

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0228 Period: From 07/01/2020 To 06/30/2021 Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 1:03 pm
SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date: 11/29/2021 Time: 1:03 pm
2. ☐ Manually prepared cost report
3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.
Contractor use only 5. ☐ Cost Report Status 6. Date Received: 10. NPR Date:
(1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
(2) Settled without Audit 8. ☐ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
(3) Settled with Audit 9. ☐ Final Report for this Provider CCN number of times reopened = 0-9.
(4) Reopened
(5) Amended

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISHAMERICAN HOSPITAL (14-0228) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) PATTI DEWANE

Officer or Administrator of Provider(s)

CFO AND TREASURER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX		
			Part A	Part B				
		1.00	2.00	3.00	4.00	5.00		
	PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	1,389,484	-141,031	0	0	1.00	
2.00	Subprovider - IPF	0	49,447	0		0	2.00	
3.00	Subprovider - IRF	0	193	22		0	3.00	
5.00	Swing Bed - SNF	0	0	0		0	5.00	
6.00	Swing Bed - NF	0				0	6.00	
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00	
200.00	Total	0	1,439,124	-141,010	0	0	200.00	

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:03 pm
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1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:1401 EAST STATE ST.	PO Box:							1.00
2.00	City: ROCKFORD	State: IL		Zip Code:61104		County: WINNEBAGO			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	SWEDISHAMERICAN HOSPITAL	L140228	40420	1	06/30/1966	O	P	O
4.00	Subprovider - IPF	SWEDISHAMERICAN HOSPITAL	L14S228	40420	4	05/31/1986	N	P	O
5.00	Subprovider - IRF	PSYCH UNIT							
		SWEDISHAMERICAN HOSPITAL	L14T228	40420	5	06/10/2020	N	P	O
6.00	Subprovider - (Other)	REHAB UNIT							
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA	SWEDISHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	O
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00
21.00	Type of Control (see instructions)					2			21.00
						1.00	2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? 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.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	Y			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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.	2,045	2,479	0	0	18,910	649	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 Status	Date of Geographic Reclassification	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	N	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	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	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					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.							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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	2	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.40	1	60.03
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	4.00
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			0.00	0.00
61.01	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
61.20	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
		1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2020
To 06/30/2021Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	USOF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.93	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	USOF I ROCKFORD SCHOOL OF MEDICINE	1350	4.82	13.73	0.259838	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	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.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	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

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021 Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:03 pm	
		V		XIX	
		1.00		2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			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
				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	
				1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N	
				1.00	
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			
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	276,456		0	
				1.00	
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	
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	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021	
				Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:03 pm	
		1.00		2.00	
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)			140.00	
		1.00		2.00	
		2.00		3.00	
		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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
		1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			146.00	
		1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A		Part B	
		1.00		2.00	
		2.00		3.00	
		3.00		4.00	
		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	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
		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.			Enter N	
		Name		County	
		0		1.00	
		2.00		3.00	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
		1.00			
		2.00		3.00	
		4.00		5.00	
		5.00			
		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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:03 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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)			171.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	Date
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/12/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm
	Description	Y/N	Y/N	
	0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEWANE		41.00
42.00	Enter the employer/company name of the cost report preparer	SWEDISHAMERICAN HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-4009 PDEWANE@SWEDISHAMERICAN.ORG		43.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CEO, COMPLIANCE OFFICER & TREASURER			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		284	103,660	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	3	1,095		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		307			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,736	1,818	53,903			1.00
2.00	HMO and other (see instructions)	13,766	13,140				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	14,736	1,818	53,903			7.00
8.00	INTENSIVE CARE UNIT	2,261	832	8,543			8.00
8.01	PEDIATRIC ICU	0	0	0			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		7,644	9,948			13.00
14.00	Total (see instructions)	16,997	10,294	72,394	19.48	2,399.78	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	800	2,457	5,313	0.00	81.14	16.00
17.00	SUBPROVIDER - IRF	161	0	360	0.00	4.36	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	5,144	0	20,335	0.00	38.33	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				19.48	2,523.61	27.00
28.00	Observation Bed Days		2,626	8,485			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	649	1,160			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,364	528	14,472	1.00
2.00 HMO and other (see instructions)			0	5,690		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 PEDIATRIC ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,364	528	14,472	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	119	91	1,091	16.00
17.00 SUBPROVIDER - IRF	0.00	0	14	2	25	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:03 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	263,058,222	-183,494	262,874,728	6,512,204.22	40.37
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		399,463	0	399,463	3,170.00	126.01
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		4,947,859	0	4,947,859	70,449.60	70.23
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		66,694,923	-2,726,637	63,968,286	1,141,905.33	56.02
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,210,929	0	1,210,929	13,822.94	87.60
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		980,931	0	980,931	8,295.20	118.25
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		57,582,922	0	57,582,922		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		13,863,842	0	13,863,842		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		41,098	0	41,098		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		913,348	0	913,348		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:03 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,647,351	0	2,647,351	55,488.97	47.71	26.00
27.00	Administrative & General	5.00	41,594,551	-642,461	40,952,090	990,240.87	41.36	27.00
28.00	Administrative & General under contract (see inst.)		2,185,959	0	2,185,959	14,239.09	153.52	28.00
29.00	Maintenance & Repairs	6.00	595,288	634,669	1,229,957	48,398.63	25.41	29.00
30.00	Operation of Plant	7.00	886,913	-8,530	878,383	29,330.55	29.95	30.00
31.00	Laundry & Linen Service	8.00	62,330	0	62,330	4,087.21	15.25	31.00
32.00	Housekeeping	9.00	2,873,681	-8,554	2,865,127	178,775.15	16.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,310,868	-8,747	2,302,121	141,832.36	16.23	34.00
35.00	Dietary under contract (see instructions)		604,655	0	604,655	8,073.04	74.90	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,600,908	0	1,600,908	33,589.25	47.66	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	6,717,689	-27,724	6,689,965	133,869.20	49.97	40.00
41.00	Medical Records & Medical Records Library	16.00	1,473,458	0	1,473,458	55,345.71	26.62	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 1:03 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	260,900,977	-183,494	260,717,483	6,464,066.75	40.33	1.00
2.00	Excluded area salaries (see instructions)	66,694,923	-2,726,637	63,968,286	1,141,905.33	56.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	194,206,054	2,543,143	196,749,197	5,322,161.42	36.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,191,860	0	2,191,860	22,118.14	99.10	4.00
5.00	Subtotal wage-related costs (see inst.)	57,624,020	0	57,624,020	0.00	29.29	5.00
6.00	Total (sum of lines 3 thru 5)	254,021,934	2,543,143	256,565,077	5,344,279.56	48.01	6.00
7.00	Total overhead cost (see instructions)	63,553,651	-61,347	63,492,304	1,693,270.03	37.50	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2021 1:03 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	7,966,782	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	1,722,139	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)	41,473,899	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	507,689	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,973,472	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,026,872	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	17,115,771	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-780,022	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	437,567	22.00
23.00	Tuition Reimbursement	957,040	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	72,401,209	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,210,929	72,401,209	1.00
2.00	Hospital	1,210,929	71,756,416	2.00
3.00	Subprovider - IPF	0	353,687	3.00
4.00	Subprovider - IRF	0	22,647	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	268,459	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0228 Component CCN:14-7448		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/29/2021 1:03 pm	
						Home Health Agency I		PPS	
						1.00			
0.00 County				WINNEBAGO				0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	443	253	969	1,665	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	363.00	207.00	794.00	1,364.00	2.00		
		Number of Employees (Full Time Equivalent)							
		Enter the number of hours in your normal work week			Staff	Contract	Total		
		0			1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)		0.99	0.00	0.99	0.99	4.00		
5.00	Other Administrative Personnel		20.06	0.00	20.06	20.06	5.00		
6.00	Direct Nursing Service		8.59	0.00	8.59	8.59	6.00		
7.00	Nursing Supervisor		0.00	0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service		5.22	0.00	5.22	5.22	8.00		
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service		1.36	0.00	1.36	1.36	10.00		
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service		0.31	0.00	0.31	0.31	12.00		
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	0.00	13.00		
14.00	Medical Social Service		0.99	0.00	0.99	0.99	14.00		
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	0.00	15.00		
16.00	Home Health Aide		0.80	0.00	0.80	0.80	16.00		
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	0.00	17.00		
18.00	CERTIFIED OCCUPATIONAL THERAPY AIDE		0.00	0.00	0.00	0.00	18.00		
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		4				19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16984				20.00		
20.01			20994				20.01		
20.02			40420				20.02		
20.03			99914				20.03		
		Full Episodes							
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	1,441	246	31	4	1,722	21.00		
22.00	Skilled Nursing Visit Charges	283,600	48,450	6,430	940	339,420	22.00		
23.00	Physical Therapy Visits	2,162	270	84	5	2,521	23.00		
24.00	Physical Therapy Visit Charges	428,330	51,930	18,390	950	499,600	24.00		
25.00	Occupational Therapy Visits	404	118	4	1	527	25.00		
26.00	Occupational Therapy Visit Charges	76,760	22,420	760	190	100,130	26.00		
27.00	Speech Pathology Visits	122	52	2	0	176	27.00		
28.00	Speech Pathology Visit Charges	23,180	9,880	380	0	33,440	28.00		
29.00	Medical Social Service Visits	30	10	1	0	41	29.00		
30.00	Medical Social Service Visit Charges	6,750	2,250	225	0	9,225	30.00		
31.00	Home Health Aide Visits	85	71	0	1	157	31.00		
32.00	Home Health Aide Visit Charges	9,520	7,952	0	112	17,584	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,244	767	122	11	5,144	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	828,140	142,882	26,185	2,192	999,399	35.00		
36.00	Total Number of Episodes (standard/non outlier)	507		71	2	580	36.00		
37.00	Total Number of Outlier Episodes		33		0	33	37.00		
38.00	Total Non-Routine Medical Supply Charges	214,204	32,705	3,559	0	250,468	38.00		

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 1:03 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.127849		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	61,499,047		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	33,791,768		5.00	
6.00	Medicaid charges	737,934,843		6.00	
7.00	Medicaid cost (line 1 times line 6)	94,344,232		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP	0		9.00	
10.00	Stand-alone CHIP charges	0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	22,349,608	2,786,674	25,136,282	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,857,375	2,786,674	5,644,049	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,857,375	2,786,674	5,644,049	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)	36,329,580		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	885,562		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,362,404		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	34,967,176		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,947,360		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,591,409		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,591,409		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,258,419	12,258,419	0	12,258,419	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,287,392	14,287,392	1,027,634	15,315,026	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,647,351	1,680,235	4,327,586	-2,496	4,325,090	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,594,551	78,917,240	120,511,791	-4,367,619	116,144,172	5.00
6.00	00600	MAINTENANCE & REPAIRS	595,288	989,048	1,584,336	1,018,448	2,602,784	6.00
7.00	00700	OPERATION OF PLANT	886,913	4,106,437	4,993,350	-5,674	4,987,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,330	1,240,213	1,302,543	-92,838	1,209,705	8.00
9.00	00900	HOUSEKEEPING	2,873,681	1,901,419	4,775,100	0	4,775,100	9.00
10.00	01000	DIETARY	2,310,868	2,885,222	5,196,090	-81,418	5,114,672	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,600,908	623,689	2,224,597	-69	2,224,528	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,165,508	3,165,508	-2,289,012	876,496	14.00
15.00	01500	PHARMACY	6,717,689	16,208,968	22,926,657	-12,942,178	9,984,479	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,473,458	1,270,570	2,744,028	-5	2,744,023	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,671,762	4,671,762	0	4,671,762	22.00
23.00	02300	PARAMED ED PRGM	164,573	55,333	219,906	-118	219,788	23.00
23.01	02304	PHARMACY RESIDENCY	194,846	72,694	267,540	0	267,540	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	808,232	939,203	1,747,435	-15,283	1,732,152	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,071,548	20,708,593	49,780,141	2,937,544	52,717,685	30.00
31.00	03100	INTENSIVE CARE UNIT	6,616,375	4,851,530	11,467,905	18,871	11,486,776	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,381,851	1,753,818	6,135,669	-4,282,922	1,852,747	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	447,547	447,547	41.00
43.00	04300	NURSERY	5,223,165	2,513,634	7,736,799	1,458,556	9,195,355	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,123,454	36,851,043	47,974,497	-23,779,019	24,195,478	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	858,896	1,287,881	2,146,777	-530,956	1,615,821	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,346,015	2,731,766	7,077,781	-39,743	7,038,038	52.00
53.00	05300	ANESTHESIOLOGY	106,582	3,948,764	4,055,346	3,396,802	7,452,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,135,230	16,321,033	25,456,263	-8,374,319	17,081,944	54.00
54.10	03480	ONCOLOGY	11,986,868	31,787,119	43,773,987	-23,144,868	20,629,119	54.10
54.20	05401	CT	743,112	1,655,651	2,398,763	-173,620	2,225,143	54.20
54.30	05402	MRI	649,083	1,102,213	1,751,296	-20,100	1,731,196	54.30
60.00	06000	LABORATORY	5,557,178	16,173,509	21,730,687	-526,595	21,204,092	60.00
60.01	06001	BLOOD	262,342	1,505,553	1,767,895	-15,526	1,752,369	60.01
65.00	06500	RESPIRATORY THERAPY	3,606,822	2,351,224	5,958,046	-114,605	5,843,441	65.00
66.00	06600	PHYSICAL THERAPY	5,541,664	2,618,954	8,160,618	-9,493	8,151,125	66.00
69.00	06900	ELECTROCARDIOLOGY	1,254,122	1,429,367	2,683,489	-62,401	2,621,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,553	161,413	296,966	-2,068	294,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,476,346	31,476,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,165,384	2,165,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,498,363	24,036,538	25,534,901	35,980,101	61,515,002	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	464,710	540,904	1,005,614	-2,010	1,003,604	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	55,605	55,605	75.10
75.20	03951	HEMODIALYSIS	0	1,203,520	1,203,520	-97,016	1,106,504	75.20
76.97	07697	CARDIAC REHABILITATION	457,996	596,967	1,054,963	-1,509	1,053,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,332,211	2,214,121	3,546,332	-1,357,447	2,188,885	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	566,018	254,816	820,834	2,555	823,389	90.02
90.03	09003	STATELINE CLINIC	2,873,627	2,788,292	5,661,919	-88,203	5,573,716	90.03
90.04	09004	ORTHOPEDICS CLINIC	3,463,994	1,424,590	4,888,584	-17,030	4,871,554	90.04
90.05	09005	PULMONOLOGY CLINIC	2,813,212	1,132,763	3,945,975	-6,478	3,939,497	90.05
90.06	09006	CVT CLINIC	433,346	1,645,667	2,079,013	-2,786	2,076,227	90.06
90.07	09007	MWH CLINIC	7,777,751	1,648,839	9,426,590	-3,665	9,422,925	90.07
90.08	09008	NEUROSURGERY CLINIC	1,560,393	577,574	2,137,967	-83	2,137,884	90.08
90.09	09009	HEADACHE CLINIC	901,980	1,412,100	2,314,080	-245	2,313,835	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3,835,484	2,779,226	6,614,710	-10,285	6,604,425	90.10
90.11	09011	MFM CLINIC	1,240,194	413,761	1,653,955	-784	1,653,171	90.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	938,551	2,364,934	3,303,485	-26,112	3,277,373	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	825,796	228,413	1,054,209	-1,154	1,053,055	90.13
90.14	09014	CLINIC	123,497	222,584	346,081	-875	345,206	90.14
91.00	09100	EMERGENCY	8,275,130	11,728,483	20,003,613	269,437	20,273,050	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	3,315,171	1,678,798	4,993,969	-57,379	4,936,590	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,227,972	353,919,307	559,147,279	-2,291,176	556,856,103	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	122	122	0	122	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	55,868,192	33,955,517	89,823,709	-35	89,823,674	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	102,966	102,966	0	102,966	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	397,495	489,527	887,022	0	887,022	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	2,302,181	2,302,181	193.80
193.90	19308	COMPLIMENTARY MEDICINE	594,538	481,669	1,076,207	-5	1,076,202	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	970,025	923,372	1,893,397	-10,965	1,882,432	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	263,058,222	389,872,480	652,930,702	0	652,930,702	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-99,127	12,159,292	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	1,171,128	16,486,154	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-989,038	3,336,052	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-40,129,004	76,015,168	5.00
6.00	00600 MAINTENANCE & REPAIRS	-12,542	2,590,242	6.00
7.00	00700 OPERATION OF PLANT	-56,099	4,931,577	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-8,352	1,201,353	8.00
9.00	00900 HOUSEKEEPING	-190	4,774,910	9.00
10.00	01000 DIETARY	-1,216,217	3,898,455	10.00
11.00	01100 CAFETERIA	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-728	2,223,800	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	876,496	14.00
15.00	01500 PHARMACY	271	9,984,750	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-109,670	2,634,353	16.00
17.00	01700 SOCIAL SERVICE	0	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-227,481	4,444,281	22.00
23.00	02300 PARAMED ED PRGM	0	219,788	23.00
23.01	02304 PHARMACY RESIDENCY	0	267,540	23.01
23.20	02301 PARAMED ED PRGM - RADIOLOGY	0	0	23.20
23.30	02302 PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303 PARAMED ED - PARAMEDICAL TECHS	-102,729	1,629,423	23.40
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-5,476,035	47,241,650	30.00
31.00	03100 INTENSIVE CARE UNIT	-621,446	10,865,330	31.00
31.01	03101 PEDIATRIC ICU	0	0	31.01
40.00	04000 SUBPROVIDER - IPF	-138,869	1,713,878	40.00
41.00	04100 SUBPROVIDER - IRF	0	447,547	41.00
43.00	04300 NURSERY	-3,736	9,191,619	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-5,054,974	19,140,504	50.00
50.20	05340 GASTRO INTESTINAL SERVICES	-9,428	1,606,393	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	-120	7,037,918	52.00
53.00	05300 ANESTHESIOLOGY	-3,547,311	3,904,837	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-370,732	16,711,212	54.00
54.10	05480 ONCOLOGY	-4,876,944	15,752,175	54.10
54.20	05401 CT	-9,100	2,216,043	54.20
54.30	05402 MRI	-5,300	1,725,896	54.30
60.00	06000 LABORATORY	-45,150	21,158,942	60.00
60.01	06001 BLOOD	0	1,752,369	60.01
65.00	06500 RESPIRATORY THERAPY	0	5,843,441	65.00
66.00	06600 PHYSICAL THERAPY	-210,982	7,940,143	66.00
69.00	06900 ELECTROCARDIOLOGY	-381,397	2,239,691	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-75,345	219,553	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,476,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,165,384	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-35,245,897	26,269,105	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 SLEEP LAB	-19,990	983,614	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	55,605	75.10
75.20	03951 HEMODIALYSIS	0	1,106,504	75.20
76.97	07697 CARDIAC REHABILITATION	-26,420	1,027,034	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	-445,522	1,743,363	76.98
76.99	07699 LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	90.01
90.02	09002 DIABETES CLINIC	-38,146	785,243	90.02
90.03	09003 STATELINE CLINIC	-3,583,076	1,990,640	90.03
90.04	09004 ORTHOPEDICS CLINIC	-2,503,882	2,367,672	90.04
90.05	09005 PULMONOLOGY CLINIC	-2,170,338	1,769,159	90.05
90.06	09006 CVT CLINIC	-1,848,118	228,109	90.06
90.07	09007 MWH CLINIC	-5,292,867	4,130,058	90.07
90.08	09008 NEUROSURGERY CLINIC	-2,059,204	78,680	90.08
90.09	09009 HEADACHE CLINIC	-724,170	1,589,665	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	-4,793,239	1,811,186	90.10
90.11	09011 MFM CLINIC	-1,360,877	292,294	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	-1,511,200	1,766,173	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	-810,143	242,912	90.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.14	09014	CLINIC	-121,536	223,670	90.14
91.00	09100	EMERGENCY	-3,543,577	16,729,473	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	3,457	4,940,047	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-128,701,392	428,154,711	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	122	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	-329,447	89,494,227	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	102,966	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	482	887,504	193.60
193.70	19306	WOMENS CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,302,181	193.80
193.90	19308	COMPLIMENTARY MEDICINE	-36,599	1,039,603	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	274	1,882,706	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-129,066,682	523,864,020	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	1,018,448		1.00
	0		0	1,018,448		
	B - CHARGABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	31,476,346		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
	0		0	31,476,346		
	C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,980,101		1.00
2.00		0.00	0	0		2.00
	0		0	35,980,101		
	D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	21,741		1.00
	0		0	21,741		
	E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,339		1.00
	0		0	12,339		
	F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	3,396,802		1.00
	0		0	3,396,802		
	G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,027,634		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,122		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

