.77
90.78	09078	BLANK	0	0	0.000000	0	0	90.78
90.79	09079	BLANK	0	0	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	508,767	7,027,469	0.072397	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	137,202	812,716	0.168819	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	9,577	255,819	0.037437	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	9,468	156,679	0.060429	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	114,577	2,258,933	0.050722	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,525	13,632	0.185226	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0.000000	0	0	90.86
90.87	09087	BLANK	0	0	0.000000	0	0	90.87
90.88	09088	BLANK	0	0	0.000000	0	0	90.88
90.89	09089	BLANK	0	0	0.000000	0	0	90.89
90.90	09090	BLANK	0	0	0.000000	0	0	90.90
90.91	09091	BLANK	0	0	0.000000	0	0	90.91
90.92	09092	BLANK	0	0	0.000000	0	0	90.92
90.93	09093	BLANK	0	0	0.000000	0	0	90.93
90.94	09094	BLANK	0	0	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	109,027	10,832,650	0.010065	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	77,012	4,917,918	0.015659	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	37,334	631,891	0.059083	0	0	90.97
91.00	09100	EMERGENCY	1,361,790	131,990,534	0.010317	815,329	8,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	40,767,297	0.000000	0	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,223	17,896,498	0.019569	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	121,449	727,643	0.166907	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	89,735	8,224,365	0.010911	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	81,708,681	4,708,394,387		4,619,377	53,134	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,849,226	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	48,854	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	6,860	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	116,028	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	4,573	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	2,287	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	120,601	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	2,287	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	2,287	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	2,287	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	2,287	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	2,287	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	6,860	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	2,287	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	BLANK	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	79,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,248,398	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	644,819,274	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,209,252	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	86,762,039	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,849,226	1,849,226	166,221,378	0.011125	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	134,878,635	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	41,731,035	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	44,087,923	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	211,943,875	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	168,692,505	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	108,175,222	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	492,466,823	0.000000	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	0	44,140,353	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	100,302,282	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	75,478,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,368,230	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,989,783	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,018,460	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,138,362	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	28,924,428	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	130,039,348	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	239,313,601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,065,543,315	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	71,360,729	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	1,521,046	0.000000	76.00
76.01	03951	BLANK	0	0	0	0	0.000000	76.01
76.02	03952	URODYNAMICS	0	0	0	2,662,712	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	2,090,890	0.000000	76.03
76.04	03954	BLANK	0	0	0	0	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	57,955,678	0.000000	76.05
76.06	03956	RECREATION THERAPY	0	0	0	473,790	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	508,164	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,001,073	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,135,907	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	11,619,211	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	10,528,854	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	8,029,363	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	13,399,039	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	4,624,694	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	48,854	48,854	18,671,636	0.002616	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	10,089,020	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,396,373	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	30,653,474	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	12,116,818	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	19,750,837	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	17,355,026	0.000000	90.10
90.11	09011	SURGERY CLINIC	0	6,860	6,860	7,118,443	0.000964	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	10,989,050	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	11,985,209	0.000000	90.13
90.14	09014	CANCER CLINIC	0	116,028	116,028	55,033,967	0.002108	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	7,092,667	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	10,630,043	0.000000	90.16
90.17	09017	BLANK	0	0	0	0	0.000000	90.17
90.18	09018	BLANK	0	0	0	0	0.000000	90.18
90.19	09019	BURN CLINIC	0	0	0	845,036	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	605,528	0.000000	90.20
90.21	09021	BLANK	0	0	0	0	0.000000	90.21
90.22	09022	BLANK	0	0	0	0	0.000000	90.22
90.23	09023	BLANK	0	0	0	0	0.000000	90.23
90.24	09024	BLANK	0	0	0	0	0.000000	90.24
90.25	09025	BLANK	0	0	0	0	0.000000	90.25
90.26	09026	BLANK	0	0	0	0	0.000000	90.26
90.27	09027	BLANK	0	0	0	0	0.000000	90.27
90.28	09028	BLANK	0	0	0	0	0.000000	90.28
90.29	09029	BLANK	0	0	0	0	0.000000	90.29

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
90.30	09030	BLANK	0	0	0	0	0.000000	90.30
90.31	09031	BLANK	0	0	0	0	0.000000	90.31
90.32	09032	BLANK	0	0	0	0	0.000000	90.32
90.33	09033	BLANK	0	0	0	0	0.000000	90.33
90.34	09034	BLANK	0	0	0	0	0.000000	90.34
90.35	09035	BLANK	0	0	0	0	0.000000	90.35
90.36	09036	BLANK	0	0	0	0	0.000000	90.36
90.37	09037	BLANK	0	0	0	0	0.000000	90.37
90.38	09038	BLANK	0	0	0	0	0.000000	90.38
90.39	09039	BLANK	0	0	0	0	0.000000	90.39
90.40	09040	BLANK	0	0	0	0	0.000000	90.40
90.41	09041	BLANK	0	0	0	0	0.000000	90.41
90.42	09042	BLANK	0	0	0	0	0.000000	90.42
90.43	09043	BLANK	0	0	0	0	0.000000	90.43
90.44	09044	BLANK	0	0	0	0	0.000000	90.44
90.45	09045	BLANK	0	0	0	0	0.000000	90.45
90.46	09046	BLANK	0	0	0	0	0.000000	90.46
90.47	09047	BLANK	0	0	0	0	0.000000	90.47
90.48	09048	BLANK	0	0	0	0	0.000000	90.48
90.49	09049	BLANK	0	0	0	0	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	4,573	4,573	11,238,495	0.000407	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	592,875	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	2,287	2,287	3,767,278	0.000607	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	120,601	120,601	10,646,203	0.011328	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,287	2,287	9,734,630	0.000235	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	2,287	2,287	5,198,776	0.000440	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	3,022,779	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	2,287	2,287	3,920,212	0.000583	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	2,287	2,287	6,606,878	0.000346	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	2,287	2,287	9,412,761	0.000243	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	70,766	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	106,943	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	1,793,422	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	2,901,117	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	840,519	0.000000	90.72
90.73	09073	BLANK	0	0	0	0	0.000000	90.73
90.74	09074	BLANK	0	0	0	0	0.000000	90.74
90.75	09075	BLANK	0	0	0	0	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	6,860	6,860	20,204,035	0.000340	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	1,333,555	0.000000	90.77
90.78	09078	BLANK	0	0	0	0	0.000000	90.78
90.79	09079	BLANK	0	0	0	0	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	2,287	2,287	7,027,469	0.000325	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	812,716	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	255,819	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	156,679	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	2,258,933	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	13,632	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0.000000	90.86
90.87	09087	BLANK	0	0	0	0	0.000000	90.87
90.88	09088	BLANK	0	0	0	0	0.000000	90.88
90.89	09089	BLANK	0	0	0	0	0.000000	90.89
90.90	09090	BLANK	0	0	0	0	0.000000	90.90
90.91	09091	BLANK	0	0	0	0	0.000000	90.91
90.92	09092	BLANK	0	0	0	0	0.000000	90.92
90.93	09093	BLANK	0	0	0	0	0.000000	90.93
90.94	09094	BLANK	0	0	0	0	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	10,832,650	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	4,917,918	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	631,891	0.000000	90.97

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	79,387	79,387	131,990,534	0.000601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	40,767,297	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,896,498	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	727,643	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	8,224,365	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,248,398	2,248,398	4,708,394,387		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	567,437	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	203,018	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.011125	38,273	426	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	49,581	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.000000	13,761	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	0	0	0	0	55.02
57.00	05700	CT SCAN	0.000000	170,529	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	104,704	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	865,405	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0.000000	392	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.000000	23,479	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	76,854	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	32,960	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	341,937	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	63,612	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	29,773	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	31,786	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,648	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,117,483	0	2,112	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	13,182	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.000000	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	0	0	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	8,726	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0.000000	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	963	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.002616	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	26,539	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0.000964	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	22,006	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.002108	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	0	0	0	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000407	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000607	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.011328	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000235	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000440	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000000	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000583	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000346	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000243	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.000000	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000	0	0	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.000340	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.000000	0	0	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000325	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.000601	815,329	490	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		4,619,377	916	2,112	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231319	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233660	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.121236	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230278	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120797	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.137916	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194097	0	0	0	0	55.02
57.00	05700	CT SCAN	0.038816	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054764	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093414	0	0	0	0	59.00
60.00	06000	LABORATORY	0.106751	0	0	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0.170652	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.147661	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230310	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.175103	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.286975	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246015	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.074183	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187936	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.350126	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420249	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247369	2,112	2,298	0	522	73.00
74.00	07400	RENAL DIALYSIS	0.173957	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.850755	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.116496	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.369198	0	0	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.158327	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	2.880238	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.106194	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.382048	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.328737	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.134540	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.445398	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.243725	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.252295	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.801944	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.106626	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.461211	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.995742	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.418179	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.752989	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.453893	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1.397788	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1.385634	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.293959	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.633340	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.361166	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.758013	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.324527	0	0	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.940593	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.234338	0	0	0	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.242333	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.506901	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.290199	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.463405	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.336675	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.413400	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.352894	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.296588	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.386840	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.219600	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.164330	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.150613	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.779855	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.459961	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.793121	0	0	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.307799	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.140893	0	0	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.506302	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.752537	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.136014	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.515672	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.353616	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.689187	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.229346	0	0	0	0	90.95

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

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

Worksheet D
Part V
Date/Time Prepared:
11/20/2020 10:43 am

Title XVIII

Subprovider - IPF

PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.477528	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.613277	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.146336	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205049	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.399463	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.125432	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.118215		0			94.00
95.00	09500	AMBULANCE SERVICES	0.818080		0			95.00
200.00		Subtotal (see instructions)		2,112	2,298	0	522	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,112	2,298	0	522	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	55.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	03420	ANATOMICAL LABORATORY	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	568	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	76.00
76.01	03951	BLANK	0	0	76.01
76.02	03952	URODYNAMICS	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	76.03
76.04	03954	BLANK	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	76.06
76.07	03957	CDC - REHAB	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	90.16
90.17	09017	BLANK	0	0	90.17
90.18	09018	BLANK	0	0	90.18
90.19	09019	BURN CLINIC	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	90.20
90.21	09021	BLANK	0	0	90.21
90.22	09022	BLANK	0	0	90.22
90.23	09023	BLANK	0	0	90.23
90.24	09024	BLANK	0	0	90.24
90.25	09025	BLANK	0	0	90.25
90.26	09026	BLANK	0	0	90.26
90.27	09027	BLANK	0	0	90.27
90.28	09028	BLANK	0	0	90.28

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.29	09029	BLANK	0	0		90.29
90.30	09030	BLANK	0	0		90.30
90.31	09031	BLANK	0	0		90.31
90.32	09032	BLANK	0	0		90.32
90.33	09033	BLANK	0	0		90.33
90.34	09034	BLANK	0	0		90.34
90.35	09035	BLANK	0	0		90.35
90.36	09036	BLANK	0	0		90.36
90.37	09037	BLANK	0	0		90.37
90.38	09038	BLANK	0	0		90.38
90.39	09039	BLANK	0	0		90.39
90.40	09040	BLANK	0	0		90.40
90.41	09041	BLANK	0	0		90.41
90.42	09042	BLANK	0	0		90.42
90.43	09043	BLANK	0	0		90.43
90.44	09044	BLANK	0	0		90.44
90.45	09045	BLANK	0	0		90.45
90.46	09046	BLANK	0	0		90.46
90.47	09047	BLANK	0	0		90.47
90.48	09048	BLANK	0	0		90.48
90.49	09049	BLANK	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0		90.63
90.64	09064	IRL - CANCER CLINIC	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.71	09071	IRL - HEART CENTER	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0		90.72
90.73	09073	BLANK	0	0		90.73
90.74	09074	BLANK	0	0		90.74
90.75	09075	BLANK	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0		90.77
90.78	09078	BLANK	0	0		90.78
90.79	09079	BLANK	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.87	09087	BLANK	0	0		90.87
90.88	09088	BLANK	0	0		90.88
90.89	09089	BLANK	0	0		90.89
90.90	09090	BLANK	0	0		90.90
90.91	09091	BLANK	0	0		90.91
90.92	09092	BLANK	0	0		90.92
90.93	09093	BLANK	0	0		90.93
90.94	09094	BLANK	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	568	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	568	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	149,622	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	149,622	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)	141,884	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)	46,959	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)	161,634,660	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)	161,634,660	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)	161,634,660	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)	1,080.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	50,729,338	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)	50,729,338	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/20/2020 10:43 am

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	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	14,837,554	7,666	1,935.50	2,555	4,945,203	43.01
44.00	CORONARY CARE UNIT	14,253,514	7,221	1,973.90	3,092	6,103,299	44.00
45.00	BURN INTENSIVE CARE UNIT	8,304,770	5,160	1,609.45	1,097	1,765,567	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	19,185,393	10,895	1,760.94	3,453	6,080,526	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	25,360,167	12,962	1,956.50	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	16,624,393	6,436	2,583.03	11	28,413	47.01

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	119,394,915	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	189,047,261	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,550,067	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,678,003	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,228,070	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	175,819,191	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	7,738	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,080.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,359,284	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/20/2020 10:43 am

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	11,912,610	161,634,660	0.073701	8,359,284	616,088	90.00
91.00	Nursing School cost	0	161,634,660	0.000000	8,359,284	0	91.00
92.00	Allied health cost	1,122,043	161,634,660	0.006942	8,359,284	58,030	92.00
93.00	All other Medical Education	0	161,634,660	0.000000	8,359,284	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	25,858	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,858	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)	25,858	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)	6,457	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	20,104,732	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	20,104,732	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	20,104,732	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)	777.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,020,382	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,020,382	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	836,069	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,856,451	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)	324,400	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	54,050	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	378,450	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,478,001	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: 16-0058
Component CCN: 16-S058

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

Worksheet D-1

Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII

Subprovider - IPF

PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,168,409	20,104,732	0.058116	0	0	90.00
91.00	Nursing School cost	0	20,104,732	0.000000	0	0	91.00
92.00	Allied health cost	130,500	20,104,732	0.006491	0	0	92.00
93.00	All other Medical Education	0	20,104,732	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