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
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
0		0	1,032,756		
H - PSYCHIATRIC					
1.00	ADULTS & PEDIATRICS	30.00	3,078,107	1,203,455	1.00
0			3,078,107	1,203,455	
I - NURSERY					
1.00	NURSERY	43.00	1,105,582	551,867	1.00
0			1,105,582	551,867	
J - NUTRITIONAL SUPPORT					
1.00	NUTRITIONAL SUPPORT	75.10	0	55,605	1.00
0			0	55,605	
K - MARKETING					
1.00	MARKETING EXPENSES	193.80	283,996	2,018,185	1.00
0			283,996	2,018,185	
M - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	634,669	0	1.00
0			634,669	0	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,165,384	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			0	2,165,384	
O - EQUIPMENT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,471,827	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	431,179	2.00
3.00	SUBPROVIDER - IPF	40.00	0	157	3.00
4.00	NURSERY	43.00	0	10,063	4.00
5.00	OPERATING ROOM	50.00	0	12,134	5.00
6.00	GASTRO INTESTINAL SERVICES	50.20	0	4,013	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	95,839	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,471	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	7,447	9.00
10.00	EMERGENCY	91.00	0	40,838	10.00
0			0	2,114,968	
P - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,100	1.00
2.00	OPERATION OF PLANT	7.00	0	8,530	2.00
3.00	HOUSEKEEPING	9.00	0	8,554	3.00
4.00	DIETARY	10.00	0	8,747	4.00
5.00	PHARMACY	15.00	0	27,724	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	82,951	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	16,341	7.00
8.00	SUBPROVIDER - IPF	40.00	0	19,899	8.00
9.00	NURSERY	43.00	0	15,142	9.00
10.00	OPERATING ROOM	50.00	0	86,236	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	47,236	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,821	12.00
13.00	ONCOLOGY	54.10	0	9,001	13.00
14.00	CT	54.20	0	291	14.00
15.00	LABORATORY	60.00	0	13,398	15.00
16.00	RESPIRATORY THERAPY	65.00	0	3,539	16.00
17.00	PHYSICAL THERAPY	66.00	0	36,468	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	9,897	18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,613	19.00
20.00	STATELINE CLINIC	90.03	0	5,435	20.00
21.00	PULMONOLOGY CLINIC	90.05	0	45,409	21.00
22.00	MWH CLINIC	90.07	0	14,546	22.00
23.00	NEUROSURGERY CLINIC	90.08	0	11,038	23.00
24.00	HEADACHE CLINIC	90.09	0	4,573	24.00
25.00	UW GENERAL SURGERY CLINIC	90.10	0	3,993	25.00
26.00	EMERGENCY	91.00	0	26,136	26.00
27.00	HOME HEALTH AGENCY	101.00	0	7,469	27.00
28.00	SPECIALISTS/PCPS	192.01	0	202,428	28.00
29.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	4,648	29.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		0	818,163		
Q - PHLEBOTOMY					
1.00	91.00	255,003	185,708		1.00
0		255,003	185,708		
R - AMBULATORY SERVICES					
1.00	5.00	8,553	0		1.00
2.00	90.02	2,588	0		2.00
TOTALS		11,141	0		
S - WOMENS HEALTH					
1.00	52.00	221,139	0		1.00
0		221,139	0		
T - INPATIENT REHAB					
1.00	41.00	301,918	145,629		1.00
TOTALS		301,918	145,629		
500.00	Grand Total: Increases		5,891,555	82,197,497	500.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MEDICAL MAINTENANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,018,448	0	1.00	
			0	1,018,448			
B - CHARGABLE MED SUPPLIES							
1.00	DIETARY	10.00	0	183	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	69	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	174,044	0	3.00	
4.00	PHARMACY	15.00	0	60,120	0	4.00	
5.00	PARAMED ED PRGM	23.00	0	118	0	5.00	
6.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	2,944	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	964,120	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	412,308	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	1,517	0	9.00	
10.00	NURSERY	43.00	0	208,941	0	10.00	
11.00	OPERATING ROOM	50.00	0	20,199,288	0	11.00	
12.00	GASTRO INTESTINAL SERVICES	50.20	0	445,207	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	356,706	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,411,282	0	14.00	
15.00	ONCOLOGY	54.10	0	45,825	0	15.00	
16.00	CT	54.20	0	173,620	0	16.00	
17.00	MRI	54.30	0	20,100	0	17.00	
18.00	LABORATORY	60.00	0	8,880	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	114,605	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	9,493	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	18,719	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,068	0	22.00	
23.00	SLEEP LAB	75.01	0	2,010	0	23.00	
24.00	HEMODIALYSIS	75.20	0	97,016	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	1,509	0	25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,318,480	0	26.00	
27.00	DIABETES CLINIC	90.02	0	33	0	27.00	
28.00	STATELINE CLINIC	90.03	0	88,203	0	28.00	
29.00	ORTHOPEDICS CLINIC	90.04	0	17,030	0	29.00	
30.00	PULMONOLOGY CLINIC	90.05	0	6,478	0	30.00	
31.00	CVT CLINIC	90.06	0	2,786	0	31.00	
32.00	MWH CLINIC	90.07	0	3,665	0	32.00	
33.00	NEUROSURGERY CLINIC	90.08	0	83	0	33.00	
34.00	HEADACHE CLINIC	90.09	0	245	0	34.00	
35.00	UW GENERAL SURGERY CLINIC	90.10	0	10,285	0	35.00	
36.00	MFM CLINIC	90.11	0	769	0	36.00	
37.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	26,112	0	37.00	
38.00	INFECTIOUS DISEASE CLINIC	90.13	0	1,154	0	38.00	
39.00	CLINIC	90.14	0	845	0	39.00	
40.00	EMERGENCY	91.00	0	212,107	0	40.00	
41.00	HOME HEALTH AGENCY	101.00	0	57,379	0	41.00	
			0	31,476,346			
C - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	12,882,058	0	1.00	
2.00	ONCOLOGY	54.10	0	23,098,043	0	2.00	
			0	35,980,101			
D - MEDICAL SUPPLIES							
1.00	DIETARY	10.00	0	21,741	0	1.00	
			0	21,741			
E - PR EXPENSE							
1.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	12,339	0	1.00	
			0	12,339			
F - ANESTHESIA PHYSICIANS							
1.00	OPERATING ROOM	50.00	0	3,396,802	0	1.00	
			0	3,396,802			
G - CAPITAL RELATED COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,305	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	620,335	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	5,674	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	92,838	0	4.00	
5.00	DIETARY	10.00	0	3,889	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	5	0	6.00	
7.00	NURSERY	43.00	0	15	0	7.00	
8.00	OPERATING ROOM	50.00	0	26,074	0	8.00	
9.00	GASTRO INTESTINAL SERVICES	50.20	0	89,762	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,120	0	11.00	
12.00	ONCOLOGY	54.10	0	1,000	0	12.00	
13.00	LABORATORY	60.00	0	77,004	0	13.00	

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	BLOOD	60.01	0	15,526	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	51,129	0		15.00
16.00	HYPERBARIC OXYGEN THERAPY	76.98	0	10	0		16.00
17.00	MFM CLINIC	90.11	0	15	0		17.00
18.00	CLINIC	90.14	0	30	0		18.00
19.00	EMERGENCY	91.00	0	5	0		19.00
20.00	SPECIALISTS/PCPS	192.01	0	35	0		20.00
21.00	COMPLIMENTARY MEDICINE	193.90	0	5	0		21.00
22.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	10,965	0		22.00
			0	1,032,756			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	3,078,107	1,203,455	0		1.00
			3,078,107	1,203,455			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,105,582	551,867	0		1.00
			1,105,582	551,867			
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	55,605	0		1.00
			0	55,605			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	283,996	2,018,185	0		1.00
			283,996	2,018,185			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	634,669	0		1.00
			0	634,669			
N - IMPLANTABLE DEVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191	0		1.00
2.00	OPERATING ROOM	50.00	0	168,989	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,968,388	0		3.00
4.00	HYPERBARIC OXYGEN THERAPY	76.98	0	27,816	0		4.00
			0	2,165,384			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,114,968	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
			0	2,114,968			
P - SHORT TERM DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	65,100	0	0		1.00
2.00	OPERATION OF PLANT	7.00	8,530	0	0		2.00
3.00	HOUSEKEEPING	9.00	8,554	0	0		3.00
4.00	DIETARY	10.00	8,747	0	0		4.00
5.00	PHARMACY	15.00	27,724	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	82,951	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	16,341	0	0		7.00
8.00	SUBPROVIDER - IPF	40.00	19,899	0	0		8.00
9.00	NURSERY	43.00	15,142	0	0		9.00
10.00	OPERATING ROOM	50.00	86,236	0	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	47,236	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	24,821	0	0		12.00
13.00	ONCOLOGY	54.10	9,001	0	0		13.00
14.00	CT	54.20	291	0	0		14.00
15.00	LABORATORY	60.00	13,398	0	0		15.00
16.00	RESPIRATORY THERAPY	65.00	3,539	0	0		16.00
17.00	PHYSICAL THERAPY	66.00	36,468	0	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	9,897	0	0		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	8,613	0	0		19.00
20.00	STATELINE CLINIC	90.03	5,435	0	0		20.00
21.00	PULMONOLOGY CLINIC	90.05	45,409	0	0		21.00
22.00	MWH CLINIC	90.07	14,546	0	0		22.00
23.00	NEUROSURGERY CLINIC	90.08	11,038	0	0		23.00
24.00	HEADACHE CLINIC	90.09	4,573	0	0		24.00
25.00	UW GENERAL SURGERY CLINIC	90.10	3,993	0	0		25.00
26.00	EMERGENCY	91.00	26,136	0	0		26.00
27.00	HOME HEALTH AGENCY	101.00	7,469	0	0		27.00
28.00	SPECIALISTS/PCPS	192.01	202,428	0	0		28.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	4,648	0	0		29.00
	0		818,163	0			
Q - PHLEBOTOMY							
1.00	LABORATORY	60.00	255,003	185,708	0		1.00
	0		255,003	185,708			
R - AMBULATORY SERVICES							
1.00	HYPERBARIC OXYGEN THERAPY	76.98	11,141	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		11,141	0			
S - WOMENS HEALTH							
1.00	ADULTS & PEDIATRICS	30.00	221,139	0	0		1.00
	0		221,139	0			
T - INPATIENT REHAB							
1.00	ADMINISTRATIVE & GENERAL	5.00	301,918	145,629	0		1.00
	TOTALS		301,918	145,629			
500.00	Grand Total: Decreases		6,075,049	82,014,003			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

		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	9,343,856	0	0	0	0	1.00	
2.00	Land Improvements	10,321,146	204,034	0	204,034	0	2.00	
3.00	Buildings and Fixtures	283,291,483	46,153,710	0	46,153,710	71,831	3.00	
4.00	Building Improvements	23,675,192	24,867,878	0	24,867,878	0	4.00	
5.00	Fixed Equipment	68,154,073	0	0	0	45,875,821	5.00	
6.00	Movable Equipment	123,998,338	12,308,254	0	12,308,254	1,536,451	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	518,784,088	83,533,876	0	83,533,876	47,484,103	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	518,784,088	83,533,876	0	83,533,876	47,484,103	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,343,856	0					1.00
2.00	Land Improvements	10,525,180	0					2.00
3.00	Buildings and Fixtures	329,373,362	0					3.00
4.00	Building Improvements	48,543,070	0					4.00
5.00	Fixed Equipment	22,278,252	0					5.00
6.00	Movable Equipment	134,770,141	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	554,833,861	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	554,833,861	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,753,157	0	505,262	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,287,392	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,040,549	0	505,262	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	12,258,419				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,287,392				2.00
3.00	Total (sum of lines 1-2)	0	26,545,811				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	420,063,720	0	420,063,720	0.757098	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	134,770,140	0	134,770,140	0.242902	0	2.00
3.00	Total (sum of lines 1-2)	554,833,860	0	554,833,860	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,753,157	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,458,520	1,027,634	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,211,677	1,027,634	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	406,135	0	0	0	12,159,292	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,486,154	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	28,645,446	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-505,262	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-9,658	ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00	Television and radio service (chapter 21)		0		0.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,503,881				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,037,959				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-1,177,948	DIETARY	10.00		0	14.00
15.00	Rental of quarters to employees and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts		0		0.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	CUDDLE CARE	B	-220	ADULTS & PEDIATRICS	30.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:03 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
33.01	SCHOOL OF MEDICAL TECHNOL	B		0	PARAMED ED PRGM	23.00	0 33.01
	TUITION						
33.02	CT SCANNER LUNG SCREENING	B		0	CT	54.20	0 33.02
33.03	BABY PICTURES	B		0	ADULTS & PEDIATRICS	30.00	0 33.03
33.04	EMS EDUCATION FEES	B		-102,113	PARAMED ED - PARAMEDICAL	23.40	0 33.04
					TECHS		
33.05	TRAUMA OTHER REVENUE	B		-23,489	EMERGENCY	91.00	0 33.05
33.06	OTHER REVENUE 1	B		62	CARDIAC REHABILITATION	76.97	0 33.06
33.07	TUITION	B		-151,331	RADIOLOGY-DIAGNOSTIC	54.00	0 33.07
33.08	MED REC TRANSCRIPTS	B		0	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09	RECYCLING	B		-2,814	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	RADIOLOGY ONCOLOGY OTHER	B		-321,263	ONCOLOGY	54.10	0 33.10
	REVENUE						
33.11	OTHER REVENUE	B		-390,862	MWH CLINIC	90.07	0 33.11
33.12	GROSS REVENUE	B		-1,034	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.12
33.13	EMPLOYEE HEALTH	B		-863,081	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14	OTHER REVENUE/TRANSCRIPTS	B		-521	MEDICAL RECORDS & LIBRARY	16.00	0 33.14
33.15	PHARMACY OTHER REVENUE	B		271	PHARMACY	15.00	0 33.15
33.16	PHOTO	B		-4,942	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	VENDING MACHINES	B		-190	HOUSEKEEPING	9.00	0 33.17
33.18	NON PATIENT LINEN	B		-8,352	LAUNDRY & LINEN SERVICE	8.00	0 33.18
33.19	GUEST ROOM RENTAL	B		0	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	COMMUNICATIONS	B		-1,396	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	PHYSICIAN PAGING AND ANSWERING	B		-426,567	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22	OTHER REVENUE 4	B		-1,678,744	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	OTHER REVENUE 5	B		-1,298	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.23
33.24	OTHER REVENUE 6	B		-165,728	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	INVESTMENT MANAGEMENT	B		0	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	COURIER FEES TO SAHMC	B		-260,640	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27	MALPRACTICE EXPENSE	A		-12,525,960	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	T.V. REPAIR SALARY	A		-9,728	MAINTENANCE & REPAIRS	6.00	0 33.28
33.29	T.V. ELECTRICITY COST	A		-3,395	OPERATION OF PLANT	7.00	0 33.29
33.30	LOSS ON DEFEASANCE	A		406,135	CAP REL COSTS-BLDG & FIXT	1.00	11 33.30
33.31	DUES RELATED TO LOBBYING	A		-63,087	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32	CORPORATE SPONSORSHIP	A		-80,239	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33	CORPORATE SPONSORSHIP	A		-2,500	ONCOLOGY	54.10	0 33.33
33.34	SITTERS COST	A		0	ELECTROCARDIOLOGY	69.00	0 33.34
33.35	SITTERS COST	A		-270,887	ADULTS & PEDIATRICS	30.00	0 33.35
33.36	SITTERS COST	A		-73,628	INTENSIVE CARE UNIT	31.00	0 33.36
33.37	SITTERS COST	A		-137,969	SUBPROVIDER - IPF	40.00	0 33.37
33.38	SITTERS COST	A		-120	DELIVERY ROOM & LABOR ROOM	52.00	0 33.38
33.39	SITTERS COST	A		-164	PHYSICAL THERAPY	66.00	0 33.39
33.40	SITTERS COST	A		-154	EMERGENCY	91.00	0 33.40
33.41	SITTERS COST	A		-345	NURSERY	43.00	0 33.41
33.42	ALCOHOL COSTS	A		-106	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.42
33.43	ALCOHOL COSTS	A		-2,023	ADMINISTRATIVE & GENERAL	5.00	0 33.43
33.44	INTERNAL RENT REVENUE	B		0	OPERATING ROOM	50.00	0 33.44
33.45	IPA PROVIDER ASSESSMENT	A		-23,739,687	ADMINISTRATIVE & GENERAL	5.00	0 33.45
33.46	REALIZED SELF INSURANCE	B		-118,286	ADMINISTRATIVE & GENERAL	5.00	0 33.46
33.47	CANCER CENTER PROFESSIONAL	A		-4,037,239	ONCOLOGY	54.10	0 33.47
	OFFSET						
33.48	STATELINE PROFESSIONAL OFFSET	A		-3,583,076	STATELINE CLINIC	90.03	0 33.48
33.49	RENAISSANCE PROFESSIONAL OFFSET	A		-2,511,819	ORTHOPEDICS CLINIC	90.04	0 33.49
33.50	RENAISSANCE PROFESSIONAL OFFSET	A		-2,170,338	PULMONOLOGY CLINIC	90.05	0 33.50
33.51	RENAISSANCE PROFESSIONAL OFFSET	A		-1,853,874	CVT CLINIC	90.06	0 33.51
33.52	RENAISSANCE PROFESSIONAL OFFSET	A		-4,909,125	MWH CLINIC	90.07	0 33.52
33.53	RENAISSANCE PROFESSIONAL OFFSET	A		-2,061,376	NEUROSURGERY CLINIC	90.08	0 33.53
33.54	RENAISSANCE PROFESSIONAL OFFSET	A		-726,342	HEADACHE CLINIC	90.09	0 33.54
33.55	RENAISSANCE PROFESSIONAL OFFSET	A		-4,788,926	UW GENERAL SURGERY CLINIC	90.10	0 33.55
33.56	RENAISSANCE PROFESSIONAL OFFSET	A		-1,360,877	MFM CLINIC	90.11	9 33.56
33.57	RENAISSANCE PROFESSIONAL OFFSET	A		-1,514,328	ROCKFORD VASCULAR CENTER	90.12	0 33.57
					CLINIC		
33.58	EDUCATION REVENUE	B		-100	NURSERY	43.00	0 33.58
33.59	DEPRECIATION FMV ADJ	A		1,171,128	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.59
33.60	OTHER REVENUE 7	B		-61	OPERATION OF PLANT	7.00	0 33.60
33.61	OTHER REVENUE 8	B		0	CVT CLINIC	90.06	9 33.61
33.62	OTHER REVENUE 9	B		-900	SUBPROVIDER - IPF	40.00	0 33.62
33.63	OTHER REVENUE 10	B		-35,246,702	DRUGS CHARGED TO PATIENTS	73.00	0 33.63
33.64	CORPORATE SPONSORSHIP	A		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.64

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:03 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.65 ALCOHOL COSTS	A	-174	OPERATION OF PLANT	7.00	0	33.65
33.66 ALCOHOL COSTS	A	-728	NURSING ADMINISTRATION	13.00	0	33.66
33.67 ALCOHOL COSTS	A	-616	PARAMED ED - PARAMEDICAL TECHS	23.40	0	33.67
33.68 ALCOHOL COSTS	A	-1,434	ADULTS & PEDIATRICS	30.00	0	33.68
33.69 ALCOHOL COSTS	A	-23	OPERATING ROOM	50.00	0	33.69
33.70 ALCOHOL COSTS	A	-510	DRUGS CHARGED TO PATIENTS	73.00	0	33.70
33.71 ALCOHOL COSTS	A	-92	EMERGENCY	91.00	0	33.71
33.72 RENAISSANCE PROFESSIONAL OFFSET	A	-788,093	INFECTIOUS DISEASE CLINIC	90.13	0	33.72
33.73 RENAISSANCE PROFESSIONAL OFFSET	A	-121,536	CLINIC	90.14	0	33.73
33.74 EDUCATION REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	33.74
33.75 OTHER REVENUE 11	B	0	PARAMED ED PRGM	23.00	0	33.75
33.76 OTHER REVENUE 12	B	-23,500	INFECTIOUS DISEASE CLINIC	90.13	0	33.76
33.77 OTHER REVENUE 13	B	0	PULMONOLOGY CLINIC	90.05	0	33.77
33.78 OTHER REVENUE 14	B	0	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	33.78
33.79 OTHER REVENUE 15	B	0	ORTHOPEDICS CLINIC	90.04	0	33.79
33.80 PHYSICAL THERAPY PROFESSIONAL OFFSET	A	-168,096	PHYSICAL THERAPY	66.00	0	33.80
33.81 INTERNAL RENT REVENUE	B	-102,902	ADMINISTRATIVE & GENERAL	5.00	0	33.81
33.82 OTHER REVENUE	B	-3,920	UW GENERAL SURGERY CLINIC	90.10	0	33.82
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-129,066,682				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:03 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	6,994	294,876	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	905,427	1,018,448	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	21,669	145,188	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	907,356	1,455,598	3.01
4.00	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	29,589	82,058	4.00
4.01	10.00	DIETARY	RENTAL ADJUSTMENT	6,713	44,982	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	37,318	146,467	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	102,359	329,840	4.03
4.04	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	996	6,000	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	283,152	273,403	4.05
4.06	54.10	ONCOLOGY	RENTAL ADJUSTMENT	3,780	3,780	4.06
4.07	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	406,140	448,862	4.07
4.08	73.00	DRUGS CHARGED TO PATIENTS	RENTAL ADJUSTMENT	56,747	55,432	4.08
4.09	75.01	SLEEP LAB	RENTAL ADJUSTMENT	190,038	210,028	4.09
4.10	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	202,920	224,265	4.10
4.11	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	11,971	80,208	4.11
4.12	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	6,692	44,838	4.12
4.13	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	230,516	222,579	4.13
4.14	90.06	CVT CLINIC	RENTAL ADJUSTMENT	167,194	161,438	4.14
4.15	90.07	MWH CLINIC	RENTAL ADJUSTMENT	206,783	199,663	4.15
4.16	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	63,079	60,907	4.16
4.17	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	63,105	60,933	4.17
4.18	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	178,813	179,206	4.18
4.19	90.12	ROCKFORD VASCULAR CENTER CLINIC	RENTAL ADJUSTMENT	90,826	87,698	4.19
4.20	90.13	INFECTIOUS DISEASE CLINIC	RENTAL ADJUSTMENT	42,114	40,664	4.20
4.21	91.00	EMERGENCY	RENTAL ADJUSTMENT	3,694	24,750	4.21
4.22	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	149,221	145,764	4.22
4.23	192.01	SPECIALISTS/PCPS	RENTAL ADJUSTMENT	1,508,588	1,838,035	4.23
4.24	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	20,805	20,323	4.24
4.25	193.90	COMPLIMENTARY MEDICINE	RENTAL ADJUSTMENT	6,421	43,020	4.25
4.26	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	11,834	11,560	4.26
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5,922,854	7,960,813	5.00