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		137,725,484		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		15,178,413		31.01
32.00	03200	CORONARY CARE UNIT		19,950,317		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,437,328		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		22,530,614		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		74,969		35.01
40.00	04000	SUBPROVIDER - IPF		2,757		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.231319	99,090,176	22,921,440	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233660	302,472	70,676	52.00
53.00	05300	ANESTHESIOLOGY	0.121236	11,130,851	1,349,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230278	18,954,136	4,364,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120797	2,841,655	343,263	55.00
55.01	03630	ULTRA SOUND	0.137916	1,949,779	268,906	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194097	1,936,105	375,792	55.02
57.00	05700	CT SCAN	0.038816	25,396,530	985,792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054764	12,371,912	677,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093414	18,322,186	1,711,549	59.00
60.00	06000	LABORATORY	0.107138	68,862,804	7,377,823	60.00
60.01	03420	ANATOMICAL LABORATORY	0.171867	3,382,326	581,310	60.01
60.02	03140	CARDIOLOGY	0.147661	14,450,516	2,133,778	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230310	14,996,710	3,453,892	63.00
65.00	06500	RESPIRATORY THERAPY	0.175103	16,963,989	2,970,445	65.00
66.00	06600	PHYSICAL THERAPY	0.286975	6,359,824	1,825,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246015	3,311,541	814,689	67.00
69.00	06900	ELECTROCARDIOLOGY	0.074183	2,244,940	166,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187936	4,957,098	931,617	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.350126	23,477,818	8,220,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420249	59,354,199	24,943,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247369	99,625,483	24,644,256	73.00
74.00	07400	RENAL DIALYSIS	0.173957	9,690,759	1,685,775	74.00
76.00	03950	IVF/CULTURE LAB	0.850755	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	0.116496	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.369198	2,388	882	76.03
76.04	03954	BLANK	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.158327	6,140,361	972,185	76.05
76.06	03956	RECREATION THERAPY	2.880238	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.106194	96	106	76.08
76.97	07697	CARDIAC REHABILITATION	0.382048	515,253	196,851	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.328737	76,785	25,242	76.98
76.99	07699	LITHOTRIPSY	0.134540	6,755	909	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.445398	2,038,680	908,024	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.243725	19,791	4,824	90.01
90.02	09002	DERMATOLOGY CLINIC	0.252295	21,573	5,443	90.02
90.03	09003	ORAL SURGERY CLINIC	0.801944	3,787	3,037	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.106626	112,605	124,612	90.04
90.05	09005	NEUROLOGY CLINIC	0.461211	140,256	64,688	90.05
90.06	09006	OB-GYN CLINIC	0.995742	4,877	4,856	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.418179	91,169	38,125	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.752989	20,473	15,416	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.453893	1,153,307	523,478	90.09
90.10	09010	PEDIATRIC CLINIC	1.397788	4,584	6,407	90.10
90.11	09011	SURGERY CLINIC	1.385634	46,627	64,608	90.11
90.12	09012	UROLOGY CLINIC	0.293959	37,625	11,060	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.633340	9,997	6,331	90.13
90.14	09014	CANCER CLINIC	0.361166	338,347	122,199	90.14
90.15	09015	FAMILY CARE CLINIC	0.758013	10,179	7,716	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.324527	2,103	682	90.16
90.17	09017	BLANK	0.000000	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.940593	303	285	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.234338	11,328	2,655	90.20
90.21	09021	BLANK	0.000000	0	0	90.21

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

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	
90.22	09022	BLANK	0.000000	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.242333	41,757	10,119	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.506901	682	346	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.290199	627	182	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.463405	27,096	12,556	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.336675	827	278	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.413400	3,369	1,393	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.352894	5,815	2,052	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.296588	305	90	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.386840	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.219600	3,789	832	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.164330	171	28	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.150613	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.779855	3,644	2,842	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.459961	2,012	925	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.793121	1,621	1,286	90.72
90.73	09073	BLANK	0.000000	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.307799	8,557	2,634	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.140893	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.506302	10,468	5,300	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.752537	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.136014	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.515672	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.353616	341	121	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.689187	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	90.92

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

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	
90.93	09093	BLANK	0.000000	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.229346	8,356	1,916	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.477528	1,021	488	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.613277	0	0	90.97
91.00	09100	EMERGENCY	0.146336	19,932,772	2,916,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205049	1,617,425	331,651	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.399463	436,261	174,270	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.125432	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.118215	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		552,889,974	119,394,915	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)		552,889,974		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
40.00	04000	SUBPROVIDER - IPF		11,664,361		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.231319	567,437	131,259	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233660	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.121236	203,018	24,613	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230278	38,273	8,813	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120797	49,581	5,989	55.00
55.01	03630	ULTRA SOUND	0.137916	13,761	1,898	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194097	0	0	55.02
57.00	05700	CT SCAN	0.038816	170,529	6,619	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054764	104,704	5,734	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093414	0	0	59.00
60.00	06000	LABORATORY	0.107138	865,405	92,718	60.00
60.01	03420	ANATOMICAL LABORATORY	0.171867	392	67	60.01
60.02	03140	CARDIOLOGY	0.147661	23,479	3,467	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230310	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.175103	76,854	13,457	65.00
66.00	06600	PHYSICAL THERAPY	0.286975	32,960	9,459	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246015	341,937	84,122	67.00
69.00	06900	ELECTROCARDIOLOGY	0.074183	63,612	4,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187936	29,773	5,595	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.350126	31,786	11,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420249	1,648	693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247369	1,117,483	276,431	73.00
74.00	07400	RENAL DIALYSIS	0.173957	13,182	2,293	74.00
76.00	03950	IVF/CULTURE LAB	0.850755	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	0.116496	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.369198	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.158327	8,726	1,382	76.05
76.06	03956	RECREATION THERAPY	2.880238	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.106194	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.382048	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.328737	963	317	76.98
76.99	07699	LITHOTRIPSY	0.134540	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.445398	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.243725	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.252295	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.801944	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.106626	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.461211	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.995742	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.418179	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.752989	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.453893	26,539	12,046	90.09
90.10	09010	PEDIATRIC CLINIC	1.397788	0	0	90.10
90.11	09011	SURGERY CLINIC	1.385634	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.293959	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.633340	22,006	13,937	90.13
90.14	09014	CANCER CLINIC	0.361166	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.758013	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.324527	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.940593	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.234338	0	0	90.20

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.21	09021	BLANK	0.000000	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.242333	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.506901	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.290199	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.463405	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.336675	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.413400	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.352894	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.296588	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.386840	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.219600	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.164330	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.150613	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.779855	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.459961	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.793121	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.307799	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.140893	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.506302	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.752537	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.136014	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.515672	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.353616	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.689187	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	90.86
90.87	09087	BLANK	0.000000	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	90.90

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.91	09091	BLANK	0.000000	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.229346	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.477528	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.613277	0	0	90.97
91.00	09100	EMERGENCY	0.146336	815,329	119,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205049	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.399463	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.125432	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.118215	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,619,377	836,069	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)		4,619,377		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

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	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	166,192	1,080.29	67	72,379	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	18,623	1,935.50	2	3,871	2.01
3.00	CORONARY CARE UNIT	44.00	32,321	1,973.90	5	9,870	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	4,920	1,609.45	1	1,609	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	68,503	1,760.94	10	17,609	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,956.50	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	20,412	2,583.03	4	10,332	6.01
7.00	TOTAL (sum of lines 1 through 6)		310,971		89	115,670	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.231319	1,232,947	285,204	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233660	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.121236	155,831	18,892	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230278	288,481	66,431	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.120797	0	0	13.00
13.01	ULTRA SOUND	55.01	0.137916	42,208	5,821	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194097	415,742	80,694	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.038816	985,761	38,263	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054764	51,632	2,828	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093414	106,778	9,975	17.00
18.00	LABORATORY	60.00	0.106751	1,602,321	171,049	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.170652	10,946	1,868	18.01
18.02	CARDIOLOGY	60.02	0.147661	1,452,436	214,468	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230310	171,957	39,603	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.175103	71,230	12,473	23.00
24.00	PHYSICAL THERAPY	66.00	0.286975	632	181	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.246015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074183	57,610	4,274	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187936	10,612	1,994	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.350126	148,473	51,984	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.420249	12,124	5,095	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247369	578,072	142,997	31.00
32.00	RENAL DIALYSIS	74.00	0.173957	46,293	8,053	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.850755	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.116496	16,007	1,865	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.369198	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.158327	20,187	3,196	34.05
34.06	RECREATION THERAPY	76.06	2.880238	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.106194	16,768	18,549	34.08
34.97	CARDIAC REHABILITATION	76.97	0.382048	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.328737	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.134540	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.243725	460	112	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.252295	244	62	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.801944	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.106626	13,516	14,957	37.04
37.05	NEUROLOGY CLINIC	90.05	0.461211	2,939	1,355	37.05
37.06	OB-GYN CLINIC	90.06	0.995742	230	229	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.418179	230	96	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.752989	230	173	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.453893	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.397788	1,661	2,322	37.10
37.11	SURGERY CLINIC	90.11	1.385634	209,684	290,545	37.11
37.12	UROLOGY CLINIC	90.12	0.293959	21,021	6,179	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.633340	8,439	5,345	37.13
37.14	CANCER CLINIC	90.14	0.361166	1,652	597	37.14
37.15	FAMILY CARE CLINIC	90.15	0.758013	34	26	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.324527	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.940593	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.234338	1,380	323	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.242333	45,519	11,031	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.506901	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.290199	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.463405	23,012	10,664	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.336675	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.413400	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.352894	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.296588	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.386840	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.219600	8,452	1,856	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.164330	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.150613	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.779855	230	179	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.459961	2,560	1,178	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.793121	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.307799	6,207	1,911	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.140893	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.506302	1,052	533	37.80