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

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

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

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

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

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

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

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:03 pm

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet A-8-1 Date/Time Prepared: 11/29/2021 1:03 pm
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	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-287,882	0		1.00
2.00	-113,021	0		2.00
3.00	-123,519	0		3.00
3.01	-548,242	0		3.01
4.00	-52,469	0		4.00
4.01	-38,269	0		4.01
4.02	-109,149	0		4.02
4.03	-227,481	0		4.03
4.04	-5,004	0		4.04
4.05	9,749	0		4.05
4.06	0	0		4.06
4.07	-42,722	0		4.07
4.08	1,315	0		4.08
4.09	-19,990	0		4.09
4.10	-21,345	0		4.10
4.11	-68,237	0		4.11
4.12	-38,146	0		4.12
4.13	7,937	0		4.13
4.14	5,756	0		4.14
4.15	7,120	0		4.15
4.16	2,172	0		4.16
4.17	2,172	0		4.17
4.18	-393	0		4.18
4.19	3,128	0		4.19
4.20	1,450	0		4.20
4.21	-21,056	0		4.21
4.22	3,457	0		4.22
4.23	-329,447	0		4.23
4.24	482	0		4.24
4.25	-36,599	0		4.25
4.26	274	0		4.26
5.00	-2,037,959			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	512,775	476,525	36,250	211,500	477	1.00
2.00	31.00	INTENSIVE CARE UNIT	47,917	0	47,917	211,500	483	2.00
3.00	40.00	SUBPROVIDER - IPF	25,000	0	25,000	181,300	373	3.00
4.00	43.00	NURSERY	28,291	3,291	25,000	211,500	266	4.00
5.00	50.00	OPERATING ROOM	339,025	339,025	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	137,648	0	137,648	271,900	830	6.00
7.00	54.10	ONCOLOGY	448,954	373,954	75,000	271,900	404	7.00
8.00	76.97	CARDIAC REHABILITATION	15,000	0	15,000	211,500	97	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	356,657	356,657	0	211,500	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	4,793,571	4,721,585	71,986	211,500	655	10.00
11.00	31.00	INTENSIVE CARE UNIT	547,818	547,818	0	211,500	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	181,300	0	12.00
13.00	43.00	NURSERY	0	0	0	211,500	0	13.00
14.00	50.00	OPERATING ROOM	4,770,863	4,680,863	90,000	246,400	506	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	25,000	0	25,000	197,500	164	15.00
16.00	53.00	ANESTHESIOLOGY	3,596,802	3,536,802	60,000	239,400	430	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	209,600	200,000	9,600	271,900	130	17.00
18.00	54.10	ONCOLOGY	352,352	64,228	288,124	271,900	1,779	18.00
19.00	54.20	CT	9,100	9,100	0	271,900	0	19.00
20.00	54.30	MRI	5,300	5,300	0	271,900	0	20.00
21.00	60.00	LABORATORY	266,140	45,150	220,990	211,500	2,776	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	75,345	75,345	0	211,500	0	23.00
24.00	75.01	SLEEP LAB	7,500	0	7,500	211,500	112	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	25,000	0	25,000	211,500	43	25.00
26.00	91.00	EMERGENCY	3,633,719	3,475,988	157,731	211,500	1,327	26.00
27.00	69.00	ELECTROCARDIOLOGY	381,397	381,397	0	211,500	0	27.00
200.00			20,610,774	19,293,028	1,317,746		10,852	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	48,503	2,425	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	49,113	2,456	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	32,512	1,626	0	0	0	3.00
4.00	43.00	NURSERY	27,048	1,352	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	108,498	5,425	0	0	0	6.00
7.00	54.10	ONCOLOGY	52,811	2,641	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	9,863	493	0	0	0	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	66,602	3,330	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
13.00	43.00	NURSERY	0	0	0	0	0	13.00
14.00	50.00	OPERATING ROOM	59,941	2,997	0	0	0	14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	15,572	779	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	49,491	2,475	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	16,994	850	0	0	0	17.00
18.00	54.10	ONCOLOGY	232,553	11,628	0	0	0	18.00
19.00	54.20	CT	0	0	0	0	0	19.00
20.00	54.30	MRI	0	0	0	0	0	20.00
21.00	60.00	LABORATORY	282,271	14,114	0	0	0	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	23.00
24.00	75.01	SLEEP LAB	11,388	569	0	0	0	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	4,372	219	0	0	0	25.00
26.00	91.00	EMERGENCY	134,933	6,747	0	0	0	26.00
27.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	27.00
200.00			1,202,465	60,126	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	48,503	0	476,525		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	49,113	0	0		2.00
3.00	40.00	SUBPROVIDER - IPF	0	32,512	0	0		3.00
4.00	43.00	NURSERY	0	27,048	0	3,291		4.00
5.00	50.00	OPERATING ROOM	0	0	0	339,025		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108,498	29,150	29,150		6.00
7.00	54.10	ONCOLOGY	0	52,811	22,189	396,143		7.00
8.00	76.97	CARDIAC REHABILITATION	0	9,863	5,137	5,137		8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	356,657		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	66,602	5,384	4,726,969		10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	547,818		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0		12.00
13.00	43.00	NURSERY	0	0	0	0		13.00
14.00	50.00	OPERATING ROOM	0	59,941	30,059	4,710,922		14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	0	15,572	9,428	9,428		15.00
16.00	53.00	ANESTHESIOLOGY	0	49,491	10,509	3,547,311		16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	16,994	0	200,000		17.00
18.00	54.10	ONCOLOGY	0	232,553	55,571	119,799		18.00
19.00	54.20	CT	0	0	0	9,100		19.00
20.00	54.30	MRI	0	0	0	5,300		20.00
21.00	60.00	LABORATORY	0	282,271	0	45,150		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0		22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	75,345		23.00
24.00	75.01	SLEEP LAB	0	11,388	0	0		24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	0	4,372	20,628	20,628		25.00
26.00	91.00	EMERGENCY	0	134,933	22,798	3,498,786		26.00
27.00	69.00	ELECTROCARDIOLOGY	0	0	0	381,397		27.00
200.00			0	1,202,465	210,853	19,503,881		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,159,292	12,159,292			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,486,154	16,486,154			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,336,052	86,589	117,402	3,540,043	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	76,015,168	2,250,323	3,051,099	588,542	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,590,242	15,583	21,129	13,644	6.00
7.00	00700	OPERATION OF PLANT	4,931,577	961,952	1,304,260	16,924	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,201,353	77,551	105,147	2,264	8.00
9.00	00900	HOUSEKEEPING	4,774,910	135,736	184,037	100,141	9.00
10.00	01000	DIETARY	3,898,455	342,177	463,940	76,051	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,223,800	9,834	13,333	18,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	876,496	10,908	14,790	0	14.00
15.00	01500	PHARMACY	9,984,750	84,633	114,750	75,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,634,353	109,169	148,017	31,139	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,444,281	13,885	18,826	0	22.00
23.00	02300	PARAMED ED PRGM	219,788	0	0	2,334	23.00
23.01	02301	PHARMACY RESIDENCY	267,540	0	0	4,820	23.01
23.20	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	1,629,423	4,170	5,654	16,130	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,241,650	1,961,324	2,659,258	466,296	30.00
31.00	03100	INTENSIVE CARE UNIT	10,865,330	267,721	362,989	95,892	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	1,713,878	214,706	291,108	56,186	40.00
41.00	04100	SUBPROVIDER - IRF	447,547	31,306	42,447	5,089	41.00
43.00	04300	NURSERY	9,191,619	382,221	518,233	82,155	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,140,504	904,240	1,226,012	186,427	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	1,606,393	75,058	101,767	12,267	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,037,918	325,927	441,908	65,150	52.00
53.00	05300	ANESTHESIOLOGY	3,904,837	8,308	11,264	3,828	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,711,212	731,168	991,353	147,748	54.00
54.10	03480	ONCOLOGY	15,752,175	658,303	892,559	112,197	54.10
54.20	05401	CT	2,216,043	33,080	44,851	11,917	54.20
54.30	05402	MRI	1,725,896	48,620	65,921	9,687	54.30
60.00	06000	LABORATORY	21,158,942	249,806	338,699	103,257	60.00
60.01	06001	BLOOD	1,752,369	26,180	35,496	3,933	60.01
65.00	06500	RESPIRATORY THERAPY	5,843,441	87,686	118,888	56,408	65.00
66.00	06600	PHYSICAL THERAPY	7,940,143	176,650	239,511	85,481	66.00
69.00	06900	ELECTROCARDIOLOGY	2,239,691	84,924	115,144	18,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	219,553	16,368	22,192	3,081	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,476,346	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,165,384	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,269,105	43,300	58,708	19,783	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	983,614	56,229	76,238	8,403	75.01
75.10	03950	NUTRITIONAL SUPPORT	55,605	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,106,504	20,140	27,307	0	75.20
76.97	07697	CARDIAC REHABILITATION	1,027,034	89,846	121,817	8,672	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,743,363	53,413	72,420	18,137	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	785,243	36,347	49,281	5,591	90.02
90.03	09003	STATELINE CLINIC	1,990,640	0	0	33,730	90.03
90.04	09004	ORTHOPEDICS CLINIC	2,367,672	90,813	123,129	16,317	90.04
90.05	09005	PULMONOLOGY CLINIC	1,769,159	17,228	23,358	9,057	90.05
90.06	09006	CVT CLINIC	228,109	11,521	15,621	315	90.06
90.07	09007	MWH CLINIC	4,130,058	164,635	223,220	28,338	90.07
90.08	09008	NEUROSURGERY CLINIC	78,680	23,848	32,334	7,820	90.08
90.09	09009	HEADACHE CLINIC	1,589,665	25,653	34,782	7,236	90.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.10	09010	UW GENERAL SURGERY CLINIC	1,811,186	49,931	67,699	10,551	1,939,367	90.10
90.11	09011	MFM CLINIC	292,294	30,457	41,295	3,268	367,314	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	1,766,173	33,133	44,924	9,034	1,853,264	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	242,912	8,845	11,992	3,712	267,461	90.13
90.14	09014	CLINIC	223,670	303,756	411,847	2,323	941,596	90.14
91.00	09100	EMERGENCY	16,729,473	301,241	408,437	149,231	17,588,382	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,940,047	84,977	115,216	45,939	5,186,179	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	428,154,711	11,831,419	16,041,609	2,857,989	426,700,239	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122	21,161	28,691	0	49,974	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	89,494,227	271,085	367,550	635,497	90,768,359	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	102,966	0	0	0	102,966	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	887,504	10,973	14,877	5,812	919,166	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	2,302,181	0	0	3,606	2,305,787	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,039,603	24,654	33,427	13,294	1,110,978	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,882,706	0	0	23,845	1,906,551	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	523,864,020	12,159,292	16,486,154	3,540,043	523,864,020	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,905,132				5.00
6.00	00600	MAINTENANCE & REPAIRS	489,364	3,129,962			6.00
7.00	00700	OPERATION OF PLANT	1,337,052	307,019	8,858,784		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	256,916	24,751	77,673	1,745,655	8.00
9.00	00900	HOUSEKEEPING	962,720	43,322	135,950	0	9.00
10.00	01000	DIETARY	885,959	109,210	342,716	5,497	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	419,793	3,139	9,849	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	167,197	3,482	10,926	0	14.00
15.00	01500	PHARMACY	1,901,290	27,012	84,767	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	541,639	34,843	109,341	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	829,690	4,432	13,907	6,384	22.00
23.00	02300	PARAMED ED PRGM	41,164	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	50,475	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	306,779	1,331	4,176	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,697,680	625,977	1,964,416	607,208	30.00
31.00	03100	INTENSIVE CARE UNIT	2,148,252	85,447	268,143	113,072	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	421,773	68,526	215,044	10,724	40.00
41.00	04100	SUBPROVIDER - IRF	97,552	9,992	31,356	0	41.00
43.00	04300	NURSERY	1,885,518	121,991	382,823	68,492	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,976,510	288,599	905,665	273,106	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	332,745	23,956	75,176	22,705	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,458,659	104,024	326,441	144,154	52.00
53.00	05300	ANESTHESIOLOGY	727,993	2,651	8,321	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,443,576	233,362	732,321	136,913	54.00
54.10	03480	ONCOLOGY	3,227,443	210,106	659,341	0	54.10
54.20	05401	CT	427,335	10,558	33,132	55,539	54.20
54.30	05402	MRI	342,871	15,518	48,697	13,513	54.30
60.00	06000	LABORATORY	4,049,438	79,729	250,199	1,740	60.00
60.01	06001	BLOOD	336,913	8,356	26,221	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,131,661	27,986	87,824	1,858	65.00
66.00	06600	PHYSICAL THERAPY	1,564,457	56,380	176,929	0	66.00
69.00	06900	ELECTROCARDIOLOGY	455,500	27,104	85,057	25,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,405	5,224	16,394	1,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,833,291	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	401,295	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,890,840	13,820	43,368	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	208,393	17,946	56,317	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	10,305	0	0	0	75.10
75.20	03951	HEMODIALYSIS	213,854	6,428	20,172	3,767	75.20
76.97	07697	CARDIAC REHABILITATION	231,166	28,675	89,987	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	349,766	17,047	53,497	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	162,429	11,601	36,404	0	90.02
90.03	09003	STATELINE CLINIC	375,162	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	481,456	28,984	90,956	0	90.04
90.05	09005	PULMONOLOGY CLINIC	337,066	5,498	17,255	12,311	90.05
90.06	09006	CVT CLINIC	47,362	3,677	11,539	0	90.06
90.07	09007	MWH CLINIC	842,525	52,545	164,894	0	90.07
90.08	09008	NEUROSURGERY CLINIC	26,442	7,611	23,885	0	90.08
90.09	09009	HEADACHE CLINIC	307,142	8,188	25,694	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	359,409	15,936	50,010	0	90.10
90.11	09011	MFH CLINIC	68,072	9,721	30,505	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	343,452	10,575	33,186	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	49,567	2,823	8,859	0	90.13
90.14	09014	CLINIC	174,499	96,948	304,235	0	90.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.00	09100	EMERGENCY	3,259,532	96,145	301,716	240,749	221,155	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	961,118	27,122	85,111	0	62,386	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,898,462	3,025,317	8,530,395	1,745,655	6,096,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,261	6,754	21,194	0	15,535	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	16,821,451	86,520	271,512	0	199,016	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	19,082	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	170,343	3,502	10,990	0	8,056	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	427,315	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	205,890	7,869	24,693	0	18,100	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	353,328	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	81,905,132	3,129,962	8,858,784	1,745,655	6,336,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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11/29/2021 1:03 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	6,375,213				10.00
11.00	01100	CAFETERIA	3,452,318	3,452,318			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	34,790	0	2,739,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,091,807	14.00
15.00	01500	PHARMACY	0	127,179	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,970	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	4,455	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	9,199	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	560	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,354,602	799,157	0	1,077,610	30.00
31.00	03100	INTENSIVE CARE UNIT	232,359	182,995	0	316,043	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	335,934	107,222	0	70,494	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	156,780	0	222,524	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	336,634	0	307,722	50.00
50.20	05340	GASTRO INTESTINAL SERVICES	0	23,409	0	35,914	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	124,328	0	180,539	52.00
53.00	05300	ANESTHESIOLOGY	0	7,306	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	255,048	0	113,713	54.00
54.10	05480	ONCOLOGY	0	0	0	4,621	54.10
54.20	05401	CT	0	22,741	0	0	54.20
54.30	05402	MRI	0	18,487	0	0	54.30
60.00	06000	LABORATORY	0	189,610	0	0	60.00
60.01	06001	BLOOD	0	7,506	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	96,821	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	133,415	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	32,808	0	20,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,880	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,753	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	14,210	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	968	75.20
76.97	07697	CARDIAC REHABILITATION	0	16,549	0	3,903	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,572	0	37,268	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	18,709	0	14,771	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	31,138	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	17,284	0	0	90.05
90.06	09006	CVT CLINIC	0	601	0	0	90.06
90.07	09007	MWH CLINIC	0	54,079	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	14,923	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	13,809	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	20,135	0	0	90.10
90.11	09011	MFM CLINIC	0	6,236	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	17,239	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	7,083	0	0	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.14	09014	CLINIC	0	4,432	0	0	0	90.14
91.00	09100	EMERGENCY	0	238,789	0	333,978	28,007	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	163	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,375,213	3,270,281	0	2,739,988	1,091,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	158,896	0	0	6	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	3	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	6,882	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	16,259	0	0	10	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	36	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,375,213	3,452,318	0	2,739,988	1,091,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	12,466,764					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,743,619				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM	0	0				23.00
23.01	02304	PHARMACY RESIDENCY	0	0				23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0				23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	3	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	554,517	234,426	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,848	96,177	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	82	17,791	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	30	1,926	0	0	0	41.00
43.00	04300	NURSERY	44	43,614	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,435	319,356	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	51	22,564	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	35	62,898	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	74	46,832	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,017	266,486	0	0	0	54.00
54.10	03480	ONCOLOGY	2,969	130,620	0	0	0	54.10
54.20	05401	CT	73,363	172,612	0	0	0	54.20
54.30	05402	MRI	20,744	52,938	0	0	0	54.30
60.00	06000	LABORATORY	34	409,659	0	0	0	60.00
60.01	06001	BLOOD	0	18,977	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,174	51,786	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	89	70,227	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,051	67,996	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	6,276	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	279,144	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	321,001	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,708,830	706,101	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	18	11,930	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	306	0	0	0	75.10
75.20	03951	HEMODIALYSIS	240	7,670	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	3,345	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,778	16,462	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	1,709	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	24,372	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	13,234	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	2,629	0	0	0	90.05
90.06	09006	CVT CLINIC	0	409	0	0	0	90.06
90.07	09007	MWH CLINIC	0	22,872	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	731	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	5,492	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	4,265	0	0	0	90.10
90.11	09011	MFM CLINIC	0	478	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	8,811	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	382	0	0	0	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.14	09014	CLINIC	0	184	0	0	0	90.14
91.00	09100	EMERGENCY	3,814	213,321	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,610	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,445,244	3,743,619	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	20,657	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	863	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,466,764	3,743,619	0	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
			21.00	22.00	23.00	23.01	23.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,341,599				22.00
23.00	02300	PARAMED ED PRGM			267,741			23.00
23.01	02304	PHARMACY RESIDENCY				332,034		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY						23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,589,394	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	133,302	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	28,565	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	133,302	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	95,216	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	267,741	0	0	60.00
60.01	06001	BLOOD	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	114,259	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	332,034	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
90.14	09014	CLINIC	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	247,561	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,341,599	267,741	332,034	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,341,599	267,741	332,034	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY					23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		1,971,287			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	76,821,194	-4,589,394	72,231,800
31.00	03100	INTENSIVE CARE UNIT	0	0	15,527,329	-133,302	15,394,027
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	3,681,381	0	3,681,381
41.00	04100	SUBPROVIDER - IRF	0	0	690,228	0	690,228
43.00	04300	NURSERY	0	0	13,370,994	-28,565	13,342,429
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	28,866,561	-133,302	28,733,259
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	2,488,438	-95,216	2,393,222
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,549,280	0	10,549,280
53.00	05300	ANESTHESIOLOGY	0	0	4,727,513	0	4,727,513
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	24,451,284	0	24,451,284
54.10	03480	ONCOLOGY	0	0	22,133,653	0	22,133,653
54.20	05401	CT	0	0	3,128,659	0	3,128,659
54.30	05402	MRI	0	0	2,398,775	0	2,398,775
60.00	06000	LABORATORY	0	0	27,284,132	0	27,284,132
60.01	06001	BLOOD	0	0	2,235,182	0	2,235,182
65.00	06500	RESPIRATORY THERAPY	0	0	7,571,709	0	7,571,709
66.00	06600	PHYSICAL THERAPY	0	0	10,573,165	0	10,573,165
69.00	06900	ELECTROCARDIOLOGY	0	0	3,353,822	-114,259	3,239,563
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	357,396	0	357,396
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	37,588,781	0	37,588,781
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,887,680	0	2,887,680
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,155,453	0	44,155,453
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,474,607	0	1,474,607
75.10	03950	NUTRITIONAL SUPPORT	0	0	66,216	0	66,216
75.20	03951	HEMODIALYSIS	0	0	1,421,836	0	1,421,836
76.97	07697	CARDIAC REHABILITATION	0	0	1,686,997	0	1,686,997
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,434,481	0	2,434,481
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	1,148,779	0	1,148,779
90.03	09003	STATELINE CLINIC	0	0	2,423,904	0	2,423,904
90.04	09004	ORTHOPEDICS CLINIC	0	0	3,310,369	0	3,310,369
90.05	09005	PULMONOLOGY CLINIC	0	0	2,223,493	0	2,223,493
90.06	09006	CVT CLINIC	0	0	327,612	0	327,612
90.07	09007	MWH CLINIC	0	0	5,804,032	0	5,804,032
90.08	09008	NEUROSURGERY CLINIC	0	0	233,782	0	233,782
90.09	09009	HEADACHE CLINIC	0	0	2,036,494	0	2,036,494
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	2,425,779	0	2,425,779
90.11	09011	MFM CLINIC	0	0	504,686	0	504,686

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Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	2,290,852	0	2,290,852	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	342,668	0	342,668	90.13
90.14	09014	CLINIC	0	0	1,744,895	0	1,744,895	90.14
91.00	09100	EMERGENCY	0	1,971,287	24,744,436	-247,561	24,496,875	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	6,327,689	0	6,327,689	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,971,287	407,816,216	-5,341,599	402,474,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	102,718	0	102,718	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	108,305,760	0	108,305,760	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	142,705	0	142,705	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,112,060	0	1,112,060	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	2,739,984	0	2,739,984	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	1,384,662	0	1,384,662	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,259,915	0	2,259,915	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,971,287	523,864,020	-5,341,599	518,522,421	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00	2.00	2A	4.00
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	86,589	117,402	203,991	203,991	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,250,323	3,051,099	5,301,422	33,914	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	15,583	21,129	36,712	786	6.00
7.00	00700	OPERATION OF PLANT	0	961,952	1,304,260	2,266,212	975	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	77,551	105,147	182,698	130	8.00
9.00	00900	HOUSEKEEPING	0	135,736	184,037	319,773	5,770	9.00
10.00	01000	DIETARY	0	342,177	463,940	806,117	4,382	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	9,834	13,333	23,167	1,051	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,908	14,790	25,698	0	14.00
15.00	01500	PHARMACY	0	84,633	114,750	199,383	4,333	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,169	148,017	257,186	1,794	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,885	18,826	32,711	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	135	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	278	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	4,170	5,654	9,824	929	23.40
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,961,324	2,659,258	4,620,582	26,870	30.00
31.00	03100	INTENSIVE CARE UNIT	0	267,721	362,989	630,710	5,526	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	214,706	291,108	505,814	3,238	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,306	42,447	73,753	293	41.00
43.00	04300	NURSERY	0	382,221	518,233	900,454	4,734	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	904,240	1,226,012	2,130,252	10,743	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	75,058	101,767	176,825	707	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	325,927	441,908	767,835	3,754	52.00
53.00	05300	ANESTHESIOLOGY	0	8,308	11,264	19,572	221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	731,168	991,353	1,722,521	8,514	54.00
54.10	03480	ONCOLOGY	0	658,303	892,559	1,550,862	6,465	54.10
54.20	05401	CT	0	33,080	44,851	77,931	687	54.20
54.30	05402	MRI	0	48,620	65,921	114,541	558	54.30
60.00	06000	LABORATORY	0	249,806	338,699	588,505	5,950	60.00
60.01	06001	BLOOD	0	26,180	35,496	61,676	227	60.01
65.00	06500	RESPIRATORY THERAPY	0	87,686	118,888	206,574	3,250	65.00
66.00	06600	PHYSICAL THERAPY	0	176,650	239,511	416,161	4,926	66.00
69.00	06900	ELECTROCARDIOLOGY	0	84,924	115,144	200,068	1,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,368	22,192	38,560	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,300	58,708	102,008	1,140	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	56,229	76,238	132,467	484	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	20,140	27,307	47,447	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	89,846	121,817	211,663	500	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	53,413	72,420	125,833	1,045	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	36,347	49,281	85,628	322	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	1,944	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	90,813	123,129	213,942	940	90.04
90.05	09005	PULMONOLOGY CLINIC	0	17,228	23,358	40,586	522	90.05
90.06	09006	CVT CLINIC	0	11,521	15,621	27,142	18	90.06
90.07	09007	MWH CLINIC	0	164,635	223,220	387,855	1,633	90.07
90.08	09008	NEUROSURGERY CLINIC	0	23,848	32,334	56,182	451	90.08
90.09	09009	HEADACHE CLINIC	0	25,653	34,782	60,435	417	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	49,931	67,699	117,630	608	90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
90.11	09011	MFM CLINIC	0	30,457	41,295	71,752	188	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	33,133	44,924	78,057	521	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	8,845	11,992	20,837	214	90.13
90.14	09014	CLINIC	0	303,756	411,847	715,603	134	90.14
91.00	09100	EMERGENCY	0	301,241	408,437	709,678	8,599	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	84,977	115,216	200,193	2,647	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,831,419	16,041,609	27,873,028	164,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,161	28,691	49,852	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	271,085	367,550	638,635	36,619	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	10,973	14,877	25,850	335	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	208	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	24,654	33,427	58,081	766	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	1,374	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	12,159,292	16,486,154	28,645,446	203,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,335,336				5.00
6.00	00600	MAINTENANCE & REPAIRS	31,877	69,375			6.00
7.00	00700	OPERATION OF PLANT	87,096	6,805	2,361,088		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,736	549	20,702	220,815	8.00
9.00	00900	HOUSEKEEPING	62,712	960	36,234	0	425,449
10.00	01000	DIETARY	57,712	2,421	91,342	695	16,866
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	27,345	70	2,625	0	485
14.00	01400	CENTRAL SERVICES & SUPPLY	10,891	77	2,912	0	538
15.00	01500	PHARMACY	123,851	599	22,592	0	4,172
16.00	01600	MEDICAL RECORDS & LIBRARY	35,283	772	29,142	0	5,381
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	54,046	98	3,707	808	684
23.00	02300	PARAMED ED PRGM	2,681	0	0	0	0
23.01	02304	PHARMACY RESIDENCY	3,288	0	0	0	0
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	19,984	29	1,113	0	206
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	631,710	13,874	523,568	76,809	96,673
31.00	03100	INTENSIVE CARE UNIT	139,938	1,894	71,467	14,303	13,196
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	27,474	1,519	57,315	1,357	10,583
41.00	04100	SUBPROVIDER - IRF	6,355	221	8,357	0	1,543
43.00	04300	NURSERY	122,823	2,704	102,032	8,664	18,840
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	259,031	6,397	241,382	34,546	44,570
50.20	03340	GASTRO INTESTINAL SERVICES	21,675	531	20,036	2,872	3,700
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,018	2,306	87,005	18,235	16,065
53.00	05300	ANESTHESIOLOGY	47,422	59	2,218	0	409
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,316	5,172	195,182	17,319	36,039
54.10	03480	ONCOLOGY	210,237	4,657	175,731	0	32,448
54.20	05401	CT	27,837	234	8,830	7,025	1,630
54.30	05402	MRI	22,335	344	12,979	1,709	2,396
60.00	06000	LABORATORY	263,782	1,767	66,684	220	12,313
60.01	06001	BLOOD	21,947	185	6,989	0	1,290
65.00	06500	RESPIRATORY THERAPY	73,717	620	23,407	235	4,322
66.00	06600	PHYSICAL THERAPY	101,909	1,250	47,156	0	8,707
69.00	06900	ELECTROCARDIOLOGY	29,671	601	22,670	3,281	4,186
70.00	07000	ELECTROENCEPHALOGRAPHY	3,153	116	4,369	251	807
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	379,982	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,141	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	318,591	306	11,559	0	2,134
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	13,575	398	15,010	0	2,772
75.10	03950	NUTRITIONAL SUPPORT	671	0	0	0	0
75.20	03951	HEMODIALYSIS	13,930	142	5,376	476	993
76.97	07697	CARDIAC REHABILITATION	15,058	636	23,984	0	4,428
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,784	378	14,258	0	2,633
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	10,581	257	9,703	0	1,792
90.03	09003	STATELINE CLINIC	24,438	0	0	0	0
90.04	09004	ORTHOPEDICS CLINIC	31,362	642	24,242	0	4,476
90.05	09005	PULMONOLOGY CLINIC	21,957	122	4,599	1,557	849
90.06	09006	CVT CLINIC	3,085	82	3,075	0	568
90.07	09007	MWH CLINIC	54,882	1,165	43,948	0	8,115
90.08	09008	NEUROSURGERY CLINIC	1,722	169	6,366	0	1,175
90.09	09009	HEADACHE CLINIC	20,007	181	6,848	0	1,264
90.10	09010	UW GENERAL SURGERY CLINIC	23,412	353	13,329	0	2,461
90.11	09011	MFM CLINIC	4,434	215	8,130	0	1,501
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	22,373	234	8,845	0	1,633
90.13	09013	INFECTIOUS DISEASE CLINIC	3,229	63	2,361	0	436
90.14	09014	CLINIC	11,367	2,149	81,086	0	14,972

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.00	09100	EMERGENCY	212,327	2,131	80,415	30,453	14,848	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	62,608	601	22,684	0	4,189	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,162,368	67,055	2,273,564	220,815	409,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	603	150	5,649	0	1,043	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	1,095,763	1,918	72,365	0	13,362	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	1,243	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	11,096	78	2,929	0	541	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	27,835	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	13,412	174	6,581	0	1,215	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	23,016	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,335,336	69,375	2,361,088	220,815	425,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	979,535				10.00
11.00	01100	CAFETERIA	530,440	530,440			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	5,345	0	60,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	40,116	14.00
15.00	01500	PHARMACY	0	19,541	0	186	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,446	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	684	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	1,413	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	21	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	361,779	122,790	0	23,632	30.00
31.00	03100	INTENSIVE CARE UNIT	35,701	28,117	0	6,931	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	51,615	16,474	0	1,546	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	24,089	0	4,880	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	51,723	0	6,748	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	3,597	0	788	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,103	0	3,959	52.00
53.00	05300	ANESTHESIOLOGY	0	1,122	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,188	0	2,494	54.00
54.10	03480	ONCOLOGY	0	0	0	101	54.10
54.20	05401	CT	0	3,494	0	0	54.20
54.30	05402	MRI	0	2,840	0	0	54.30
60.00	06000	LABORATORY	0	29,133	0	0	60.00
60.01	06001	BLOOD	0	1,153	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	14,876	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,499	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,041	0	458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	903	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,801	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	2,183	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	36	75.20
76.97	07697	CARDIAC REHABILITATION	0	2,543	0	86	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,083	0	817	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	2,875	0	324	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	4,784	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	2,656	0	0	90.05
90.06	09006	CVT CLINIC	0	92	0	0	90.06
90.07	09007	MWH CLINIC	0	8,309	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	2,293	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	2,122	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	3,094	0	0	90.10
90.11	09011	MFM CLINIC	0	958	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	2,649	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	1,088	0	0	90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.14	09014	CLINIC	0	681	0	0	0	90.14
91.00	09100	EMERGENCY	0	36,689	0	7,324	1,029	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	979,535	502,471	0	60,088	40,115	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	24,414	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	1,057	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	2,498	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	1	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	979,535	530,440	0	60,088	40,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	374,657					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	338,004				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,664	21,096	0			30.00
31.00	03100	INTENSIVE CARE UNIT	56	8,655	0			31.00
31.01	03101	PEDIATRIC ICU	0	0	0			31.01
40.00	04000	SUBPROVIDER - IPF	2	1,601	0			40.00
41.00	04100	SUBPROVIDER - IRF	1	173	0			41.00
43.00	04300	NURSERY	1	3,925	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103	28,739	0			50.00
50.20	03340	GASTRO INTESTINAL SERVICES	2	2,031	0			50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	5,660	0			52.00
53.00	05300	ANESTHESIOLOGY	2	4,215	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,984	23,982	0			54.00
54.10	03480	ONCOLOGY	89	11,755	0			54.10
54.20	05401	CT	2,205	15,534	0			54.20
54.30	05402	MRI	623	4,764	0			54.30
60.00	06000	LABORATORY	1	36,866	0			60.00
60.01	06001	BLOOD	0	1,708	0			60.01
65.00	06500	RESPIRATORY THERAPY	65	4,660	0			65.00
66.00	06600	PHYSICAL THERAPY	3	6,320	0			66.00
69.00	06900	ELECTROCARDIOLOGY	32	6,119	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	565	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,121	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,887	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,879	64,651	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	07501	SLEEP LAB	1	1,074	0			75.01
75.10	03950	NUTRITIONAL SUPPORT	0	28	0			75.10
75.20	03951	HEMODIALYSIS	7	690	0			75.20
76.97	07697	CARDIAC REHABILITATION	0	301	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	174	1,481	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	CHILDRENS CLINIC	0	0	0			90.01
90.02	09002	DIABETES CLINIC	0	154	0			90.02
90.03	09003	STATELINE CLINIC	0	2,193	0			90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,191	0			90.04
90.05	09005	PULMONOLOGY CLINIC	0	237	0			90.05
90.06	09006	CVT CLINIC	0	37	0			90.06
90.07	09007	MWH CLINIC	0	2,058	0			90.07
90.08	09008	NEUROSURGERY CLINIC	0	66	0			90.08
90.09	09009	HEADACHE CLINIC	0	494	0			90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	384	0			90.10
90.11	09011	MFM CLINIC	0	43	0			90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	793	0			90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	34	0			90.13

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.14	09014	CLINIC	0	17	0			90.14
91.00	09100	EMERGENCY	115	19,197	0			91.00
91.05	09101	AMBULATORY CARE	0	0	0			91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	505	0			101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,010	338,004	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001	MCC WORD PROCESSING	0	0	0			190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0			192.01
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	621	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMENS CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	26	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	374,657	338,004	0	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
			23.00	23.01	23.20			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		92,054				22.00
23.00	02300	PARAMED ED PRGM			3,500			23.00
23.01	02304	PHARMACY RESIDENCY				4,979		23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY						23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	PEDIATRIC ICU						31.01
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.20	03340	GASTRO INTESTINAL SERVICES						50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.10	03480	ONCOLOGY						54.10
54.20	05401	CT						54.20
54.30	05402	MRI						54.30
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD						60.01
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	07501	SLEEP LAB						75.01
75.10	03950	NUTRITIONAL SUPPORT						75.10
75.20	03951	HEMODIALYSIS						75.20
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	CHILDRENS CLINIC						90.01
90.02	09002	DIABETES CLINIC						90.02
90.03	09003	STATELINE CLINIC						90.03
90.04	09004	ORTHOPEDICS CLINIC						90.04
90.05	09005	PULMONOLOGY CLINIC						90.05
90.06	09006	CVT CLINIC						90.06
90.07	09007	MWH CLINIC						90.07
90.08	09008	NEUROSURGERY CLINIC						90.08
90.09	09009	HEADACHE CLINIC						90.09
90.10	09010	UW GENERAL SURGERY CLINIC						90.10
90.11	09011	MFM CLINIC						90.11