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.752537	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.136014	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.515672	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.353616	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.689187	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	BLANK	90.87	0.000000	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.229346	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.477528	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.613277	0	0	37.97
38.00	EMERGENCY	91.00	0.146336	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205049	44,874	9,201	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.399463	3,300	1,318	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.125432	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			7,891,974	1,545,949	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	67	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	2	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	5	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	10	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	4	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			89	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	460	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	244	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	13,516	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	2,939	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	230	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	230	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	230	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	1,661	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	209,684	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	21,021	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	8,439	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,652	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	34	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	1,380	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.22	BLANK	23.22	0	0.000000	0	51.22
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	45,519	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	23,012	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	8,452	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	230	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	2,560	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	6,207	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	1,052	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	BLANK	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.92	BLANK	23.92	0	0.000000	0	51.92
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	44,874	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	3,300	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		396,926		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,661,619		8,202,945		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,366,222		15,562,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	9,027,841		23,764,945		61.00
62.00	Total Usable Organs (see instructions)		156			62.00
63.00	Medicare Usable Organs (see instructions)		106			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.679487			64.00
65.00	Medicare Cost/Charges (see instructions)	6,134,301		16,147,971		65.00
66.00	Revenue for Organs Sold	311,661		311,661		66.00
67.00	Subtotal (line 65 minus line 66)	5,822,640		15,836,310		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,822,640	0	15,836,310	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	25	46		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	7	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	80		73.00
74.00	Total (sum of lines 70 through 73)	32	126		74.00
75.00	Organs Transplanted	23	80	15,562,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	44	311,661	77.00
78.00	Organs Sold to Transplant Hospitals	9	0	109,609	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	32	126		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

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	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,096	1,080.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	5,095	1,935.50	1	1,936	2.01
3.00	CORONARY CARE UNIT	44.00	3,163	1,973.90	1	1,974	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,460	1,609.45	1	1,609	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	30,035	1,760.94	5	8,805	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,956.50	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	10,206	2,583.03	2	5,166	6.01
7.00	TOTAL (sum of lines 1 through 6)		52,055		10	19,490	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.231319	129,000	29,840	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233660	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.121236	15,093	1,830	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230278	47,939	11,039	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.120797	4,366	527	13.00
13.01	ULTRA SOUND	55.01	0.137916	23,056	3,180	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194097	61,017	11,843	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.038816	130,075	5,049	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054764	57,613	3,155	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093414	41,513	3,878	17.00
18.00	LABORATORY	60.00	0.106751	604,663	64,548	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.170652	23,352	3,985	18.01
18.02	CARDIOLOGY	60.02	0.147661	326,671	48,237	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230310	48,706	11,217	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.175103	34,170	5,983	23.00
24.00	PHYSICAL THERAPY	66.00	0.286975	300	86	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.246015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074183	10,014	743	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187936	2,898	545	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.350126	9,256	3,241	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.420249	82	34	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247369	88,866	21,983	31.00
32.00	RENAL DIALYSIS	74.00	0.173957	2,993	521	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.850755	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.116496	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.369198	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.158327	13,151	2,082	34.05
34.06	RECREATION THERAPY	76.06	2.880238	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.106194	4,928	5,451	34.08
34.97	CARDIAC REHABILITATION	76.97	0.382048	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.328737	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.134540	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.243725	230	56	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.252295	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.801944	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.106626	6,690	7,403	37.04
37.05	NEUROLOGY CLINIC	90.05	0.461211	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.995742	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.418179	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.752989	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.453893	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.397788	396	554	37.10
37.11	SURGERY CLINIC	90.11	1.385634	38,423	53,240	37.11
37.12	UROLOGY CLINIC	90.12	0.293959	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.633340	5,529	3,502	37.13
37.14	CANCER CLINIC	90.14	0.361166	1,347	486	37.14
37.15	FAMILY CARE CLINIC	90.15	0.758013	132	100	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.324527	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.940593	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.234338	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.242333	2,984	723	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.506901	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.290199	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.463405	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.336675	230	77	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.413400	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.352894	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.296588	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.386840	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.219600	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.164330	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.150613	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.779855	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.459961	294	135	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.793121	304	241	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.307799	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.140893	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.506302	0	0	37.80

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.752537	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.136014	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.515672	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.353616	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.689187	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	BLANK	90.87	0.000000	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.229346	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.477528	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.613277	0	0	37.97
38.00	EMERGENCY	91.00	0.146336	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205049	11,529	2,364	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.399463	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.125432	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,747,810	307,878	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	5	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	2	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			10	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	230	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	6,690	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	396	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	38,423	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	5,529	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,347	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	132	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.22	BLANK	23.22	0	0.000000	0	51.22
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	2,984	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	230	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	294	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	304	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	BLANK	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.92	BLANK	23.92	0	0.000000	0	51.92
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	11,529	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		68,088		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	327,368		1,799,865		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,670,282		4,732,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,997,650		6,531,865		61.00
62.00	Total Usable Organs (see instructions)		45			62.00
63.00	Medicare Usable Organs (see instructions)		16			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.355556			64.00
65.00	Medicare Cost/Charges (see instructions)	1,065,832		2,322,444		65.00
66.00	Revenue for Organs Sold	121,934		121,934		66.00
67.00	Subtotal (line 65 minus line 66)	943,898		2,200,510		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	943,898	0	2,200,510	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	28		73.00
74.00	Total (sum of lines 70 through 73)	0	46		74.00
75.00	Organs Transplanted	0	28	4,732,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	16	121,934	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	1		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	46		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	472	1,080.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	5,095	1,935.50	1	1,936	2.01
3.00	CORONARY CARE UNIT	44.00	68	1,973.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,609.45	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	23,710	1,760.94	4	7,044	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,956.50	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,583.03	0	0	6.01
7.00	TOTAL (sum of lines 1 through 6)		29,345		5	8,980	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.231319	75,805	17,535	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233660	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.121236	10,395	1,260	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230278	10,332	2,379	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.120797	0	0	13.00
13.01	ULTRA SOUND	55.01	0.137916	41,681	5,748	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194097	10,222	1,984	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.038816	28,331	1,100	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054764	5,477	300	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093414	150,401	14,050	17.00
18.00	LABORATORY	60.00	0.106751	237,218	25,323	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.170652	288	49	18.01
18.02	CARDIOLOGY	60.02	0.147661	123,749	18,273	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230310	11,287	2,600	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.175103	18,766	3,286	23.00
24.00	PHYSICAL THERAPY	66.00	0.286975	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.246015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074183	1,003	74	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187936	1,246	234	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.350126	106,457	37,273	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.420249	82	34	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247369	61,148	15,126	31.00
32.00	RENAL DIALYSIS	74.00	0.173957	2,993	521	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.850755	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.116496	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.369198	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.158327	0	0	34.05
34.06	RECREATION THERAPY	76.06	2.880238	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.106194	1,408	1,558	34.08
34.97	CARDIAC REHABILITATION	76.97	0.382048	2,097	801	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.328737	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.134540	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.243725	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.252295	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.801944	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.106626	39,494	43,705	37.04
37.05	NEUROLOGY CLINIC	90.05	0.461211	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.995742	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.418179	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.752989	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.453893	0	0	37.09

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.397788	3,288	4,596	37.10
37.11	SURGERY CLINIC	90.11	1.385634	1,849	2,562	37.11
37.12	UROLOGY CLINIC	90.12	0.293959	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.633340	658	417	37.13
37.14	CANCER CLINIC	90.14	0.361166	2,062	745	37.14
37.15	FAMILY CARE CLINIC	90.15	0.758013	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.324527	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.940593	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.234338	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.242333	12,994	3,149	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.506901	230	117	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.290199	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.463405	882	409	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.336675	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.413400	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.352894	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.296588	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.386840	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.219600	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.164330	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.150613	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.779855	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.459961	0	0	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.793121	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.307799	814	251	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.140893	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.506302	0	0	37.80