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC						90.12
90.13	09013	INFECTIOUS DISEASE CLINIC						90.13
90.14	09014	CLINIC						90.14
91.00	09100	EMERGENCY						91.00
91.05	09101	AMBULATORY CARE						91.05
91.10	09102	PSYCHIATRIC PARTIAL						91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.10	19001	MCC WORD PROCESSING						190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCPS						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDISHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMENS CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	92,054	3,500	4,979		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	0	92,054	3,500	4,979		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY					23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		32,106			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,556,173	0	6,556,173	30.00
31.00	03100	INTENSIVE CARE UNIT		962,418	0	962,418	31.00
31.01	03101	PEDIATRIC ICU		0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF		678,549	0	678,549	40.00
41.00	04100	SUBPROVIDER - IRF		90,696	0	90,696	41.00
43.00	04300	NURSERY		1,193,359	0	1,193,359	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,821,627	0	2,821,627	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		232,989	0	232,989	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,020,338	0	1,020,338	52.00
53.00	05300	ANESTHESIOLOGY		75,240	0	75,240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,279,856	0	2,279,856	54.00
54.10	03480	ONCOLOGY		1,992,346	0	1,992,346	54.10
54.20	05401	CT		145,525	0	145,525	54.20
54.30	05402	MRI		163,096	0	163,096	54.30
60.00	06000	LABORATORY		1,005,290	0	1,005,290	60.00
60.01	06001	BLOOD		95,175	0	95,175	60.01
65.00	06500	RESPIRATORY THERAPY		331,755	0	331,755	65.00
66.00	06600	PHYSICAL THERAPY		606,938	0	606,938	66.00
69.00	06900	ELECTROCARDIOLOGY		273,281	0	273,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		48,903	0	48,903	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		405,103	0	405,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		55,028	0	55,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		858,070	0	858,070	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	SLEEP LAB		167,965	0	167,965	75.01
75.10	03950	NUTRITIONAL SUPPORT		699	0	699	75.10
75.20	03951	HEMODIALYSIS		69,097	0	69,097	75.20
76.97	07697	CARDIAC REHABILITATION		259,201	0	259,201	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		173,543	0	173,543	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	CHILDRENS CLINIC		0	0	0	90.01
90.02	09002	DIABETES CLINIC		111,636	0	111,636	90.02
90.03	09003	STATELINE CLINIC		28,575	0	28,575	90.03
90.04	09004	ORTHOPEDICS CLINIC		281,579	0	281,579	90.04
90.05	09005	PULMONOLOGY CLINIC		73,085	0	73,085	90.05
90.06	09006	CVT CLINIC		34,099	0	34,099	90.06
90.07	09007	MWH CLINIC		507,965	0	507,965	90.07
90.08	09008	NEUROSURGERY CLINIC		68,424	0	68,424	90.08
90.09	09009	HEADACHE CLINIC		91,768	0	91,768	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		161,271	0	161,271	90.10
90.11	09011	MFM CLINIC		87,221	0	87,221	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC			115,105	0	115,105	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC			28,262	0	28,262	90.13
90.14	09014	CLINIC			826,009	0	826,009	90.14
91.00	09100	EMERGENCY			1,122,805	0	1,122,805	91.00
91.05	09101	AMBULATORY CARE			0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL			0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			293,433	0	293,433	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	26,393,497	0	26,393,497	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			57,297	0	57,297	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS			1,883,076	0	1,883,076	192.01
192.02	19202	MEDWORKS			0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER			0	0	0	192.03
192.20	19204	IDLE SPACE			0	0	0	192.20
193.00	19300	NONPAID WORKERS			1,864	0	1,864	193.00
193.10	19301	HOTEL			0	0	0	193.10
193.30	19302	PHYSICIAN BILLING			0	0	0	193.30
193.40	19303	MEALS ON WHEELS			0	0	0	193.40
193.50	19304	WEE CARE			0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS			40,829	0	40,829	193.60
193.70	19306	WOMENS CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			29,100	0	29,100	193.80
193.90	19308	COMPLIMENTARY MEDICINE			82,753	0	82,753	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			24,391	0	24,391	194.00
200.00		Cross Foot Adjustments	0	32,106	132,639	0	132,639	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	32,106	28,645,446	0	28,645,446	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,131,402					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,131,402				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	303,309			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	209,389	209,389	50,426	-81,905,132	441,958,888	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,450	1,450	1,169	0	2,640,598	6.00
7.00	00700	OPERATION OF PLANT	89,508	89,508	1,450	0	7,214,713	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	194	0	1,386,315	8.00
9.00	00900	HOUSEKEEPING	12,630	12,630	8,580	0	5,194,824	9.00
10.00	01000	DIETARY	31,839	31,839	6,516	0	4,780,623	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	915	915	1,562	0	2,265,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	902,194	14.00
15.00	01500	PHARMACY	7,875	7,875	6,443	0	10,259,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	2,668	0	2,922,678	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	4,476,992	22.00
23.00	02300	PARAMED ED PRGM	0	0	200	0	222,122	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	413	0	272,360	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	1,382	0	1,655,377	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	182,498	182,498	39,952	0	52,328,528	30.00
31.00	03100	INTENSIVE CARE UNIT	24,911	24,911	8,216	0	11,591,932	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	19,978	19,978	4,814	0	2,275,878	40.00
41.00	04100	SUBPROVIDER - IRF	2,913	2,913	436	0	526,389	41.00
43.00	04300	NURSERY	35,565	35,565	7,039	0	10,174,228	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	15,973	0	21,457,183	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	1,051	0	1,795,485	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,327	30,327	5,582	0	7,870,903	52.00
53.00	05300	ANESTHESIOLOGY	773	773	328	0	3,928,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,034	68,034	12,659	0	18,581,481	54.00
54.10	03480	ONCOLOGY	61,254	61,254	9,613	0	17,415,234	54.10
54.20	05401	CT	3,078	3,078	1,021	0	2,305,891	54.20
54.30	05402	MRI	4,524	4,524	830	0	1,850,124	54.30
60.00	06000	LABORATORY	23,244	23,244	8,847	0	21,850,704	60.00
60.01	06001	BLOOD	2,436	2,436	337	0	1,817,978	60.01
65.00	06500	RESPIRATORY THERAPY	8,159	8,159	4,833	0	6,106,423	65.00
66.00	06600	PHYSICAL THERAPY	16,437	16,437	7,324	0	8,441,785	66.00
69.00	06900	ELECTROCARDIOLOGY	7,902	7,902	1,552	0	2,457,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	264	0	261,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,476,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,165,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,029	4,029	1,695	0	26,390,896	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	720	0	1,124,484	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	55,605	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	0	0	1,153,951	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	743	0	1,247,369	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	1,554	0	1,887,333	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	479	0	876,462	90.02
90.03	09003	STATELINE CLINIC	0	0	2,890	0	2,024,370	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	1,398	0	2,597,931	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	776	0	1,818,802	90.05
90.06	09006	CVT CLINIC	1,072	1,072	27	0	255,566	90.06
90.07	09007	MWH CLINIC	15,319	15,319	2,428	0	4,546,251	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	670	0	142,682	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	620	0	1,657,336	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	904	0	1,939,367	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTEs)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
90.11	09011	MFM CLINIC	2,834	2,834	280	0	367,314	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	774	0	1,853,264	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	318	0	267,461	90.13
90.14	09014	CLINIC	28,264	28,264	199	0	941,596	90.14
91.00	09100	EMERGENCY	28,030	28,030	12,786	0	17,588,382	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,907	7,907	3,936	0	5,186,179	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,100,894	1,100,894	244,871	-81,905,132	344,795,107	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,969	1,969	0	0	49,974	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	25,224	25,224	54,449	0	90,768,359	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	102,966	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	498	0	919,166	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	309	0	2,305,787	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,294	2,294	1,139	0	1,110,978	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,043	0	1,906,551	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,159,292	16,486,154	3,540,043		81,905,132	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.747101	14.571438	11.671408		0.185323	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			203,991		5,335,336	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.672552		0.012072	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	912,506					6.00
7.00	00700	OPERATION OF PLANT	89,508	822,998				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	1,460,791			8.00
9.00	00900	HOUSEKEEPING	12,630	12,630	0	803,152		9.00
10.00	01000	DIETARY	31,839	31,839	4,600	31,839	410,181	10.00
11.00	01100	CAFETERIA	0	0	0	0	222,122	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	915	915	0	915	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	7,875	7,875	0	7,875	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,158	10,158	0	10,158	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	5,342	1,292	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	182,498	182,498	508,123	182,498	151,495	30.00
31.00	03100	INTENSIVE CARE UNIT	24,911	24,911	94,620	24,911	14,950	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	19,978	19,978	8,974	19,978	21,614	40.00
41.00	04100	SUBPROVIDER - IRF	2,913	2,913	0	2,913	0	41.00
43.00	04300	NURSERY	35,565	35,565	57,315	35,565	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	228,539	84,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	19,000	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,327	30,327	120,630	30,327	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,034	68,034	114,571	68,034	0	54.00
54.10	03480	ONCOLOGY	61,254	61,254	0	61,254	0	54.10
54.20	05401	CT	3,078	3,078	46,476	3,078	0	54.20
54.30	05402	MRI	4,524	4,524	11,308	4,524	0	54.30
60.00	06000	LABORATORY	23,244	23,244	1,456	23,244	0	60.00
60.01	06001	BLOOD	2,436	2,436	0	2,436	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,159	8,159	1,555	8,159	0	65.00
66.00	06600	PHYSICAL THERAPY	16,437	16,437	0	16,437	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,902	7,902	21,705	7,902	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	1,661	1,523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,029	4,029	0	4,029	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	0	5,232	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	3,152	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	0	4,970	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	8,450	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	10,302	1,603	0	90.05
90.06	09006	CVT CLINIC	1,072	1,072	0	1,072	0	90.06
90.07	09007	MWH CLINIC	15,319	15,319	0	15,319	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	2,219	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	2,387	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	4,646	0	90.10
90.11	09011	MFM CLINIC	2,834	2,834	0	2,834	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	3,083	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	0	823	0	90.13
90.14	09014	CLINIC	28,264	28,264	0	28,264	0	90.14
91.00	09100	EMERGENCY	28,030	28,030	201,462	28,030	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,907	7,907	0	7,907	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	881,998	792,490	1,460,791	772,644	410,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,969	1,969	0	1,969	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	25,224	25,224	0	25,224	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	1,021	1,021	0	1,021	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,294	2,294	0	2,294	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,129,962	8,858,784	1,745,655	6,336,816	6,375,213	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.430073	10.764041	1.195007	7.889934	15.542439	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	69,375	2,361,088	220,815	425,449	979,535	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.076027	2.868887	0.151161	0.529724	2.388056	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	155,000					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,562	0	54,626,414			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,156,569		14.00
15.00	01500	PHARMACY	5,710	0	0	14,602	62,028,501	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,468	0	0	6	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	200	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	413	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	1,619	13	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,880	0	21,484,243	1,583,720	2,759,013	30.00
31.00	03100	INTENSIVE CARE UNIT	8,216	0	6,300,828	466,090	9,197	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,814	0	1,405,420	834	406	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	150	41.00
43.00	04300	NURSERY	7,039	0	4,436,364	16,794	218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,114	0	6,134,928	581,714	17,089	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	1,051	0	716,011	17,677	253	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,582	0	3,599,330	109,924	172	52.00
53.00	05300	ANESTHESIOLOGY	328	0	0	0	366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,451	0	2,267,044	247,432	328,470	54.00
54.10	03480	ONCOLOGY	0	0	92,122	85	14,774	54.10
54.20	05401	CT	1,021	0	0	9,261	365,021	54.20
54.30	05402	MRI	830	0	0	546	103,212	54.30
60.00	06000	LABORATORY	8,513	0	0	5,446	167	60.00
60.01	06001	BLOOD	337	0	0	32	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,347	0	0	2,319	10,819	65.00
66.00	06600	PHYSICAL THERAPY	5,990	0	0	567	445	66.00
69.00	06900	ELECTROCARDIOLOGY	1,473	0	416,433	8,678	5,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	264	0	0	53	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,695	0	0	63	58,257,381	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	638	0	0	84	92	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	2,800	1,196	75.20
76.97	07697	CARDIAC REHABILITATION	743	0	77,816	124	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,193	0	743,005	4,468	28,747	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	840	0	294,491	28	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,398	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	776	0	0	0	0	90.05
90.06	09006	CVT CLINIC	27	0	0	0	0	90.06
90.07	09007	MWH CLINIC	2,428	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	670	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	620	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	904	0	0	0	0	90.10
90.11	09011	MFM CLINIC	280	0	0	0	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	774	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	318	0	0	0	0	90.13
90.14	09014 CLINIC	199	0	0	0	0	90.14
91.00	09100 EMERGENCY	10,721	0	6,658,379	80,973	18,975	91.00
91.05	09101 AMBULATORY CARE	0	0	0	1	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	472	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	146,827	0	54,626,414	3,156,412	61,921,425	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	7,134	0	0	17	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	102,780	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	9	0	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	309	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	730	0	0	28	4,296	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	103	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,452,318	0	2,739,988	1,091,807	12,466,764	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.273019	0.000000	0.050159	0.345884	0.200984	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	530,440	0	60,088	40,116	374,657	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.422194	0.000000	0.001100	0.012709	0.006040	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,148,055,981				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0			23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0			23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0			23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	197,162,512	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	80,888,581	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	14,963,064	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,620,000	0	0	0	41.00
43.00	04300	NURSERY	36,681,536	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	268,591,833	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	18,977,122	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,899,679	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39,387,897	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,126,359	0	0	0	54.00
54.10	03480	ONCOLOGY	109,857,080	0	0	0	54.10
54.20	05401	CT	145,174,210	0	0	0	54.20
54.30	05402	MRI	44,523,394	0	0	0	54.30
60.00	06000	LABORATORY	344,541,007	0	0	0	60.00
60.01	06001	BLOOD	15,960,133	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	43,554,538	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	59,064,186	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	57,187,345	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,278,051	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	234,771,661	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	269,975,959	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	593,372,428	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	10,033,722	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	257,450	0	0	0	75.10
75.20	03951	HEMODIALYSIS	6,450,668	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	2,813,341	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,845,628	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	1,437,613	0	0	0	90.02
90.03	09003	STATELINE CLINIC	20,498,136	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	11,130,056	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	2,211,143	0	0	0	90.05
90.06	09006	CVT CLINIC	343,969	0	0	0	90.06
90.07	09007	MWH CLINIC	19,236,547	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	614,498	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	4,618,738	0	0	0	90.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOLS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.10	09010	UW GENERAL SURGERY CLINIC	3,587,366	0	0	0	0	90.10
90.11	09011	MFM CLINIC	402,360	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	7,410,290	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	321,671	0	0	0	0	90.13
90.14	09014	CLINIC	154,476	0	0	0	0	90.14
91.00	09100	EMERGENCY	179,411,756	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,717,978	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,148,055,981	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,743,619	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001189	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	338,004	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000107	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)					
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)									
		22.00						23.00	23.01	23.20	23.30
		GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00				
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00				
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00				
5.00	00500	ADMINISTRATIVE & GENERAL					5.00				
6.00	00600	MAINTENANCE & REPAIRS					6.00				
7.00	00700	OPERATION OF PLANT					7.00				
8.00	00800	LAUNDRY & LINEN SERVICE					8.00				
9.00	00900	HOUSEKEEPING					9.00				
10.00	01000	DIETARY					10.00				
11.00	01100	CAFETERIA					11.00				
12.00	01200	MAINTENANCE OF PERSONNEL					12.00				
13.00	01300	NURSING ADMINISTRATION					13.00				
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00				
15.00	01500	PHARMACY					15.00				
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00				
17.00	01700	SOCIAL SERVICE					17.00				
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00				
20.00	02000	NURSING SCHOOL					20.00				
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,805	100			21.00				
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00				
23.00	02300	PARAMED ED PRGM					23.00				
23.01	02304	PHARMACY RESIDENCY			100		23.01				
23.20	02301	PARAMED ED PRGM - RADIOLOGY				0	23.20				
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					23.30				
23.40	02303	PARAMED ED - PARAMEDICAL TECHS				0	23.40				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	2,410	0	0	0	30.00				
31.00	03100	INTENSIVE CARE UNIT	70	0	0	0	31.00				
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01				
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00				
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00				
43.00	04300	NURSERY	15	0	0	0	43.00				
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	70	0	0	0	50.00				
50.20	03340	GASTRO INTESTINAL SERVICES	50	0	0	0	50.20				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00				
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00				
54.10	03480	ONCOLOGY	0	0	0	0	54.10				
54.20	05401	CT	0	0	0	0	54.20				
54.30	05402	MRI	0	0	0	0	54.30				
60.00	06000	LABORATORY	0	100	0	0	60.00				
60.01	06001	BLOOD	0	0	0	0	60.01				
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00				
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00				
69.00	06900	ELECTROCARDIOLOGY	60	0	0	0	69.00				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00				
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00				
75.01	07501	SLEEP LAB	0	0	0	0	75.01				
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10				
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20				
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97				
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98				
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99				
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0	0	0	0	90.00				
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01				
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02				
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03				
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04				
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05				
90.06	09006	CVT CLINIC	0	0	0	0	90.06				
90.07	09007	MWH CLINIC	0	0	0	0	90.07				
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08				
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.20	23.30	
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
90.14	09014	CLINIC	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	130	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,805	100	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,341,599	267,741	332,034	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,904.313369	2,677.410000	3,320.340000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	92,054	3,500	4,979	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	32.817825	35.000000	49.790000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
			23.40	
90.13	09013	INFECTIOUS DISEASE CLINIC	0	90.13
90.14	09014	CLINIC	0	90.14
91.00	09100	EMERGENCY	100	91.00
91.05	09101	AMBULATORY CARE	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.10	19001	MCC WORD PROCESSING	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	192.01
192.02	19202	MEDWORKS	0	192.02
192.03	19203	SWEDISHAMERICAN ER	0	192.03
192.20	19204	IDLE SPACE	0	192.20
193.00	19300	NONPAID WORKERS	0	193.00
193.10	19301	HOTEL	0	193.10
193.30	19302	PHYSICIAN BILLING	0	193.30
193.40	19303	MEALS ON WHEELS	0	193.40
193.50	19304	WEE CARE	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	193.60
193.70	19306	WOMENS CENTER	0	193.70
193.80	19307	MARKETING EXPENSES	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,971,287	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19,712.870000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,106	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	321.060000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

MCRIF32 - 16.12.172.6

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	172,109,235		172,109,235		30.00
31.00	03100	INTENSIVE CARE UNIT	80,888,581		80,888,581		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	14,963,064		14,963,064		40.00
41.00	04100	SUBPROVIDER - IRF	1,620,000		1,620,000		41.00
43.00	04300	NURSERY	36,681,536		36,681,536		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,074,632	194,517,201	268,591,833	0.106977	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	5,751,298	13,225,824	18,977,122	0.126111	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,994,833	1,904,846	52,899,679	0.199420	52.00
53.00	05300	ANESTHESIOLOGY	21,588,888	17,799,009	39,387,897	0.120025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,284,537	168,841,822	224,126,359	0.109096	54.00
54.10	03480	ONCOLOGY	993,766	108,863,314	109,857,080	0.201477	54.10
54.20	05401	CT	43,199,149	101,975,061	145,174,210	0.021551	54.20
54.30	05402	MRI	7,979,316	36,544,078	44,523,394	0.053877	54.30
60.00	06000	LABORATORY	118,868,336	225,672,671	344,541,007	0.079190	60.00
60.01	06001	BLOOD	12,276,533	3,683,600	15,960,133	0.140048	60.01
65.00	06500	RESPIRATORY THERAPY	34,437,592	9,116,946	43,554,538	0.173844	65.00
66.00	06600	PHYSICAL THERAPY	19,902,344	39,161,842	59,064,186	0.179011	66.00
69.00	06900	ELECTROCARDIOLOGY	21,528,218	35,659,127	57,187,345	0.056648	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,022,018	4,256,033	5,278,051	0.067714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,371,923	126,399,738	234,771,661	0.160108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,430,014	159,545,945	269,975,959	0.010696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	238,761,076	354,611,352	593,372,428	0.074414	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	15,322	10,018,400	10,033,722	0.146965	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	257,450	257,450	0.257199	75.10
75.20	03951	HEMODIALYSIS	5,941,229	509,439	6,450,668	0.220417	75.20
76.97	07697	CARDIAC REHABILITATION	0	2,813,341	2,813,341	0.599642	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	117,891	13,727,737	13,845,628	0.175830	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	59,493	1,378,120	1,437,613	0.799088	90.02
90.03	09003	STATELINE CLINIC	11,784	20,486,352	20,498,136	0.118250	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,999	11,121,057	11,130,056	0.297426	90.04
90.05	09005	PULMONOLOGY CLINIC	15,919	2,195,224	2,211,143	1.005585	90.05
90.06	09006	CVT CLINIC	3,511	340,458	343,969	0.952446	90.06
90.07	09007	MWH CLINIC	95,002	19,141,545	19,236,547	0.301719	90.07
90.08	09008	NEUROSURGERY CLINIC	3,459	611,039	614,498	0.380444	90.08
90.09	09009	HEADACHE CLINIC	2,124	4,616,614	4,618,738	0.440920	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	8,485	3,578,881	3,587,366	0.676201	90.10
90.11	09011	MFM CLINIC	18,266	384,094	402,360	1.254315	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	38,440	7,371,850	7,410,290	0.309145	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	2,484	319,187	321,671	1.065275	90.13
90.14	09014	CLINIC	171	154,305	154,476	11.295573	90.14
91.00	09100	EMERGENCY	53,129,878	126,281,878	179,411,756	0.136540	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,463,315	18,589,962	25,053,277	0.392145	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	272,315	4,445,663	4,717,978		101.00
200.00		Subtotal (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.107089			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.126608			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.199420			52.00
53.00	05300 ANESTHESIOLOGY	0.120291			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109226			54.00
54.10	03480 ONCOLOGY	0.202185			54.10
54.20	05401 CT	0.021551			54.20
54.30	05402 MRI	0.053877			54.30
60.00	06000 LABORATORY	0.079190			60.00
60.01	06001 BLOOD	0.140048			60.01
65.00	06500 RESPIRATORY THERAPY	0.173844			65.00
66.00	06600 PHYSICAL THERAPY	0.179011			66.00
69.00	06900 ELECTROCARDIOLOGY	0.056648			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.067714			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.010696			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.074414			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.146965			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.257199			75.10
75.20	03951 HEMODIALYSIS	0.220417			75.20
76.97	07697 CARDIAC REHABILITATION	0.601468			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.177320			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.799088			90.02
90.03	09003 STATELINE CLINIC	0.118250			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.297426			90.04
90.05	09005 PULMONOLOGY CLINIC	1.005585			90.05
90.06	09006 CVT CLINIC	0.952446			90.06
90.07	09007 MWH CLINIC	0.301719			90.07
90.08	09008 NEUROSURGERY CLINIC	0.380444			90.08
90.09	09009 HEADACHE CLINIC	0.440920			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.676201			90.10
90.11	09011 MFM CLINIC	1.254315			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.309145			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.065275			90.13
90.14	09014 CLINIC	11.295573			90.14
91.00	09100 EMERGENCY	0.136667			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.392145			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	72,231,800		72,231,800	5,384	72,237,184	30.00	
31.00	03100	INTENSIVE CARE UNIT	15,394,027		15,394,027	0	15,394,027	31.00	
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	3,681,381		3,681,381	0	3,681,381	40.00	
41.00	04100	SUBPROVIDER - IRF	690,228		690,228	0	690,228	41.00	
43.00	04300	NURSERY	13,342,429		13,342,429	0	13,342,429	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,733,259		28,733,259	30,059	28,763,318	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	2,393,222		2,393,222	9,428	2,402,650	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,549,280		10,549,280	0	10,549,280	52.00	
53.00	05300	ANESTHESIOLOGY	4,727,513		4,727,513	10,509	4,738,022	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,451,284		24,451,284	29,150	24,480,434	54.00	
54.10	03480	ONCOLOGY	22,133,653		22,133,653	77,760	22,211,413	54.10	
54.20	05401	CT	3,128,659		3,128,659	0	3,128,659	54.20	
54.30	05402	MRI	2,398,775		2,398,775	0	2,398,775	54.30	
60.00	06000	LABORATORY	27,284,132		27,284,132	0	27,284,132	60.00	
60.01	06001	BLOOD	2,235,182		2,235,182	0	2,235,182	60.01	
65.00	06500	RESPIRATORY THERAPY	7,571,709	0	7,571,709	0	7,571,709	65.00	
66.00	06600	PHYSICAL THERAPY	10,573,165	0	10,573,165	0	10,573,165	66.00	
69.00	06900	ELECTROCARDIOLOGY	3,239,563		3,239,563	0	3,239,563	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	357,396		357,396	0	357,396	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,588,781		37,588,781	0	37,588,781	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,887,680		2,887,680	0	2,887,680	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	44,155,453		44,155,453	0	44,155,453	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
75.01	07501	SLEEP LAB	1,474,607		1,474,607	0	1,474,607	75.01	
75.10	03950	NUTRITIONAL SUPPORT	66,216		66,216	0	66,216	75.10	
75.20	03951	HEMODIALYSIS	1,421,836		1,421,836	0	1,421,836	75.20	
76.97	07697	CARDIAC REHABILITATION	1,686,997		1,686,997	5,137	1,692,134	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,434,481		2,434,481	20,628	2,455,109	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0		0	0	0	90.01	
90.02	09002	DIABETES CLINIC	1,148,779		1,148,779	0	1,148,779	90.02	
90.03	09003	STATELINE CLINIC	2,423,904		2,423,904	0	2,423,904	90.03	
90.04	09004	ORTHOPEDICS CLINIC	3,310,369		3,310,369	0	3,310,369	90.04	
90.05	09005	PULMONOLOGY CLINIC	2,223,493		2,223,493	0	2,223,493	90.05	
90.06	09006	CVT CLINIC	327,612		327,612	0	327,612	90.06	
90.07	09007	MWH CLINIC	5,804,032		5,804,032	0	5,804,032	90.07	
90.08	09008	NEUROSURGERY CLINIC	233,782		233,782	0	233,782	90.08	
90.09	09009	HEADACHE CLINIC	2,036,494		2,036,494	0	2,036,494	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	2,425,779		2,425,779	0	2,425,779	90.10	
90.11	09011	MFM CLINIC	504,686		504,686	0	504,686	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,290,852		2,290,852	0	2,290,852	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	342,668		342,668	0	342,668	90.13	
90.14	09014	CLINIC	1,744,895		1,744,895	0	1,744,895	90.14	
91.00	09100	EMERGENCY	24,496,875		24,496,875	22,798	24,519,673	91.00	
91.05	09101	AMBULATORY CARE	0		0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0		0	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,824,527		9,824,527		9,824,527	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	6,327,689		6,327,689		6,327,689	101.00	
200.00		Subtotal (see instructions)	412,299,144	0	412,299,144	210,853	412,509,997	200.00	
201.00		Less Observation Beds	9,824,527		9,824,527		9,824,527	201.00	
202.00		Total (see instructions)	402,474,617	0	402,474,617	210,853	402,685,470	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

					Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,109,235		172,109,235			30.00	
31.00	03100	INTENSIVE CARE UNIT	80,888,581		80,888,581			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	14,963,064		14,963,064			40.00	
41.00	04100	SUBPROVIDER - IRF	1,620,000		1,620,000			41.00	
43.00	04300	NURSERY	36,681,536		36,681,536			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,074,632	194,517,201	268,591,833	0.106977	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	5,751,298	13,225,824	18,977,122	0.126111	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,994,833	1,904,846	52,899,679	0.199420	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	21,588,888	17,799,009	39,387,897	0.120025	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,284,537	168,841,822	224,126,359	0.109096	0.000000	54.00	
54.10	03480	ONCOLOGY	993,766	108,863,314	109,857,080	0.201477	0.000000	54.10	
54.20	05401	CT	43,199,149	101,975,061	145,174,210	0.021551	0.000000	54.20	
54.30	05402	MRI	7,979,316	36,544,078	44,523,394	0.053877	0.000000	54.30	
60.00	06000	LABORATORY	118,868,336	225,672,671	344,541,007	0.079190	0.000000	60.00	
60.01	06001	BLOOD	12,276,533	3,683,600	15,960,133	0.140048	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	34,437,592	9,116,946	43,554,538	0.173844	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,902,344	39,161,842	59,064,186	0.179011	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	21,528,218	35,659,127	57,187,345	0.056648	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,022,018	4,256,033	5,278,051	0.067714	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,371,923	126,399,738	234,771,661	0.160108	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,430,014	159,545,945	269,975,959	0.010696	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	238,761,076	354,611,352	593,372,428	0.074414	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	15,322	10,018,400	10,033,722	0.146965	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	0	257,450	257,450	0.257199	0.000000	75.10	
75.20	03951	HEMODIALYSIS	5,941,229	509,439	6,450,668	0.220417	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	0	2,813,341	2,813,341	0.599642	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	117,891	13,727,737	13,845,628	0.175830	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	59,493	1,378,120	1,437,613	0.799088	0.000000	90.02	
90.03	09003	STATELINE CLINIC	11,784	20,486,352	20,498,136	0.118250	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	8,999	11,121,057	11,130,056	0.297426	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	15,919	2,195,224	2,211,143	1.005585	0.000000	90.05	
90.06	09006	CVT CLINIC	3,511	340,458	343,969	0.952446	0.000000	90.06	
90.07	09007	MWH CLINIC	95,002	19,141,545	19,236,547	0.301719	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	3,459	611,039	614,498	0.380444	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	2,124	4,616,614	4,618,738	0.440920	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	8,485	3,578,881	3,587,366	0.676201	0.000000	90.10	
90.11	09011	MFM CLINIC	18,266	384,094	402,360	1.254315	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	38,440	7,371,850	7,410,290	0.309145	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	2,484	319,187	321,671	1.065275	0.000000	90.13	
90.14	09014	CLINIC	171	154,305	154,476	11.295573	0.000000	90.14	
91.00	09100	EMERGENCY	53,129,878	126,281,878	179,411,756	0.136540	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0.000000	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,463,315	18,589,962	25,053,277	0.392145	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	272,315	4,445,663	4,717,978			101.00	
200.00		Subtotal (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006 CVT CLINIC	0.000000			90.06
90.07	09007 MWH CLINIC	0.000000			90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009 HEADACHE CLINIC	0.000000			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011 MFM CLINIC	0.000000			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000			90.13
90.14	09014 CLINIC	0.000000			90.14
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

				Title V		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	72,231,800		72,231,800	5,384	72,237,184	30.00	
31.00	03100	INTENSIVE CARE UNIT	15,394,027		15,394,027	0	15,394,027	31.00	
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	3,681,381		3,681,381	0	3,681,381	40.00	
41.00	04100	SUBPROVIDER - IRF	690,228		690,228	0	690,228	41.00	
43.00	04300	NURSERY	13,342,429		13,342,429	0	13,342,429	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,733,259		28,733,259	30,059	28,763,318	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	2,393,222		2,393,222	9,428	2,402,650	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,549,280		10,549,280	0	10,549,280	52.00	
53.00	05300	ANESTHESIOLOGY	4,727,513		4,727,513	10,509	4,738,022	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,451,284		24,451,284	29,150	24,480,434	54.00	
54.10	03480	ONCOLOGY	22,133,653		22,133,653	77,760	22,211,413	54.10	
54.20	05401	CT	3,128,659		3,128,659	0	3,128,659	54.20	
54.30	05402	MRI	2,398,775		2,398,775	0	2,398,775	54.30	
60.00	06000	LABORATORY	27,284,132		27,284,132	0	27,284,132	60.00	
60.01	06001	BLOOD	2,235,182		2,235,182	0	2,235,182	60.01	
65.00	06500	RESPIRATORY THERAPY	7,571,709	0	7,571,709	0	7,571,709	65.00	
66.00	06600	PHYSICAL THERAPY	10,573,165	0	10,573,165	0	10,573,165	66.00	
69.00	06900	ELECTROCARDIOLOGY	3,239,563		3,239,563	0	3,239,563	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	357,396		357,396	0	357,396	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,588,781		37,588,781	0	37,588,781	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,887,680		2,887,680	0	2,887,680	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	44,155,453		44,155,453	0	44,155,453	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
75.01	07501	SLEEP LAB	1,474,607		1,474,607	0	1,474,607	75.01	
75.10	03950	NUTRITIONAL SUPPORT	66,216		66,216	0	66,216	75.10	
75.20	03951	HEMODIALYSIS	1,421,836		1,421,836	0	1,421,836	75.20	
76.97	07697	CARDIAC REHABILITATION	1,686,997		1,686,997	5,137	1,692,134	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,434,481		2,434,481	20,628	2,455,109	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0		0	0	0	90.01	
90.02	09002	DIABETES CLINIC	1,148,779		1,148,779	0	1,148,779	90.02	
90.03	09003	STATELINE CLINIC	2,423,904		2,423,904	0	2,423,904	90.03	
90.04	09004	ORTHOPEDICS CLINIC	3,310,369		3,310,369	0	3,310,369	90.04	
90.05	09005	PULMONOLOGY CLINIC	2,223,493		2,223,493	0	2,223,493	90.05	
90.06	09006	CVT CLINIC	327,612		327,612	0	327,612	90.06	
90.07	09007	MWH CLINIC	5,804,032		5,804,032	0	5,804,032	90.07	
90.08	09008	NEUROSURGERY CLINIC	233,782		233,782	0	233,782	90.08	
90.09	09009	HEADACHE CLINIC	2,036,494		2,036,494	0	2,036,494	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	2,425,779		2,425,779	0	2,425,779	90.10	
90.11	09011	MFM CLINIC	504,686		504,686	0	504,686	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,290,852		2,290,852	0	2,290,852	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	342,668		342,668	0	342,668	90.13	
90.14	09014	CLINIC	1,744,895		1,744,895	0	1,744,895	90.14	
91.00	09100	EMERGENCY	24,496,875		24,496,875	22,798	24,519,673	91.00	
91.05	09101	AMBULATORY CARE	0		0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0		0	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,824,527		9,824,527		9,824,527	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	6,327,689		6,327,689		6,327,689	101.00	
200.00		Subtotal (see instructions)	412,299,144	0	412,299,144	210,853	412,509,997	200.00	
201.00		Less Observation Beds	9,824,527		9,824,527		9,824,527	201.00	
202.00		Total (see instructions)	402,474,617	0	402,474,617	210,853	402,685,470	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

					Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,109,235		172,109,235			30.00	
31.00	03100	INTENSIVE CARE UNIT	80,888,581		80,888,581			31.00	
31.01	03101	PEDIATRIC ICU	0		0			31.01	
40.00	04000	SUBPROVIDER - IPF	14,963,064		14,963,064			40.00	
41.00	04100	SUBPROVIDER - IRF	1,620,000		1,620,000			41.00	
43.00	04300	NURSERY	36,681,536		36,681,536			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,074,632	194,517,201	268,591,833	0.106977	0.000000	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	5,751,298	13,225,824	18,977,122	0.126111	0.000000	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,994,833	1,904,846	52,899,679	0.199420	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	21,588,888	17,799,009	39,387,897	0.120025	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,284,537	168,841,822	224,126,359	0.109096	0.000000	54.00	
54.10	03480	ONCOLOGY	993,766	108,863,314	109,857,080	0.201477	0.000000	54.10	
54.20	05401	CT	43,199,149	101,975,061	145,174,210	0.021551	0.000000	54.20	
54.30	05402	MRI	7,979,316	36,544,078	44,523,394	0.053877	0.000000	54.30	
60.00	06000	LABORATORY	118,868,336	225,672,671	344,541,007	0.079190	0.000000	60.00	
60.01	06001	BLOOD	12,276,533	3,683,600	15,960,133	0.140048	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	34,437,592	9,116,946	43,554,538	0.173844	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,902,344	39,161,842	59,064,186	0.179011	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	21,528,218	35,659,127	57,187,345	0.056648	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,022,018	4,256,033	5,278,051	0.067714	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,371,923	126,399,738	234,771,661	0.160108	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,430,014	159,545,945	269,975,959	0.010696	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	238,761,076	354,611,352	593,372,428	0.074414	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	SLEEP LAB	15,322	10,018,400	10,033,722	0.146965	0.000000	75.01	
75.10	03950	NUTRITIONAL SUPPORT	0	257,450	257,450	0.257199	0.000000	75.10	
75.20	03951	HEMODIALYSIS	5,941,229	509,439	6,450,668	0.220417	0.000000	75.20	
76.97	07697	CARDIAC REHABILITATION	0	2,813,341	2,813,341	0.599642	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	117,891	13,727,737	13,845,628	0.175830	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000	90.01	
90.02	09002	DIABETES CLINIC	59,493	1,378,120	1,437,613	0.799088	0.000000	90.02	
90.03	09003	STATELINE CLINIC	11,784	20,486,352	20,498,136	0.118250	0.000000	90.03	
90.04	09004	ORTHOPEDICS CLINIC	8,999	11,121,057	11,130,056	0.297426	0.000000	90.04	
90.05	09005	PULMONOLOGY CLINIC	15,919	2,195,224	2,211,143	1.005585	0.000000	90.05	
90.06	09006	CVT CLINIC	3,511	340,458	343,969	0.952446	0.000000	90.06	
90.07	09007	MWH CLINIC	95,002	19,141,545	19,236,547	0.301719	0.000000	90.07	
90.08	09008	NEUROSURGERY CLINIC	3,459	611,039	614,498	0.380444	0.000000	90.08	
90.09	09009	HEADACHE CLINIC	2,124	4,616,614	4,618,738	0.440920	0.000000	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	8,485	3,578,881	3,587,366	0.676201	0.000000	90.10	
90.11	09011	MFM CLINIC	18,266	384,094	402,360	1.254315	0.000000	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	38,440	7,371,850	7,410,290	0.309145	0.000000	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	2,484	319,187	321,671	1.065275	0.000000	90.13	
90.14	09014	CLINIC	171	154,305	154,476	11.295573	0.000000	90.14	
91.00	09100	EMERGENCY	53,129,878	126,281,878	179,411,756	0.136540	0.000000	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0.000000	0.000000	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0.000000	0.000000	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,463,315	18,589,962	25,053,277	0.392145	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	272,315	4,445,663	4,717,978			101.00	
200.00		Subtotal (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,297,934,976	1,850,121,005	3,148,055,981			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006 CVT CLINIC	0.000000			90.06
90.07	09007 MWH CLINIC	0.000000			90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009 HEADACHE CLINIC	0.000000			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011 MFM CLINIC	0.000000			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000			90.13
90.14	09014 CLINIC	0.000000			90.14
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,556,173	0	6,556,173	62,388	105.09	30.00
31.00	INTENSIVE CARE UNIT	962,418		962,418	8,543	112.66	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	678,549	0	678,549	5,313	127.71	40.00
41.00	SUBPROVIDER - IRF	90,696	0	90,696	360	251.93	41.00
43.00	NURSERY	1,193,359		1,193,359	9,948	119.96	43.00
200.00	Total (lines 30 through 199)	9,481,195		9,481,195	86,552		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,736	1,548,606				30.00
31.00	INTENSIVE CARE UNIT	2,261	254,724				31.00
31.01	PEDIATRIC ICU	0	0				31.01
40.00	SUBPROVIDER - IPF	800	102,168				40.00
41.00	SUBPROVIDER - IRF	161	40,561				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	17,958	1,946,059				200.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:03 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,821,627	268,591,833	0.010505	19,719,772	207,156	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	232,989	18,977,122	0.012277	1,981,964	24,333	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,020,338	52,899,679	0.019288	153,644	2,963	52.00
53.00	05300 ANESTHESIOLOGY	75,240	39,387,897	0.001910	2,700,255	5,157	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,279,856	224,126,359	0.010172	16,827,462	171,169	54.00
54.10	03480 ONCOLOGY	1,992,346	109,857,080	0.018136	331,347	6,009	54.10
54.20	05401 CT	145,525	145,174,210	0.001002	13,388,851	13,416	54.20
54.30	05402 MRI	163,096	44,523,394	0.003663	2,293,999	8,403	54.30
60.00	06000 LABORATORY	1,005,290	344,541,007	0.002918	31,209,399	91,069	60.00
60.01	06001 BLOOD	95,175	15,960,133	0.005963	2,966,906	17,692	60.01
65.00	06500 RESPIRATORY THERAPY	331,755	43,554,538	0.007617	9,098,661	69,305	65.00
66.00	06600 PHYSICAL THERAPY	606,938	59,064,186	0.010276	5,912,359	60,755	66.00
69.00	06900 ELECTROCARDIOLOGY	273,281	57,187,345	0.004779	6,585,870	31,474	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	48,903	5,278,051	0.009265	307,997	2,854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	405,103	234,771,661	0.001726	32,211,644	55,597	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	55,028	269,975,959	0.000204	29,662,148	6,051	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	858,070	593,372,428	0.001446	60,570,482	87,585	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	167,965	10,033,722	0.016740	4,022	67	75.01
75.10	03950 NUTRITIONAL SUPPORT	699	257,450	0.002715	0	0	75.10
75.20	03951 HEMODIALYSIS	69,097	6,450,668	0.010712	1,725,343	18,482	75.20
76.97	07697 CARDIAC REHABILITATION	259,201	2,813,341	0.092133	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	173,543	13,845,628	0.012534	53,787	674	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	111,636	1,437,613	0.077654	11,003	854	90.02
90.03	09003 STATELINE CLINIC	28,575	20,498,136	0.001394	3,116	4	90.03
90.04	09004 ORTHOPEDICS CLINIC	281,579	11,130,056	0.025299	3,467	88	90.04
90.05	09005 PULMONOLOGY CLINIC	73,085	2,211,143	0.033053	7,337	243	90.05
90.06	09006 CVT CLINIC	34,099	343,969	0.099134	2,242	222	90.06
90.07	09007 MWH CLINIC	507,965	19,236,547	0.026406	42,282	1,116	90.07
90.08	09008 NEUROSURGERY CLINIC	68,424	614,498	0.111349	968	108	90.08
90.09	09009 HEADACHE CLINIC	91,768	4,618,738	0.019869	487	10	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	161,271	3,587,366	0.044955	3,563	160	90.10
90.11	09011 MFM CLINIC	87,221	402,360	0.216774	1,330	288	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	115,105	7,410,290	0.015533	20,433	317	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	28,262	321,671	0.087860	1,443	127	90.13
90.14	09014 CLINIC	826,009	154,476	5.347167	0	0	90.14
91.00	09100 EMERGENCY	1,122,805	179,411,756	0.006258	13,953,331	87,320	91.00
91.05	09101 AMBULATORY CARE	0	0	0.000000	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0.000000	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	891,664	25,053,277	0.035591	2,024,831	72,066	92.00
200.00	Total (lines 50 through 199)	17,510,533	2,837,075,587		253,781,745	1,043,134	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/29/2021 1:03 pm
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				Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other		
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost	Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	62,388	0.00	14,736	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	8,543	0.00	2,261	31.00	
31.01	03101	PEDIATRIC ICU		0	0	0.00	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	5,313	0.00	800	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	360	0.00	161	41.00	
43.00	04300	NURSERY		0	9,948	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	86,552		17,958	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0	0	0	0	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	0	267,741	60.00
60.01	06001	BLOOD	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	332,034	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	90.13
90.14	09014	CLINIC	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	1,971,287	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	2,571,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	268,591,833	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	18,977,122	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52,899,679	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	39,387,897	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	224,126,359	0.000000	54.00
54.10	03480	ONCOLOGY	0	0	0	0	109,857,080	0.000000	54.10
54.20	05401	CT	0	0	0	0	145,174,210	0.000000	54.20
54.30	05402	MRI	0	0	0	0	44,523,394	0.000000	54.30
60.00	06000	LABORATORY	0	267,741	267,741	344,541,007	0.000777	60.00	60.00
60.01	06001	BLOOD	0	0	0	15,960,133	0.000000	60.01	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	43,554,538	0.000000	65.00	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	59,064,186	0.000000	66.00	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	57,187,345	0.000000	69.00	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,278,051	0.000000	70.00	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	234,771,661	0.000000	71.00	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,975,959	0.000000	72.00	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	332,034	332,034	593,372,428	0.000560	73.00	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00	75.00
75.01	07501	SLEEP LAB	0	0	0	10,033,722	0.000000	75.01	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	257,450	0.000000	75.10	75.10
75.20	03951	HEMODIALYSIS	0	0	0	6,450,668	0.000000	75.20	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,813,341	0.000000	76.97	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,845,628	0.000000	76.98	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01	90.01
90.02	09002	DIABETES CLINIC	0	0	0	1,437,613	0.000000	90.02	90.02
90.03	09003	STATELINE CLINIC	0	0	0	20,498,136	0.000000	90.03	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	11,130,056	0.000000	90.04	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	2,211,143	0.000000	90.05	90.05
90.06	09006	CVT CLINIC	0	0	0	343,969	0.000000	90.06	90.06
90.07	09007	MWH CLINIC	0	0	0	19,236,547	0.000000	90.07	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	614,498	0.000000	90.08	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	4,618,738	0.000000	90.09	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	3,587,366	0.000000	90.10	90.10
90.11	09011	MFM CLINIC	0	0	0	402,360	0.000000	90.11	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	7,410,290	0.000000	90.12	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	321,671	0.000000	90.13	90.13
90.14	09014	CLINIC	0	0	0	154,476	0.000000	90.14	90.14
91.00	09100	EMERGENCY	0	1,971,287	1,971,287	179,411,756	0.010988	91.00	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0.000000	91.05	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0.000000	91.10	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,053,277	0.000000	92.00	92.00
200.00		Total (lines 50 through 199)	0	2,571,062	2,571,062	2,837,075,587		200.00	200.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	19,719,772	0	27,022,879	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	1,981,964	0	2,596,727	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	153,644	0	7,094	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,700,255	0	2,604,921	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,827,462	0	26,558,047	0	54.00
54.10	03480 ONCOLOGY	0.000000	331,347	0	30,059,699	0	54.10
54.20	05401 CT	0.000000	13,388,851	0	20,236,167	0	54.20
54.30	05402 MRI	0.000000	2,293,999	0	6,976,776	0	54.30
60.00	06000 LABORATORY	0.000777	31,209,399	24,250	19,666,228	15,281	60.00
60.01	06001 BLOOD	0.000000	2,966,906	0	962,551	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	9,098,661	0	1,922,907	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,912,359	0	218,163	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,585,870	0	7,399,541	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	307,997	0	486,623	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,211,644	0	22,194,449	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	29,662,148	0	37,811,542	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000560	60,570,482	33,919	105,184,011	58,903	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.000000	4,022	0	1,266,848	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000	0	0	1,199	0	75.10
75.20	03951 HEMODIALYSIS	0.000000	1,725,343	0	120,214	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	745,599	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	53,787	0	4,447,101	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.000000	11,003	0	27,977	0	90.02
90.03	09003 STATELINE CLINIC	0.000000	3,116	0	332,208	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000	3,467	0	2,113,658	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000	7,337	0	579,089	0	90.05
90.06	09006 CMT CLINIC	0.000000	2,242	0	93,468	0	90.06
90.07	09007 MWH CLINIC	0.000000	42,282	0	5,013,887	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000	968	0	98,258	0	90.08
90.09	09009 HEADACHE CLINIC	0.000000	487	0	424,362	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	3,563	0	581,513	0	90.10
90.11	09011 MFM CLINIC	0.000000	1,330	0	4,023	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	20,433	0	2,075,546	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	1,443	0	110,048	0	90.13
90.14	09014 CLINIC	0.000000	0	0	9	0	90.14
91.00	09100 EMERGENCY	0.010988	13,953,331	153,319	15,329,880	168,445	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,024,831	0	2,596,295	0	92.00
200.00	Total (lines 50 through 199)		253,781,745	211,488	347,869,507	242,629	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 1:03 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106977	27,022,879	0	0	2,890,827	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	0.126111	2,596,727	0	0	327,476	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.199420	7,094	0	0	1,415	52.00	
53.00	05300	ANESTHESIOLOGY	0.120025	2,604,921	0	0	312,656	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109096	26,558,047	0	0	2,897,377	54.00	
54.10	03480	ONCOLOGY	0.201477	30,059,699	0	627	6,056,338	54.10	
54.20	05401	CT	0.021551	20,236,167	1	0	436,110	54.20	
54.30	05402	MRI	0.053877	6,976,776	0	0	375,888	54.30	
60.00	06000	LABORATORY	0.079190	19,666,228	0	0	1,557,369	60.00	
60.01	06001	BLOOD	0.140048	962,551	0	0	134,803	60.01	
65.00	06500	RESPIRATORY THERAPY	0.173844	1,922,907	0	0	334,286	65.00	
66.00	06600	PHYSICAL THERAPY	0.179011	218,163	0	0	39,054	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.056648	7,399,541	0	0	419,169	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.067714	486,623	0	0	32,951	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108	22,194,449	0	0	3,553,509	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.010696	37,811,542	0	0	404,432	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074414	105,184,011	0	104,712	7,827,163	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501	SLEEP LAB	0.146965	1,266,848	0	0	186,182	75.01	
75.10	03950	NUTRITIONAL SUPPORT	0.257199	1,199	0	0	308	75.10	
75.20	03951	HEMODIALYSIS	0.220417	120,214	0	0	26,497	75.20	
76.97	07697	CARDIAC REHABILITATION	0.599642	745,599	0	0	447,092	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.175830	4,447,101	0	0	781,934	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	90.01	
90.02	09002	DIABETES CLINIC	0.799088	27,977	0	0	22,356	90.02	
90.03	09003	STATELINE CLINIC	0.118250	332,208	0	0	39,284	90.03	
90.04	09004	ORTHOPEDICS CLINIC	0.297426	2,113,658	0	0	628,657	90.04	
90.05	09005	PULMONOLOGY CLINIC	1.005585	579,089	0	2	582,323	90.05	
90.06	09006	CVT CLINIC	0.952446	93,468	0	0	89,023	90.06	
90.07	09007	MWH CLINIC	0.301719	5,013,887	0	1	1,512,785	90.07	
90.08	09008	NEUROSURGERY CLINIC	0.380444	98,258	0	0	37,382	90.08	
90.09	09009	HEADACHE CLINIC	0.440920	424,362	0	0	187,110	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	0.676201	581,513	0	0	393,220	90.10	
90.11	09011	MFM CLINIC	1.254315	4,023	0	0	5,046	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.309145	2,075,546	0	0	641,645	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	1.065275	110,048	0	0	117,231	90.13	
90.14	09014	CLINIC	11.295573	9	0	0	102	90.14	
91.00	09100	EMERGENCY	0.136540	15,329,880	0	132	2,093,142	91.00	
91.05	09101	AMBULATORY CARE	0.000000	0	0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.392145	2,596,295	0	0	1,018,124	92.00	
200.00		Subtotal (see instructions)		347,869,507	1	105,474	36,410,266	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		347,869,507	1	105,474	36,410,266	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:03 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10	03480	ONCOLOGY	0	126	54.10
54.20	05401	CT	0	0	54.20
54.30	05402	MRI	0	0	54.30
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,792	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	2	90.05
90.06	09006	CVT CLINIC	0	0	90.06
90.07	09007	MWH CLINIC	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	90.10
90.11	09011	MFM CLINIC	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	90.13
90.14	09014	CLINIC	0	0	90.14
91.00	09100	EMERGENCY	0	18	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	7,938	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	7,938	202.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10				
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/29/2021 1:03 pm	
				Component CCN:14-S228					
				Title XVIII		Subprovider - IP#		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	2,821,627	268,591,833	0.010505	0	0	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	232,989	18,977,122	0.012277	6	0	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,020,338	52,899,679	0.019288	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	75,240	39,387,897	0.001910	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,279,856	224,126,359	0.010172	21,038	214	54.00	
54.10	03480	ONCOLOGY	1,992,346	109,857,080	0.018136	21	0	54.10	
54.20	05401	CT	145,525	145,174,210	0.001002	22,181	22	54.20	
54.30	05402	MRI	163,096	44,523,394	0.003663	6,786	25	54.30	
60.00	06000	LABORATORY	1,005,290	344,541,007	0.002918	625,823	1,826	60.00	
60.01	06001	BLOOD	95,175	15,960,133	0.005963	2,589	15	60.01	
65.00	06500	RESPIRATORY THERAPY	331,755	43,554,538	0.007617	10,186	78	65.00	
66.00	06600	PHYSICAL THERAPY	606,938	59,064,186	0.010276	11,954	123	66.00	
69.00	06900	ELECTROCARDIOLOGY	273,281	57,187,345	0.004779	22,903	109	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	48,903	5,278,051	0.009265	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,103	234,771,661	0.001726	7,575	13	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,028	269,975,959	0.000204	139	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	858,070	593,372,428	0.001446	550,875	797	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
75.01	07501	SLEEP LAB	167,965	10,033,722	0.016740	0	0	75.01	
75.10	03950	NUTRITIONAL SUPPORT	699	257,450	0.002715	0	0	75.10	
75.20	03951	HEMODIALYSIS	69,097	6,450,668	0.010712	0	0	75.20	
76.97	07697	CARDIAC REHABILITATION	259,201	2,813,341	0.092133	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,543	13,845,628	0.012534	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01	
90.02	09002	DIABETES CLINIC	111,636	1,437,613	0.077654	524	41	90.02	
90.03	09003	STATELINE CLINIC	28,575	20,498,136	0.001394	6	0	90.03	
90.04	09004	ORTHOPEDICS CLINIC	281,579	11,130,056	0.025299	4	0	90.04	
90.05	09005	PULMONOLOGY CLINIC	73,085	2,211,143	0.033053	0	0	90.05	
90.06	09006	CVT CLINIC	34,099	343,969	0.099134	0	0	90.06	
90.07	09007	MWH CLINIC	507,965	19,236,547	0.026406	207	5	90.07	
90.08	09008	NEUROSURGERY CLINIC	68,424	614,498	0.111349	0	0	90.08	
90.09	09009	HEADACHE CLINIC	91,768	4,618,738	0.019869	0	0	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	161,271	3,587,366	0.044955	0	0	90.10	
90.11	09011	MFM CLINIC	87,221	402,360	0.216774	0	0	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	115,105	7,410,290	0.015533	18	0	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	28,262	321,671	0.087860	0	0	90.13	
90.14	09014	CLINIC	826,009	154,476	5.347167	0	0	90.14	
91.00	09100	EMERGENCY	1,122,805	179,411,756	0.006258	365,169	2,285	91.00	
91.05	09101	AMBULATORY CARE	0	0	0.000000	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0.000000	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,053,277	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	16,618,869	2,837,075,587		1,648,004	5,553	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-S228