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.752537	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.136014	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.515672	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.353616	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.689187	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	BLANK	90.87	0.000000	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.229346	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.477528	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.613277	0	0	37.97
38.00	EMERGENCY	91.00	0.146336	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205049	6,537	1,340	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.399463	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.125432	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			969,194	206,799	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	4	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	39,494	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	3,288	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	1,849	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	658	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	2,062	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN:

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

Worksheet D-4

Date/Time Prepared: 11/20/2020 10:43 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.22	BLANK	23.22	0	0.000000	0	51.22
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	12,994	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	230	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	882	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	814	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	BLANK	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.92	BLANK	23.92	0	0.000000	0	51.92
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	6,537	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		68,808		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	215,779		998,539		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,079,301		3,961,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,295,080		4,959,539		61.00
62.00	Total Usable Organs (see instructions)		28			62.00
63.00	Medicare Usable Organs (see instructions)		12			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.428571			64.00
65.00	Medicare Cost/Charges (see instructions)	983,605		2,125,515		65.00
66.00	Revenue for Organs Sold	92,193		92,193		66.00
67.00	Subtotal (line 65 minus line 66)	891,412		2,033,322		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	891,412	0	2,033,322	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	11		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	17		73.00
74.00	Total (sum of lines 70 through 73)	0	28		74.00
75.00	Organs Transplanted	0	17	3,961,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	10	92,193	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	1		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	28		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,401	1,080.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	9,311	1,935.50	2	3,871	2.01
3.00	CORONARY CARE UNIT	44.00	3,163	1,973.90	1	1,974	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,609.45	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	34,252	1,760.94	6	10,566	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,956.50	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,583.03	0	0	6.01
7.00	TOTAL (sum of lines 1 through 6)		48,127		9	16,411	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.231319	134,343	31,076	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233660	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.121236	21,947	2,661	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230278	86,152	19,839	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.120797	0	0	13.00
13.01	ULTRA SOUND	55.01	0.137916	11,886	1,639	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194097	18,746	3,639	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.038816	155,828	6,049	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054764	4,803	263	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093414	276,839	25,861	17.00
18.00	LABORATORY	60.00	0.106751	417,401	44,558	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.170652	12,800	2,184	18.01
18.02	CARDIOLOGY	60.02	0.147661	122,363	18,068	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230310	16,025	3,691	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.175103	50,359	8,818	23.00
24.00	PHYSICAL THERAPY	66.00	0.286975	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.246015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074183	6,285	466	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187936	2,603	489	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.350126	32,019	11,211	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.420249	2,491	1,047	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247369	84,726	20,959	31.00
32.00	RENAL DIALYSIS	74.00	0.173957	2,993	521	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.850755	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.116496	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.369198	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.158327	38,157	6,041	34.05
34.06	RECREATION THERAPY	76.06	2.880238	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.106194	576	637	34.08
34.97	CARDIAC REHABILITATION	76.97	0.382048	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.328737	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.134540	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.243725	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.252295	2,908	734	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.801944	460	369	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.106626	15,277	16,906	37.04
37.05	NEUROLOGY CLINIC	90.05	0.461211	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.995742	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.418179	230	96	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.752989	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.453893	4,771	2,166	37.09

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN:

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

Worksheet D-4

Date/Time Prepared: 11/20/2020 10:43 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.397788	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.385634	990	1,372	37.11
37.12	UROLOGY CLINIC	90.12	0.293959	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.633340	0	0	37.13
37.14	CANCER CLINIC	90.14	0.361166	230	83	37.14
37.15	FAMILY CARE CLINIC	90.15	0.758013	34	26	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.324527	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.940593	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.234338	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.242333	10,952	2,654	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.506901	460	233	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.290199	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.463405	2,191	1,015	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.336675	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.413400	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.352894	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.296588	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.386840	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.219600	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.164330	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.150613	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.779855	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.459961	604	278	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.793121	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.307799	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.140893	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.506302	0	0	37.80

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.752537	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.136014	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.515672	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.353616	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.689187	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	BLANK	90.87	0.000000	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.229346	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.477528	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.613277	0	0	37.97
38.00	EMERGENCY	91.00	0.146336	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205049	11,588	2,376	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.399463	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.125432	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,550,037	238,025	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	2	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	6	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			9	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	2,908	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	460	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	15,277	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	230	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	4,771	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	990	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	230	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	34	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.22	BLANK	23.22	0	0.000000	0	51.22
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	10,952	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	460	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	2,191	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	604	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	BLANK	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.92	BLANK	23.92	0	0.000000	0	51.92
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	11,588	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		50,695		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	254,436		1,598,164		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,969,078		3,825,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,223,514		5,423,164		61.00
62.00	Total Usable Organs (see instructions)		30			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.266667			64.00
65.00	Medicare Cost/Charges (see instructions)	592,938		1,446,179		65.00
66.00	Revenue for Organs Sold	31,161		31,161		66.00
67.00	Subtotal (line 65 minus line 66)	561,777		1,415,018		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	561,777	0	1,415,018	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	17		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	13		73.00
74.00	Total (sum of lines 70 through 73)	0	30		74.00
75.00	Organs Transplanted	0	13	3,825,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	4	31,161	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	13		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	30		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,080.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	0	1,935.50	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,973.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,609.45	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	9,517	1,760.94	2	3,522	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,956.50	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,402	2,583.03	1	2,583	6.01
7.00	TOTAL (sum of lines 1 through 6)		12,919		3	6,105	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.231319	33,532	7,757	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233660	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.121236	3,936	477	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230278	3,422	788	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.120797	0	0	13.00
13.01	ULTRA SOUND	55.01	0.137916	507	70	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194097	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.038816	1,657	64	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054764	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093414	0	0	17.00
18.00	LABORATORY	60.00	0.106751	39,984	4,268	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.170652	288	49	18.01
18.02	CARDIOLOGY	60.02	0.147661	22,280	3,290	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230310	4,091	942	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.175103	8,428	1,476	23.00
24.00	PHYSICAL THERAPY	66.00	0.286975	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.246015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074183	1,113	83	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187936	2,084	392	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.350126	2,871	1,005	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.420249	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247369	16,742	4,141	31.00
32.00	RENAL DIALYSIS	74.00	0.173957	2,993	521	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.850755	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.116496	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.369198	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.158327	0	0	34.05
34.06	RECREATION THERAPY	76.06	2.880238	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.106194	448	496	34.08
34.97	CARDIAC REHABILITATION	76.97	0.382048	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.328737	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.134540	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.243725	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.252295	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.801944	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.106626	276	305	37.04
37.05	NEUROLOGY CLINIC	90.05	0.461211	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.995742	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.418179	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.752989	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.453893	0	0	37.09

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.397788	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.385634	3,994	5,534	37.11
37.12	UROLOGY CLINIC	90.12	0.293959	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.633340	204	129	37.13
37.14	CANCER CLINIC	90.14	0.361166	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.758013	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.324527	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.940593	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.234338	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.242333	2,777	673	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.506901	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.290199	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.463405	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.336675	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.413400	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.352894	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.296588	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.386840	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.219600	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.164330	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.150613	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.779855	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.459961	128	59	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.793121	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.307799	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.140893	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.506302	0	0	37.80

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.752537	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.136014	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.515672	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.353616	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.689187	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	BLANK	90.87	0.000000	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.229346	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.477528	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.613277	0	0	37.97
38.00	EMERGENCY	91.00	0.146336	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205049	2,931	601	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.399463	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.125432	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			154,686	33,120	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	2	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	276	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	3,994	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	204	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.22	BLANK	23.22	0	0.000000	0	51.22
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	2,777	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	128	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	BLANK	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-4 | Date/Time Prepared: 11/20/2020 10:43 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.92	BLANK	23.92	0	0.000000	0	51.92
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	2,931	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		10,310		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	39,225		167,605		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	815,741		720,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	854,966		887,605		61.00
62.00	Total Usable Organs (see instructions)		17			62.00
63.00	Medicare Usable Organs (see instructions)		10			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.588235			64.00
65.00	Medicare Cost/Charges (see instructions)	502,921		522,120		65.00
66.00	Revenue for Organs Sold	38,951		38,951		66.00
67.00	Subtotal (line 65 minus line 66)	463,970		483,169		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	463,970	0	483,169	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	5		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	12		73.00
74.00	Total (sum of lines 70 through 73)	0	17		74.00
75.00	Organs Transplanted	0	12	720,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	5	38,951	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	17		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/20/2020 10:43 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	30,311,324	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	85,455,030	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)	2,772,407	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	10,219,197	2.04
3.00	Managed Care Simulated Payments	40,863,409	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	701.01	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	346.30	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.88	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	353.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	569.65	10.00
11.00	FTE count for residents in dental and podiatric programs.	24.18	11.00
12.00	Current year allowable FTE (see instructions)	377.36	12.00
13.00	Total allowable FTE count for the prior year.	377.35	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	377.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.	377.39	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.77	17.00
18.00	Adjusted rolling average FTE count	378.16	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.539450	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.537084	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.537084	21.00
22.00	IME payment adjustment (see instructions)	29,722,201	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	10,491,394	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	216.47	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.035663	26.00
27.00	IME payments adjustment factor. (see instructions)	0.009433	27.00
28.00	IME add-on adjustment amount (see instructions)	1,092,024	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	385,465	28.01
29.00	Total IME payment (sum of lines 22 and 28)	30,814,225	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	10,876,859	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)	35.10	31.00
32.00	Sum of lines 30 and 31	40.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.72	33.00
34.00	Disproportionate share adjustment (see instructions)	6,575,529	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/20/2020 10:43 am
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		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)	0.000933348	0.000605135	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,721,472	5,053,240	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,946,236	3,783,027	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,729,263		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	171,876,975		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)		182,753,834	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,209,572	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		7,233,701	52.00
53.00	Nursing and Allied Health Managed Care payment		12,794	53.00
54.00	Special add-on payments for new technologies		1,194,860	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)		8,683,697	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		575,281	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		226,532	58.00
59.00	Total (sum of amounts on lines 49 through 58)		213,890,271	59.00
60.00	Primary payer payments		293,071	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		213,597,200	61.00
62.00	Deductibles billed to program beneficiaries		7,942,250	62.00
63.00	Coinsurance billed to program beneficiaries		1,076,086	63.00
64.00	Allowable bad debts (see instructions)		2,149,219	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,396,992	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,535,222	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		205,975,856	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		14,124	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)			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)		-544,978	70.93
70.94	HRR adjustment amount (see instructions)		-45,469	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A | Date/Time Prepared: 11/20/2020 10:43 am

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		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)		1,459,081	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		203,940,452	71.00
71.01	Sequestration adjustment (see instructions)		3,405,806	71.01
71.02	Demonstration payment adjustment amount after sequestration		872,093	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		199,386,805	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		275,748	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		30,429,716	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2020 10:43 am

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		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	30,311,324	30,311,324		30,311,324	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	85,455,030		85,455,030	85,455,030	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	2,772,407	2,772,407		2,772,407	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	10,219,197		10,219,197	10,219,197	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	40,863,409	10,017,749	30,845,660	40,863,409	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.537084	0.537084	0.537084		5.00
6.00	IME payment adjustment (see instructions)	22.00	29,722,201	7,782,220	21,939,981	29,722,201	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,491,394	2,571,987	7,919,407	10,491,394	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	0.009433	0.009433	0.009433		7.00
8.00	IME adjustment (see instructions)	28.00	1,092,024	285,927	806,097	1,092,024	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	385,465	94,497	290,968	385,465	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	30,814,225	8,068,147	22,746,078	30,814,225	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,876,859	2,666,484	8,210,375	10,876,859	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2272	0.2272	0.2272		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,575,529	1,721,683	4,853,846	6,575,529	11.00
11.01	Uncompensated care payments	36.00	5,729,263	1,946,236	3,783,027	5,729,263	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	171,876,975	44,819,797	127,057,178	171,876,975	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	182,753,834	47,486,281	135,267,553	182,753,834	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,209,572	3,320,437	9,889,135	13,209,572	16.00
17.00	Special add-on payments for new technologies	54.00	1,194,860	1,400	1,193,460	1,194,860	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			50,808,118	146,350,148	197,158,266	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2020 10:43 am

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		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	9,256,262	2,326,710	6,929,552	9,256,262	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	944,099	237,314	706,785	944,099	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	0.2394	0.2394	0.2394		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,215,949	557,014	1,658,935	2,215,949	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0857	0.0857	0.0857		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	793,262	199,399	593,863	793,262	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,209,572	3,320,437	9,889,135	13,209,572	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	-544,978	-136,989	-407,989	-544,978	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	-45,469	-11,429	-34,040	-45,469	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	1,459,081	1,459,081	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/20/2020 10:43 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	636,450	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	157,752,149	2.00
3.00	OPPS payments	133,713,110	3.00
4.00	Outlier payment (see instructions)	1,006,834	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	430,704	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	636,450	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,679,880	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	2,679,880	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,679,880	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,043,430	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)	636,450	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)	135,150,648	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	334,926	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	22,854,188	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)	112,597,984	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,647,646	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)	118,245,630	30.00
31.00	Primary payer payments	100,287	31.00
32.00	Subtotal (line 30 minus line 31)	118,145,343	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)	2,308,160	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,500,304	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,418,531	36.00
37.00	Subtotal (see instructions)	119,645,647	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)	119,645,647	40.00
40.01	Sequestration adjustment (see instructions)	1,998,082	40.01
40.02	Demonstration payment adjustment amount after sequestration	1,066,623	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	115,164,448	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)	1,416,494	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	1,992,219	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/20/2020 10:43 am
Component CCN: 16-S058		
Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	568	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	522	2.00
3.00	OPPS payments	1,735	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	568	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,298	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	2,298	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,298	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,730	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)	568	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)	1,735	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)	2,291	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)	2,291	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	2,291	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)	2,291	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)	2,291	40.00
40.01	Sequestration adjustment (see instructions)	38	40.01
40.02	Demonstration payment adjustment amount after sequestration	13	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	1,679	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)	561	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	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		199,005,805		114,917,148	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	11/25/2019	93,000	01/15/2020	247,300	3.01
3.02		01/15/2020	288,000		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)		381,000		247,300	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)		199,386,805		115,164,448	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		275,748		1,416,494	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		199,662,553		116,580,942	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,231,951		1,679	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	11/26/2019	26,700		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)		26,700		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,258,651		1,679	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		100,769		561	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,359,420		2,240	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/20/2020 10:43 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:16-0058 Component CCN:16-S058	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/20/2020 10:43 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	5,565,950	1.00
2.00	Net IPF PPS Outlier Payments	137,579	2.00
3.00	Net IPF PPS ECT Payments	99,331	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)	9.49	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 instuctions)	17.79	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 instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	9.49	8.00
9.00	Average Daily Census (see instructions)	70.650273	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.067062	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	373,264	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,176,124	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	6,176,124	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,176,124	18.00
19.00	Deductibles	176,880	19.00
20.00	Subtotal (line 18 minus line 19)	5,999,244	20.00
21.00	Coinsurance	699,468	21.00
22.00	Subtotal (line 20 minus line 21)	5,299,776	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	254,071	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	165,146	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	160,170	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,464,922	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	33,524	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)	5,498,446	31.00
31.01	Sequestration adjustment (see instructions)	91,824	31.01
31.02	Demonstration payment adjustment amount after sequestration	47,202	31.02
32.00	Interim payments	5,258,651	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)	100,769	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	137,579	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

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

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-4 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				383.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				7.95	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts				391.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				654.23	6.00
7.00	Enter the lesser of line 5 or line 6				391.65	7.00
		Primary Care	Other	Total		
		1.00	2.00	3.00		
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	152.53	417.01	569.54		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.	91.31	249.64	340.95		9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.46			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	91.31	274.10			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	90.60	273.98			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	91.87	270.09			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	91.26	272.72			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	0.80			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	1.00			16.01
17.00	Adjusted rolling average FTE count	91.26	273.52			17.00
18.00	Per resident amount	87,111.75	87,111.75			18.00
19.00	Approved amount for resident costs	7,949,818	23,826,806	31,776,624		19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)				262.58	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				21.76	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)				102,484.42	23.00
24.00	Multiply line 22 time line 23				2,230,061	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				34,006,685	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)	63,624	10,795	10,353		26.00
27.00	Total Inpatient Days (see instructions)	219,890	219,890	219,890		27.00
28.00	Ratio of inpatient days to total inpatient days	0.289345	0.049093	0.047083		28.00
29.00	Program direct GME amount	9,839,664	1,669,490	1,601,137	13,110,291	29.00
29.01	Percent reduction for MA DGME		7.00	7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		116,864	112,080	228,944	30.00
31.00	Net Program direct GME amount				12,881,347	31.00

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

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-4 | Date/Time Prepared: 11/20/2020 10:43 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	79,585,094	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)	5,482,572	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)	194,903,712	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	8,683,697	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	293,071	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	203,294,338	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	158,820,393	42.00
43.00	Primary payer payments (see instructions)	100,287	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	158,720,106	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	362,014,444	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.561564	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.438436	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	12,881,347	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,233,701	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,647,646	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G | Date/Time Prepared: 11/20/2020 10:43 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	11,032,053	0	0	0	1.00
2.00	Temporary investments	58,702,560	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	281,521,286	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,750,684	0	0	0	6.00
7.00	Inventory	50,352,808	0	0	0	7.00
8.00	Prepaid expenses	14,136,598	0	0	0	8.00
9.00	Other current assets	6,389,975	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)	378,384,596	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	22,430,609	0	0	0	12.00
13.00	Land improvements	66,904,747	0	0	0	13.00
14.00	Accumulated depreciation	-53,471,567	0	0	0	14.00
15.00	Buildings	1,653,300,512	0	0	0	15.00
16.00	Accumulated depreciation	-775,841,040	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	585,726,809	0	0	0	23.00
24.00	Accumulated depreciation	-397,066,909	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,101,983,161	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,042,048,824	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,746,898	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,043,795,722	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,524,163,479	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	51,321,933	0	0	0	37.00
38.00	Salaries, wages, and fees payable	110,788,570	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				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	88,882,797	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	250,993,300	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	354,700,821	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	169,381,178	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	524,081,999	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	775,075,299	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,749,088,180				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,749,088,180	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,524,163,479	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-1 | Date/Time Prepared: 11/20/2020 10:43 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,649,886,253		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		110,075,485				2.00
3.00	Total (sum of line 1 and line 2)		1,759,961,738		0		3.00
4.00	RESTRICTED FUND TRANSACTIONS*	1,934,217		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,934,217		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,761,895,955		0		11.00
12.00	TRANSFER TO UNIVERSITY*	12,705,772		0		0	12.00
13.00	RESTRICTED FUND TRANSACTIONS*	102,003		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)		12,807,775		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,749,088,180		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	RESTRICTED FUND TRANSACTIONS*		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER TO UNIVERSITY*		0			12.00
13.00	RESTRICTED FUND TRANSACTIONS*		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: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/20/2020 10:43 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	486,893,973		486,893,973	1.00
2.00	SUBPROVIDER - IPF	47,458,155		47,458,155	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	534,352,128		534,352,128	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSIVE CARE UNIT	45,864,850		45,864,850	11.01
12.00	CORONARY CARE UNIT	44,544,815		44,544,815	12.00
13.00	BURN INTENSIVE CARE UNIT	19,934,526		19,934,526	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	66,474,932		66,474,932	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	90,853,494		90,853,494	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	42,422,263		42,422,263	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	310,094,880		310,094,880	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	844,447,008		844,447,008	17.00
18.00	Ancillary services	1,774,195,238	2,369,889,292	4,144,084,530	18.00
19.00	Outpatient services	87,486,097	468,581,047	556,067,144	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	1,415,420	783,008	2,198,428	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME PROGRAM DIALYSIS	742	8,223,623	8,224,365	27.00
27.01	TRANSPLANT CHARGES	28,799,999	0	28,799,999	27.01
27.02	NON ALLOWABLE CHARGES	26,433	325,416,823	325,443,256	27.02
27.03	FAMILY CARE PHYSICIANS	0	0	0	27.03
27.04	EMER ROOM PHYSICIANS	110,539	30,967,909	31,078,448	27.04
27.05	IOWA CARE PHYSICIANS	0	0	0	27.05
27.06	IRL PHYSICIANS	58,348	92,000,938	92,059,286	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,736,539,824	3,295,862,640	6,032,402,464	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,895,282,717		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	1,318,724			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)		1,318,724		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,896,601,441		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-3 | Date/Time Prepared: 11/20/2020 10:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,032,402,464	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,143,992,513	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,888,409,951	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,896,601,441	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,191,490	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	10,302	6.00
7.00	Income from investments	35,391,114	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	9,552,508	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	773,581	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUSINESS OFFICE	2,132,840	24.00
24.01	RADIOLOGY	24,214	24.01
24.02	PLANT OPERATIONS	436,502	24.02
24.03	DIETARY	133,568	24.03
24.04	SOCIAL SERVICE	0	24.04
24.05	LAB	71	24.05
24.06	ORAL SURGERY CLINIC	0	24.06
24.07	FAMILY CARE CLINIC	0	24.07
24.08	EMERGENCY	33,652	24.08
24.09	NON- ALLOWABLE DIATARY- DIET-CAF	1,280,215	24.09
24.10	CARDIOLOGY	0	24.10
24.11	DERMATOLOGY CLINIC	353	24.11
24.12	NURSING ADMIN	44,385	24.12
24.13	CENTRAL SERVICES	0	24.13
24.14	NON-ALLOWABLE	0	24.14
24.15	NOT OFFSET	0	24.15
24.16	HOUSEKEEPING	0	24.16
24.17	OPERATING ROOM	20,023	24.17
24.18	BONE MARROW TRANSPLANT	0	24.18
24.19	PHYSICAL THERAPY	25,896	24.19
24.20	ELECTROCARDIOLOGY	28,780	24.20
24.21	CARDIAC REHABILITATION	4,140	24.21
24.22	BLOOD STORAGE	367	24.22
24.23	AMBULANCE SERVICE	4,327,156	24.23
24.24	CANCER CLINIC	0	24.24
24.25	CARDIAC CATHETERIZATION	509	24.25
24.26	INTERNAL MEDICINE	0	24.26
24.27	OPHTHALMOLOGY CLINIC	1,254	24.27
24.28	ANESTHESIOLOGY	0	24.28
24.29	RESPIRATORY THERAPY	8,053	24.29
24.30	ELECTROENCEPHALOGRAPHY	59,850	24.30
24.31	NEUROLOGY CLINIC	0	24.31
24.32	PEDIATRIC CLINIC	0	24.32
24.33	UROLOGY CLINIC	0	24.33
24.34	ALLOGENIC STEM CELL ACQUISITION	34,280	24.34
24.35	QUAD CITY - HEM ONC CLINIC	25,328	24.35
24.36	REIMB RESEARCH OVERHEAD (COST OFFSET	1,885,940	24.36
24.37	FUND 165 IRL	41,108	24.37
24.38	FUND 240 CONT EDUCATION REVENUE	303,159	24.38
24.39	FUND 261 INCOME FOR BIOENGINEERING	-214,004	24.39
24.40	FUND 285 INCOME FOR PHONE SERVICE	11,269,951	24.40
24.41	FUND 450 AUXILLARY - NOT OFFSET	4,612,627	24.41
24.42	FUND 500/510 RESTICTED FUNDS	3,481,520	24.42
24.43	FUND 990 IRL PHYSICIANS	294,509	24.43
24.44	FUND 175/260 OTHER CENTRAL SERVICES	11,115,613	24.44
24.50	COVID-19 PHE Funding	31,127,611	24.50
25.00	Total other income (sum of lines 6-24)	118,266,975	25.00
26.00	Total (line 5 plus line 25)	110,075,485	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	110,075,485	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0058
Component CCN: 16-2306

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

Worksheet I-1

Date/Time Prepared: 11/20/2020 10:43 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,520,105	HOURS OF SERVICE	41,531.71	19.97	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	923,293	HOURS OF SERVICE	39,629.18	19.05	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	586,048	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,029,446				9.00
10.00	EMPLOYEE BENEFITS	1,256,581	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	449,476	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,394,605	REQUISITIONS			14.00
15.00	DRUGS	666,902	REQUISITIONS			15.00
16.00	OTHER	3,048,531	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	9,845,541				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	203,410	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	200,517	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,564,448	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	529,929	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	32,893	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	703,839	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,080,577				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.01	BLANK	0	CHARGES	0		30.01
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	BLANK	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATION THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,080,577				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0058 | Component CCN: 16-2306 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-2 | Date/Time Prepared: 11/20/2020 10:43 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,182,815	200,517	1,520,105	923,293	1,256,581	32,894	1.00
	MAINTENANCE							
2.00	Hemodialysis	554,059	85,097	1,119,403	842,381	973,597	15,631	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
	TRAINING							
4.00	Hemodialysis	5,526	7,056	34,405	8,177	25,647	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	11,249	14,383	60,355	14,370	45,002	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	611,981	93,981	305,942	58,365	212,335	17,263	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						666,902	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,182,815	200,517	1,520,105	923,293	1,256,581	32,894	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,394,605	0	6,510,810	5,902,866	12,413,676		1.00
	MAINTENANCE							
2.00	Hemodialysis	704,079	0	4,294,247	3,893,275	8,187,522		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
	TRAINING							
4.00	Hemodialysis	93,472	0	174,283	158,009	332,292		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	164,019	0	309,378	280,490	589,868		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	433,035	0	1,732,902	1,571,092	3,303,994		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,394,605	0	6,510,810	5,902,866	12,413,676		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					12,413,676		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058 | Component CCN: 16-2306 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-3 | Date/Time Prepared: 11/20/2020 10:43 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,182,815	200,517	1,520,105	923,293	1,256,581	1.00
	MAINTENANCE							
2.00	Hemodialysis		5,615	87,563.14	30,583.89	45,019.44	2,347,210	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
	TRAINING							
4.00	Hemodialysis		56	7,260.00	940.00	437.00	61,832	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		114	14,800.00	1,649.00	768.00	108,494	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	5,677	6,202	96,705.79	8,358.82	3,119.18	511,911	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		11,987	206,328.93	41,531.71	49,343.62	3,029,447	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		98.674814	0.971832	36.601069	18.711497	0.414789	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	32,894	1,394,605	0	6,510,810	5,902,866		1.00
	MAINTENANCE							
2.00	Hemodialysis	15,631	704,079	45,556,707				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
	TRAINING							
4.00	Hemodialysis	0	93,472	88,467				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	164,019	180,346				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	17,262	433,035	26,033,009				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	32,893	1,394,605	71,858,529		6,510,810		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000030	1.000000	0.000000		0.906625		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058 | Component CCN: 16-2306 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-4 | Date/Time Prepared: 11/20/2020 10:43 am

Rate 0 | Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	21,790	8,187,522	375.75	14,301	5,373,601	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	37	332,292	8,980.86	23	206,560	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	65	589,868	9,074.89	22	199,648	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	21,892	9,109,682		14,346	5,779,809	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	21,892					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	4,309,152	301.32		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	8,738	379.91		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - CAPD	0	0.00		5.00
6.00	Training - CCPD	8,004	363.82		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - CAPD	0	0.00		9.00
10.00	Home Program - CCPD	0	0.00		10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	4,325,894			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)				12.00
	ADDITIONAL RENAL FACILITY NUMBERS				
20.00	UIHC MUSCATINE DIALYSIS CENTER				20.00
20.01	UIHC GRINNELL DIALYSIS CENTER				20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER				20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER				20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-1 | Date/Time Prepared: 11/20/2020 10:43 am

Home Program Dialysis | PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	191,998	HOURS OF SERVICE	4,678.04	2.25	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	-1,376	HOURS OF SERVICE	1,474.51	0.71	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	36,188	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	226,810				9.00
10.00	EMPLOYEE BENEFITS	82,964	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	3,054	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	303,830	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	60,991	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	677,649				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	34,616	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	24,005	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	112,382	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	90,183	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	33,411	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	972,246				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.01	BLANK	0	CHARGES	0		30.01
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	BLANK	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATION THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	972,246				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-2 | Date/Time Prepared: 11/20/2020 10:43 am

Home Program Dialysis | PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	127,853	24,005	191,998	-1,376	82,964	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	26,639	24,005	27,252	-297	13,457	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	6,103	0	6,238	-68	3,078	0	10.00
11.00	CCPD	95,111	0	158,508	-1,011	66,429	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	127,853	24,005	191,998	-1,376	82,964	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	303,830	0	729,274	242,972	972,246		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	66,081	0	157,137	52,353	209,490		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	15,114	0	30,465	10,150	40,615		10.00
11.00	CCPD	222,635	0	541,672	180,469	722,141		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	303,830	0	729,274	242,972	972,246		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					972,246		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-3 | Date/Time Prepared: 11/20/2020 10:43 am

Home Program Dialysis | PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		127,853	24,005	191,998	-1,376	82,964	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		419	24,005.00	664.00	551.00	36,788	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		96	0.00	152.00	126.00	8,415	10.00
11.00	CCPD		1,496	0.00	3,862.04	1,874.51	181,607	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,011	24,005.00	4,678.04	2,551.51	226,810	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		63.576827	1.000000	41.042402	-0.539288	0.365786	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	303,830	0	729,274	242,972		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	66,081	1,713,868				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	15,114	392,000				10.00
11.00	CCPD	0	222,635	6,114,654				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	303,830	8,220,522		729,274		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.333170		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-4 | Date/Time Prepared: 11/20/2020 10:43 am

Rate 0 | Home Program Dialysis | PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	1,050	209,490	199.51	551	109,930	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	76	40,615	534.41	0	0	9.00
10.00	Home Program - CCPD	1,174	722,141	615.11	672	413,354	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,050	972,246		551	523,284	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	4,800					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	0	0.00		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - CAPD	0	0.00		5.00
6.00	Training - CCPD	0	0.00		6.00
7.00	Home Program - Hemodialysis	163,711	297.12		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - CAPD	0	0.00		9.00
10.00	Home Program - CCPD	547,767	815.13		10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	711,478			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)				12.00
	ADDITIONAL RENAL FACILITY NUMBERS				
20.00	UIHC MUSCATINE DIALYSIS CENTER				20.00
20.01	UIHC GRINNELL DIALYSIS CENTER				20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER				20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER				20.03

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 16-0058 | Period: From 07/01/2019 To 06/30/2020 | Worksheet I-5 | Date/Time Prepared: 11/20/2020 10:43 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	6,303,093		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	5,037,372	4,724,833	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	5,037,372	4,724,833	2.03
2.04	Outlier payments	4,325,895		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	290	272	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	290	272	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,007,417	944,913	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	1,007,417	944,913	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	945,185	8.00
9.00	Program payment (see instructions)	0	3,779,649	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	10,748,829		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	10,081,928		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.937956		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0058	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/20/2020 10:43 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	9,256,262	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	944,099	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)	530.14	3.00
4.00	Number of interns & residents (see instructions)	403.16	4.00
5.00	Indirect medical education percentage (see instructions)	23.94	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,215,949	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	35.10	8.00
9.00	Sum of lines 7 and 8	40.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.57	10.00
11.00	Disproportionate share adjustment (see instructions)	793,262	11.00
12.00	Total prospective capital payments (see instructions)	13,209,572	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