From 07/01/2020

Part IV

To 06/30/2021

Date/Time Prepared:

11/29/2021 1:03 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03480 ONCOLOGY	0	0	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	0	0	267,741	60.00
60.01	06001 BLOOD	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	332,034	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0	0	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
90.14	09014 CLINIC	0	0	0	0	0	90.14
91.00	09100 EMERGENCY	0	0	0	0	1,971,287	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	2,571,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-S228		

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	268,591,833	0.000000	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	18,977,122	0.000000	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52,899,679	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	39,387,897	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	224,126,359	0.000000	54.00
54.10	03480 ONCOLOGY	0	0	0	109,857,080	0.000000	54.10
54.20	05401 CT	0	0	0	145,174,210	0.000000	54.20
54.30	05402 MRI	0	0	0	44,523,394	0.000000	54.30
60.00	06000 LABORATORY	0	267,741	267,741	344,541,007	0.000777	60.00
60.01	06001 BLOOD	0	0	0	15,960,133	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	43,554,538	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	59,064,186	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	57,187,345	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,278,051	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	234,771,661	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,975,959	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	332,034	332,034	593,372,428	0.000560	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501 SLEEP LAB	0	0	0	10,033,722	0.000000	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	257,450	0.000000	75.10
75.20	03951 HEMODIALYSIS	0	0	0	6,450,668	0.000000	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,813,341	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	13,845,628	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 DIABETES CLINIC	0	0	0	1,437,613	0.000000	90.02
90.03	09003 STATELINE CLINIC	0	0	0	20,498,136	0.000000	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	11,130,056	0.000000	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	2,211,143	0.000000	90.05
90.06	09006 CVT CLINIC	0	0	0	343,969	0.000000	90.06
90.07	09007 MWH CLINIC	0	0	0	19,236,547	0.000000	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	614,498	0.000000	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	4,618,738	0.000000	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	3,587,366	0.000000	90.10
90.11	09011 MFM CLINIC	0	0	0	402,360	0.000000	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	7,410,290	0.000000	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	321,671	0.000000	90.13
90.14	09014 CLINIC	0	0	0	154,476	0.000000	90.14
91.00	09100 EMERGENCY	0	1,971,287	1,971,287	179,411,756	0.010988	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0.000000	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0.000000	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,053,277	0.000000	92.00
200.00	Total (lines 50 through 199)	0	2,571,062	2,571,062	2,837,075,587		200.00

Health Financial Systems			SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm	
				Component CCN:14-S228					
				Title XVIII		Subprovider - IP#		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	0	0	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.000000	6	0	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	21,038	0	0	0	0	54.00
54.10	03480	ONCOLOGY	0.000000	21	0	0	0	0	54.10
54.20	05401	CT	0.000000	22,181	0	0	0	0	54.20
54.30	05402	MRI	0.000000	6,786	0	0	0	0	54.30
60.00	06000	LABORATORY	0.000777	625,823	486	0	0	0	60.00
60.01	06001	BLOOD	0.000000	2,589	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	10,186	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	11,954	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	22,903	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,575	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	139	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000560	550,875	308	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0.000000	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.000000	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0.000000	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0.000000	524	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0.000000	6	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.000000	4	0	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006	CVT CLINIC	0.000000	0	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0.000000	207	0	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0.000000	0	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0.000000	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.10
90.11	09011	MFM CLINIC	0.000000	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.000000	18	0	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0.000000	0	0	0	0	0	90.13
90.14	09014	CLINIC	0.000000	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0.010988	365,169	4,012	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,648,004	4,806	0	0	0	200.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL			In Lieu of Form CMS-2552-10				
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0228		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/29/2021 1:03 pm	
				Component CCN:14-T228					
				Title XVIII		Subprovider - IR#		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	2,821,627	268,591,833	0.010505	22	0	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	232,989	18,977,122	0.012277	2	0	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,020,338	52,899,679	0.019288	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	75,240	39,387,897	0.001910	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,279,856	224,126,359	0.010172	7,933	81	54.00	
54.10	03480	ONCOLOGY	1,992,346	109,857,080	0.018136	1,331	24	54.10	
54.20	05401	CT	145,525	145,174,210	0.001002	4,943	5	54.20	
54.30	05402	MRI	163,096	44,523,394	0.003663	0	0	54.30	
60.00	06000	LABORATORY	1,005,290	344,541,007	0.002918	71,158	208	60.00	
60.01	06001	BLOOD	95,175	15,960,133	0.005963	2,169	13	60.01	
65.00	06500	RESPIRATORY THERAPY	331,755	43,554,538	0.007617	16,533	126	65.00	
66.00	06600	PHYSICAL THERAPY	606,938	59,064,186	0.010276	405,423	4,166	66.00	
69.00	06900	ELECTROCARDIOLOGY	273,281	57,187,345	0.004779	709	3	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	48,903	5,278,051	0.009265	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,103	234,771,661	0.001726	28,371	49	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,028	269,975,959	0.000204	2,944	1	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	858,070	593,372,428	0.001446	172,781	250	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
75.01	07501	SLEEP LAB	167,965	10,033,722	0.016740	0	0	75.01	
75.10	03950	NUTRITIONAL SUPPORT	699	257,450	0.002715	0	0	75.10	
75.20	03951	HEMODIALYSIS	69,097	6,450,668	0.010712	3	0	75.20	
76.97	07697	CARDIAC REHABILITATION	259,201	2,813,341	0.092133	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,543	13,845,628	0.012534	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01	
90.02	09002	DIABETES CLINIC	111,636	1,437,613	0.077654	0	0	90.02	
90.03	09003	STATELINE CLINIC	28,575	20,498,136	0.001394	4	0	90.03	
90.04	09004	ORTHOPEDICS CLINIC	281,579	11,130,056	0.025299	3	0	90.04	
90.05	09005	PULMONOLOGY CLINIC	73,085	2,211,143	0.033053	1	0	90.05	
90.06	09006	CVT CLINIC	34,099	343,969	0.099134	0	0	90.06	
90.07	09007	MWH CLINIC	507,965	19,236,547	0.026406	15	0	90.07	
90.08	09008	NEUROSURGERY CLINIC	68,424	614,498	0.111349	0	0	90.08	
90.09	09009	HEADACHE CLINIC	91,768	4,618,738	0.019869	0	0	90.09	
90.10	09010	UW GENERAL SURGERY CLINIC	161,271	3,587,366	0.044955	0	0	90.10	
90.11	09011	MFM CLINIC	87,221	402,360	0.216774	0	0	90.11	
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	115,105	7,410,290	0.015533	0	0	90.12	
90.13	09013	INFECTIOUS DISEASE CLINIC	28,262	321,671	0.087860	0	0	90.13	
90.14	09014	CLINIC	826,009	154,476	5.347167	0	0	90.14	
91.00	09100	EMERGENCY	1,122,805	179,411,756	0.006258	3,692	23	91.00	
91.05	09101	AMBULATORY CARE	0	0	0.000000	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0.000000	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,053,277	0.000000	0	0	92.00	
200.00	Total (lines 50 through 199)		16,618,869	2,837,075,587		718,037	4,949	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2020
To 06/30/2021Part IV
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Non Physician		Nursing School		Allied Health		PPS
		Anesthetist Cost	Post-Stepdown Adjustments	Nursing School Adjustments	Post-Stepdown Adjustments	Allied Health 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	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.10	03480 ONCOLOGY	0	0	0	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	0	0	0	267,741	60.00
60.01	06001 BLOOD	0	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	332,034	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0	0	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0	0	0	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	0	90.13
90.14	09014 CLINIC	0	0	0	0	0	0	90.14
91.00	09100 EMERGENCY	0	0	0	0	0	1,971,287	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	2,571,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-T228		

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	268,591,833	0.000000	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	18,977,122	0.000000	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52,899,679	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	39,387,897	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	224,126,359	0.000000	54.00
54.10	03480 ONCOLOGY	0	0	0	109,857,080	0.000000	54.10
54.20	05401 CT	0	0	0	145,174,210	0.000000	54.20
54.30	05402 MRI	0	0	0	44,523,394	0.000000	54.30
60.00	06000 LABORATORY	0	267,741	267,741	344,541,007	0.000777	60.00
60.01	06001 BLOOD	0	0	0	15,960,133	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	43,554,538	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	59,064,186	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	57,187,345	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,278,051	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	234,771,661	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,975,959	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	332,034	332,034	593,372,428	0.000560	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501 SLEEP LAB	0	0	0	10,033,722	0.000000	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	257,450	0.000000	75.10
75.20	03951 HEMODIALYSIS	0	0	0	6,450,668	0.000000	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,813,341	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	13,845,628	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 DIABETES CLINIC	0	0	0	1,437,613	0.000000	90.02
90.03	09003 STATELINE CLINIC	0	0	0	20,498,136	0.000000	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	11,130,056	0.000000	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	2,211,143	0.000000	90.05
90.06	09006 CVT CLINIC	0	0	0	343,969	0.000000	90.06
90.07	09007 MWH CLINIC	0	0	0	19,236,547	0.000000	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	614,498	0.000000	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	4,618,738	0.000000	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	3,587,366	0.000000	90.10
90.11	09011 MFM CLINIC	0	0	0	402,360	0.000000	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	7,410,290	0.000000	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	321,671	0.000000	90.13
90.14	09014 CLINIC	0	0	0	154,476	0.000000	90.14
91.00	09100 EMERGENCY	0	1,971,287	1,971,287	179,411,756	0.010988	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0.000000	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0.000000	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,053,277	0.000000	92.00
200.00	Total (lines 50 through 199)	0	2,571,062	2,571,062	2,837,075,587		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-T228		

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XVIII Subprovider - IR# PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	22	0	4	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	2	0	4	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,933	0	21,257	0	54.00
54.10	03480 ONCOLOGY	0.000000	1,331	0	1,767	0	54.10
54.20	05401 CT	0.000000	4,943	0	9,674	0	54.20
54.30	05402 MRI	0.000000	0	0	0	0	54.30
60.00	06000 LABORATORY	0.000777	71,158	55	214	0	60.00
60.01	06001 BLOOD	0.000000	2,169	0	2	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	16,533	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	405,423	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	709	0	5,154	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,371	0	5,060	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,944	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000560	172,781	97	12,015	7	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.000000	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.000000	3	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.000000	4	0	211	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000	3	0	538	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000	1	0	2	0	90.05
90.06	09006 CVT CLINIC	0.000000	0	0	14	0	90.06
90.07	09007 MWH CLINIC	0.000000	15	0	3,817	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	0	0	14	0	90.10
90.11	09011 MFM CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	0	0	739	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 CLINIC	0.000000	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.010988	3,692	41	1,451	16	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		718,037	193	61,937	23	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0228

Period:

Worksheet D

Component CCN:14-T228

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:

11/29/2021 1:03 pm

Cost Center Description		Charges				Costs	
		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.106977	4	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.126111	4	0	0	1	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.199420	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.120025	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109096	21,257	0	0	2,319	54.00
54.10	03480 ONCOLOGY	0.201477	1,767	0	0	356	54.10
54.20	05401 CT	0.021551	9,674	0	0	208	54.20
54.30	05402 MRI	0.053877	0	0	0	0	54.30
60.00	06000 LABORATORY	0.079190	214	0	0	17	60.00
60.01	06001 BLOOD	0.140048	2	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.173844	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.179011	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.056648	5,154	0	0	292	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.067714	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108	5,060	0	0	810	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.010696	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.074414	12,015	0	0	894	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.146965	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.257199	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.220417	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.599642	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.175830	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.799088	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.118250	211	0	0	25	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.297426	538	0	0	160	90.04
90.05	09005 PULMONOLOGY CLINIC	1.005585	2	0	0	2	90.05
90.06	09006 CMT CLINIC	0.952446	14	0	0	13	90.06
90.07	09007 MWH CLINIC	0.301719	3,817	0	0	1,152	90.07
90.08	09008 NEUROSURGERY CLINIC	0.380444	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.440920	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.676201	14	0	0	9	90.10
90.11	09011 MFM CLINIC	1.254315	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.309145	739	0	0	228	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	1.065275	0	0	0	0	90.13
90.14	09014 CLINIC	11.295573	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.136540	1,451	0	0	198	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.392145	0	0	0	0	92.00
200.00	Subtotal (see instructions)		61,937	0	0	6,684	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		61,937	0	0	6,684	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:03 pm
			Component CCN:14-T228		
			Title XVIII	Subprovider - IR#	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10	03480	ONCOLOGY	0	0	54.10
54.20	05401	CT	0	0	54.20
54.30	05402	MRI	0	0	54.30
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	90.05
90.06	09006	CVT CLINIC	0	0	90.06
90.07	09007	MWH CLINIC	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	90.10
90.11	09011	MFM CLINIC	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	90.13
90.14	09014	CLINIC	0	0	90.14
91.00	09100	EMERGENCY	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		62,388	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,388	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)		53,903	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		14,736	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)		72,237,184	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)		72,237,184	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)		22,237,184	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)		1,157.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,062,372	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)		17,062,372	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/29/2021 1:03 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,394,027	8,543	1,801.95	2,261	4,074,209	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,074,609	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,211,190	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 II)					303,330	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					254,622	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,057,952	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,153,238	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)					8,485	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,157.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,824,527	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:03 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	6,556,173	72,237,184	0.090759	9,824,527	891,664	90.00
91.00 Nursing School cost	0	72,237,184	0.000000	9,824,527	0	91.00
92.00 Allied health cost	0	72,237,184	0.000000	9,824,527	0	92.00
93.00 All other Medical Education	0	72,237,184	0.000000	9,824,527	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1
		Component CCN:14-S228		Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Subprovider - IP#	PPS
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,313	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,313	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,313	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)		800	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
	SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,681,381	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,681,381	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27, minus line 36)		3,681,381	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)		692.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		554,320	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)		554,320	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-S228

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 1:03 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					150,880	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					705,200	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)					102,168	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,359	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					112,527	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					592,673	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-S228

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	678,549	3,681,381	0.184319	0	0	90.00
91.00	Nursing School cost	0	3,681,381	0.000000	0	0	91.00
92.00	Allied health cost	0	3,681,381	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,681,381	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-T228

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Title XVIII	Subprovider - IR#	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			360 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			360 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)			360 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)			161 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)			690,228 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)			690,228 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)			690,228 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)			1,917.30 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			308,685 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)			308,685 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-T228

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 1:03 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					100,615	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					409,300	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)					40,561	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,142	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					45,703	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					363,597	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0228

Period:

Worksheet D-1

Component CCN:14-T228

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	90,696	690,228	0.131400	0	0	90.00
91.00	Nursing School cost	0	690,228	0.000000	0	0	91.00
92.00	Allied health cost	0	690,228	0.000000	0	0	92.00
93.00	All other Medical Education	0	690,228	0.000000	0	0	93.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 1:03 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		41,759,934	30.00
31.00	03100	INTENSIVE CARE UNIT		21,613,653	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		41,010	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107089	19,719,772	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.126608	1,981,964	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.199420	153,644	52.00
53.00	05300	ANESTHESIOLOGY	0.120291	2,700,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109226	16,827,462	54.00
54.10	03480	ONCOLOGY	0.202185	331,347	54.10
54.20	05401	CT	0.021551	13,388,851	54.20
54.30	05402	MRI	0.053877	2,293,999	54.30
60.00	06000	LABORATORY	0.079190	31,209,399	60.00
60.01	06001	BLOOD	0.140048	2,966,906	60.01
65.00	06500	RESPIRATORY THERAPY	0.173844	9,098,661	65.00
66.00	06600	PHYSICAL THERAPY	0.179011	5,912,359	66.00
69.00	06900	ELECTROCARDIOLOGY	0.056648	6,585,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.067714	307,997	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108	32,211,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.010696	29,662,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074414	60,570,482	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.146965	4,022	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.257199	0	75.10
75.20	03951	HEMODIALYSIS	0.220417	1,725,343	75.20
76.97	07697	CARDIAC REHABILITATION	0.601468	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.177320	53,787	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	0.799088	11,003	90.02
90.03	09003	STATELINE CLINIC	0.118250	3,116	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.297426	3,467	90.04
90.05	09005	PULMONOLOGY CLINIC	1.005585	7,337	90.05
90.06	09006	CVT CLINIC	0.952446	2,242	90.06
90.07	09007	MWH CLINIC	0.301719	42,282	90.07
90.08	09008	NEUROSURGERY CLINIC	0.380444	968	90.08
90.09	09009	HEADACHE CLINIC	0.440920	487	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.676201	3,563	90.10
90.11	09011	MFM CLINIC	1.254315	1,330	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.309145	20,433	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.065275	1,443	90.13
90.14	09014	CLINIC	11.295573	0	90.14
91.00	09100	EMERGENCY	0.136667	13,953,331	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.392145	2,024,831	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		253,781,745	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)		253,781,745	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-0228

Period:

Worksheet D-3

Component CCN:14-S228

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description			Title XVIII	Subprovider - IPF	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	PEDIATRIC ICU				31.01
40.00	04000	SUBPROVIDER - IPF		2,004,743		40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.107089	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.126608	6	1	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.199420	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.120291	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109226	21,038	2,298	54.00
54.10	03480	ONCOLOGY	0.202185	21	4	54.10
54.20	05401	CT	0.021551	22,181	478	54.20
54.30	05402	MRI	0.053877	6,786	366	54.30
60.00	06000	LABORATORY	0.079190	625,823	49,559	60.00
60.01	06001	BLOOD	0.140048	2,589	363	60.01
65.00	06500	RESPIRATORY THERAPY	0.173844	10,186	1,771	65.00
66.00	06600	PHYSICAL THERAPY	0.179011	11,954	2,140	66.00
69.00	06900	ELECTROCARDIOLOGY	0.056648	22,903	1,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.067714	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108	7,575	1,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.010696	139	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074414	550,875	40,993	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	0.146965	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.257199	0	0	75.10
75.20	03951	HEMODIALYSIS	0.220417	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0.601468	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.177320	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	0.799088	524	419	90.02
90.03	09003	STATELINE CLINIC	0.118250	6	1	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.297426	4	1	90.04
90.05	09005	PULMONOLOGY CLINIC	1.005585	0	0	90.05
90.06	09006	CVT CLINIC	0.952446	0	0	90.06
90.07	09007	MWH CLINIC	0.301719	207	62	90.07
90.08	09008	NEUROSURGERY CLINIC	0.380444	0	0	90.08
90.09	09009	HEADACHE CLINIC	0.440920	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.676201	0	0	90.10
90.11	09011	MFM CLINIC	1.254315	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.309145	18	6	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.065275	0	0	90.13
90.14	09014	CLINIC	11.295573	0	0	90.14
91.00	09100	EMERGENCY	0.136667	365,169	49,907	91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.392145	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,648,004	150,880	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		1,648,004		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3
			Component CCN:14-T228		Date/Time Prepared: 11/29/2021 1:03 pm
			Title XVIII	Subprovider - IRF	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			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		733,684	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107089	22	2 50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.126608	2	0 50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.199420	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.120291	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109226	7,933	866 54.00
54.10	03480	ONCOLOGY	0.202185	1,331	269 54.10
54.20	05401	CT	0.021551	4,943	107 54.20
54.30	05402	MRI	0.053877	0	0 54.30
60.00	06000	LABORATORY	0.079190	71,158	5,635 60.00
60.01	06001	BLOOD	0.140048	2,169	304 60.01
65.00	06500	RESPIRATORY THERAPY	0.173844	16,533	2,874 65.00
66.00	06600	PHYSICAL THERAPY	0.179011	405,423	72,575 66.00
69.00	06900	ELECTROCARDIOLOGY	0.056648	709	40 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.067714	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160108	28,371	4,542 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.010696	2,944	31 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074414	172,781	12,857 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	SLEEP LAB	0.146965	0	0 75.01
75.10	03950	NUTRITIONAL SUPPORT	0.257199	0	0 75.10
75.20	03951	HEMODIALYSIS	0.220417	3	1 75.20
76.97	07697	CARDIAC REHABILITATION	0.601468	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.177320	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0 90.01
90.02	09002	DIABETES CLINIC	0.799088	0	0 90.02
90.03	09003	STATELINE CLINIC	0.118250	4	0 90.03
90.04	09004	ORTHOPEDICS CLINIC	0.297426	3	1 90.04
90.05	09005	PULMONOLOGY CLINIC	1.005585	1	1 90.05
90.06	09006	CVT CLINIC	0.952446	0	0 90.06
90.07	09007	MWH CLINIC	0.301719	15	5 90.07
90.08	09008	NEUROSURGERY CLINIC	0.380444	0	0 90.08
90.09	09009	HEADACHE CLINIC	0.440920	0	0 90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.676201	0	0 90.10
90.11	09011	MFM CLINIC	1.254315	0	0 90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.309145	0	0 90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	1.065275	0	0 90.13
90.14	09014	CLINIC	11.295573	0	0 90.14
91.00	09100	EMERGENCY	0.136667	3,692	505 91.00
91.05	09101	AMBULATORY CARE	0.000000	0	0 91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000	0	0 91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.392145	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		718,037	100,615 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		718,037	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	8,850,937		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	545,095		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)	465,198		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	753,240		2.04
3.00	Managed Care Simulated Payments	26,003,184		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	260.75		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	12.38		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	12.38		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	19.48		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	12.38		12.00
13.00	Total allowable FTE count for the prior year.	12.38		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	12.38		14.00
15.00	Sum of lines 12 through 14 divided by 3.	12.38		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	12.38		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.047478		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.046949		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.046949		21.00
22.00	IME payment adjustment (see instructions)	896,192		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	658,375		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	7.10		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	896,192		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	658,375		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.67		30.00
31.00	Percentage of Medicaid patient days (see instructions)	32.74		31.00
32.00	Sum of lines 30 and 31	37.41		32.00
33.00	Allowable disproportionate share percentage (see instructions)	20.08		33.00
34.00	Disproportionate share adjustment (see instructions)	1,776,881		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,222,733	3,504,197	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	810,086	2,620,947	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,431,033		
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	42,718,576		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		43,376,951	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,102,902	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		372,136	
53.00	Nursing and Allied Health Managed Care payment		92,229	
54.00	Special add-on payments for new technologies		478,369	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		211,488	
59.00	Total (sum of amounts on lines 49 through 58)		47,634,075	
60.00	Primary payer payments		42,817	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,591,258	
62.00	Deductibles billed to program beneficiaries		3,447,920	
63.00	Coinsurance billed to program beneficiaries		96,977	
64.00	Allowable bad debts (see instructions)		612,766	
65.00	Adjusted reimbursable bad debts (see instructions)		398,298	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		571,234	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,444,659	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-114,354	
70.94	HRR adjustment amount (see instructions)		-125,843	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,204,462	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		42,814,978	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,389,484	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,665,225	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:03 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,850,937	0	8,850,937		8,850,937	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,545,095	0		26,545,095	26,545,095	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	465,198	0	465,198		465,198	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	753,240	0		753,240	753,240	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,003,184	0	5,378,741	20,624,443	26,003,184	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046949	0.046949	0.046949	0.046949		5.00
6.00	IME payment adjustment (see instructions)	22.00	896,192	0	224,097	672,095	896,192	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	658,375	0	136,184	522,191	658,375	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	896,192	0	224,097	672,095	896,192	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	658,375	0	136,184	522,191	658,375	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2008	0.2008	0.2008	0.2008		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,776,881	0	444,317	1,332,564	1,776,881	11.00
11.01	Uncompensated care payments	36.00	3,431,033	0	810,086	2,620,947	3,431,033	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,718,576	0	10,794,635	31,923,941	42,718,576	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	43,376,951	0	10,930,819	32,446,132	43,376,951	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,102,902	0	810,321	2,292,581	3,102,902	16.00
17.00	Special add-on payments for new technologies	54.00	478,369	0	0	478,369	478,369	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:03 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	11,741,140	35,217,082	46,958,222		19.00
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,696,799	0	694,611	2,002,188	2,696,799		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0		20.01
21.00	Capital DRG outlier payments	2.00	139,390	0	47,013	92,377	139,390		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0		21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0202	0.0202	0.0202	0.0202			22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	54,475	0	14,031	40,444	54,475		23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0787	0.0787	0.0787	0.0787			24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	212,238	0	54,666	157,572	212,238		25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,102,902	0	810,321	2,292,581	3,102,902		26.00
		W/S E, Part A line	(Amounts to E, Part A)						
		0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0		28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0		29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y						100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:03 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,850,937	8,850,937		8,850,937	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,545,095		26,545,095	26,545,095	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	465,198	465,198		465,198	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	753,240		753,240	753,240	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,003,184	5,378,741	20,624,444	26,003,185	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046949	0.046949	0.046949		5.00
6.00	IME payment adjustment (see instructions)	22.00	896,192	224,097	672,095	896,192	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	658,375	136,184	522,191	658,375	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	896,192	224,097	672,095	896,192	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	658,375	136,184	522,191	658,375	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2008	0.2008	0.2008		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,776,881	444,317	1,332,564	1,776,881	11.00
11.01	Uncompensated care payments	36.00	3,431,033	810,086	2,620,947	3,431,033	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	42,718,576	10,794,635	31,923,941	42,718,576	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	43,376,951	10,930,819	32,446,132	43,376,951	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,102,902	810,321	2,292,581	3,102,902	16.00
17.00	Special add-on payments for new technologies	54.00	478,369	0	478,369	478,369	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			11,741,140	35,217,082	46,958,222	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:03 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,696,799	694,611	2,002,188	2,696,799	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	139,390	47,013	92,377	139,390	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	0.0202	0.0202	0.0202		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	54,475	14,031	40,444	54,475	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0787	0.0787	0.0787		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	212,238	54,666	157,572	212,238	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,102,902	810,321	2,292,581	3,102,902	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	-114,354	-46,306	-68,048	-114,354	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	-125,843	-15,047	-110,796	-125,843	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,938	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,167,637	2.00
3.00	OPPS payments		37,211,526	3.00
4.00	Outlier payment (see instructions)		919,848	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		242,629	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,938	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		105,475	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)		105,475	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		105,475	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		97,537	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7,938	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		38,374,003	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)		6,585,641	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		31,796,300	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		292,846	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		32,089,146	30.00
31.00	Primary payer payments		3,417	31.00
32.00	Subtotal (line 30 minus line 31)		32,085,729	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)		680,959	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		442,623	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		566,376	36.00
37.00	Subtotal (see instructions)		32,528,352	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		32,528,352	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		32,669,383	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-141,031	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		696,904	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-T228		
		Title XVIII	Subprovider - IR#	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,661	2.00
3.00	OPPS payments		4,852	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		23	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,875	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)		1,261	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,614	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,614	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,614	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)		3,614	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,614	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		3,592	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		22	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 1:03 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		42,814,978		32,669,383	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,814,978		32,669,383	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		1,389,484		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		141,031	6.02	
7.00	Total Medicare program liability (see instructions)		44,204,462		32,528,352	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0228

Period:

Worksheet E-1

Component CCN:14-S228

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/29/2021 1:03 pm

		Title XVIII		Subprovider - IP#		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		586,700		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		586,700		0	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		49,447		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		636,147		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0228

Period:

Worksheet E-1

Component CCN:14-T228

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:03 pm

		Title XVIII		Subprovider - IR#		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		420,353		3,592	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		420,353		3,592	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		193		22	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		420,546		3,614	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 1:03 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-S228		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		718,468	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		14.556164	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		718,468	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		718,468	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		718,468	18.00
19.00	Deductibles		115,224	19.00
20.00	Subtotal (line 18 minus line 19)		603,244	20.00
21.00	Coinsurance		16,544	21.00
22.00	Subtotal (line 20 minus line 21)		586,700	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		68,679	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		44,641	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		67,271	25.00
26.00	Subtotal (sum of lines 22 and 24)		631,341	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		4,806	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)		636,147	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		586,700	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)		49,447	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,559	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/29/2021 1:03 pm
		Component CCN:14-T228		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		250,159	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		0	3.00
4.00	Outlier Payments		178,727	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		0.986301	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		428,886	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		428,886	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		428,886	19.00
20.00	Deductibles		2,968	20.00
21.00	Subtotal (line 19 minus line 20)		425,918	21.00
22.00	Coinsurance		5,565	22.00
23.00	Subtotal (line 21 minus line 22)		420,353	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		420,353	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		193	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		420,546	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		420,353	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		193	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		178,727	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		SWEDISHAMERICAN HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on 15.05 or before December 31, 1996.				1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.48	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.55	0.93	19.48	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.33	0.72	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.33	0.72		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.37	0.68		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.26	0.79		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.32	0.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.32	0.73		17.00
18.00	Per resident amount	98,465.06	93,528.72		18.00
19.00	Approved amount for resident costs	1,410,020	68,276	1,478,296	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.43	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,478,296	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) (Title XIX - see S-2 Part IX, line 3.02, column 2)	17,958	6,883	6,883	26.00
27.00	Total Inpatient Days (see instructions)	69,279	69,279	69,279	27.00
28.00	Ratio of inpatient days to total inpatient days	0.259213	0.099352	0.099352	28.00
29.00	Program direct GME amount	383,194	146,872	146,872	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,978	5,978	30.00
31.00	Net Program direct GME amount			664,982	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			46,325,690	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			42,817	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			46,282,873	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			36,424,888	42.00
43.00	Primary payer payments (see instructions)			3,417	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			36,421,471	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			82,704,344	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.559618	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.440382	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			664,982	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			372,136	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			292,846	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet G Date/Time Prepared: 11/29/2021 1:03 pm	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1.00	2.00	3.00	4.00
CURRENT ASSETS					
1.00	Cash on hand in banks	170,934,723	0	0	0
2.00	Temporary investments	21,547,761	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	193,420,044	0	0	0
5.00	Other receivable	0	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	-116,255,226	0	0	0
7.00	Inventory	11,654,942	0	0	0
8.00	Prepaid expenses	23,227,858	0	0	0
9.00	Other current assets	35,848,707	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	340,378,809	0	0	0
FIXED ASSETS					
12.00	Land	11,746,812	0	0	0
13.00	Land improvements	10,525,180	0	0	0
14.00	Accumulated depreciation	-3,836,487	0	0	0
15.00	Buildings	312,806,221	0	0	0
16.00	Accumulated depreciation	-43,650,197	0	0	0
17.00	Leasehold improvements	62,557,814	0	0	0
18.00	Accumulated depreciation	-16,117,720	0	0	0
19.00	Fixed equipment	29,737,628	0	0	0
20.00	Accumulated depreciation	-976,895	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	127,479,428	0	0	0
24.00	Accumulated depreciation	-81,624,489	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	408,647,295	0	0	0
OTHER ASSETS					
31.00	Investments	0	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	370,782,574	0	0	0
35.00	Total other assets (sum of lines 31-34)	370,782,574	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	1,119,808,678	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	19,677,011	0	0	0
38.00	Salaries, wages, and fees payable	0	0	0	0
39.00	Payroll taxes payable	0	0	0	0
40.00	Notes and loans payable (short term)	0	0	0	0
41.00	Deferred income	0	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	207,147,085	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	226,824,096	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	192,581,550	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	115,346,615	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	307,928,165	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	534,752,261	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	585,056,417	0	0	0
53.00	Specific purpose fund	0	0	0	0
54.00	Donor created - endowment fund balance - restricted	0	0	0	0
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0
56.00	Governing body created - endowment fund balance	0	0	0	0
57.00	Plant fund balance - invested in plant	0	0	0	0
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0
59.00	Total fund balances (sum of lines 52 thru 58)	585,056,417	0	0	0
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,119,808,678	0	0	0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/29/2021 1:03 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		508,170,310		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		75,564,918				2.00
3.00	Total (sum of line 1 and line 2)		583,735,228		0		3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE	1,324,107		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)		1,324,107		0		10.00
11.00	Subtotal (line 3 plus line 10)		585,059,335		0		11.00
12.00	ROUNDING	2,918		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,918		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		585,056,417		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 1:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	208,790,771		208,790,771	1.00
2.00	SUBPROVIDER - IPF	14,963,064		14,963,064	2.00
3.00	SUBPROVIDER - IRF	1,620,000		1,620,000	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)	225,373,835		225,373,835	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	80,888,581		80,888,581	11.00
11.01	PEDIATRIC ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	80,888,581		80,888,581	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	306,262,416		306,262,416	17.00
18.00	Ancillary services	931,538,915	1,629,104,775	2,560,643,690	18.00
19.00	Outpatient services	59,861,331	216,570,567	276,431,898	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		4,717,978	4,717,978	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	199,903,145	199,903,145	27.00
27.01	MISC REVENUE	152,753	45,585,882	45,738,635	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	1,297,815,415	2,095,882,347	3,393,697,762	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		652,930,702		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		652,930,702		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0228

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/29/2021 1:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,393,697,762	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,760,653,852	2.00
3.00	Net patient revenues (line 1 minus line 2)	633,043,910	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	652,930,702	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-19,886,792	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,090,654	6.00
7.00	Income from investments	59,258,210	7.00
8.00	Revenues from telephone and other miscellaneous communication services	427,963	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	8,352	13.00
14.00	Revenue from meals sold to employees and guests	1,177,948	14.00
15.00	Revenue from rental of living quarters	102,902	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	253,444	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	190	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	36,684,874	24.00
24.50	COVID-19 PHE Funding	24,059,074	24.50
25.00	Total other income (sum of lines 6-24)	124,063,611	25.00
26.00	Total (line 5 plus line 25)	104,176,819	26.00
27.00	BAD DEBTS	28,406,508	27.00
27.01	STATE/FEDERAL TAXES	0	27.01
27.02	IMPAIRMENT OF ASSETS	0	27.02
27.03	GRANTS & DONATIONS	205,393	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	28,611,901	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	75,564,918	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN:14-0228 HHA CCN: 14-7448	Period: From 07/01/2020 To 06/30/2021	Worksheet H Date/Time Prepared: 11/29/2021 1:03 pm
						Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,224,547	432,287	1,989	18,526	308,179	1,985,528
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	938,760	331,399	102,541	0	651	1,373,351
7.00	Physical Therapy	846,363	298,781	0	0	0	1,145,144
8.00	Occupational Therapy	171,727	60,623	0	0	0	232,350
9.00	Speech Pathology	43,617	15,398	0	0	0	59,015
10.00	Medical Social Services	69,751	24,623	0	0	0	94,374
11.00	Home Health Aide	20,406	7,204	0	0	0	27,610
12.00	Supplies (see instructions)	0	0	0	0	75,258	75,258
13.00	Drugs	0	0	0	0	1,339	1,339
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,315,171	1,170,315	104,530	18,526	385,427	4,993,969
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,985,528	3,457	1,988,985		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,373,351	0	1,373,351		6.00
7.00	Physical Therapy	0	1,145,144	0	1,145,144		7.00
8.00	Occupational Therapy	0	232,350	0	232,350		8.00
9.00	Speech Pathology	0	59,015	0	59,015		9.00
10.00	Medical Social Services	0	94,374	0	94,374		10.00
11.00	Home Health Aide	0	27,610	0	27,610		11.00
12.00	Supplies (see instructions)	-57,379	17,879	0	17,879		12.00
13.00	Drugs	0	1,339	0	1,339		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-57,379	4,936,590	3,457	4,940,047		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN:14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:03 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,988,985	0	0	0	0	1,988,985	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,373,351	0	0	0	0	1,373,351	6.00
7.00	Physical Therapy	1,145,144	0	0	0	0	1,145,144	7.00
8.00	Occupational Therapy	232,350	0	0	0	0	232,350	8.00
9.00	Speech Pathology	59,015	0	0	0	0	59,015	9.00
10.00	Medical Social Services	94,374	0	0	0	0	94,374	10.00
11.00	Home Health Aide	27,610	0	0	0	0	27,610	11.00
12.00	Supplies (see instructions)	17,879	0	0	0	0	17,879	12.00
13.00	Drugs	1,339	0	0	0	0	1,339	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,940,047	0	0	0	0	4,940,047	24.00
		Administrative	Total (cols. 4A					
		& General	+ 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,988,985						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	925,623	2,298,974					6.00
7.00	Physical Therapy	771,816	1,916,960					7.00
8.00	Occupational Therapy	156,602	388,952					8.00
9.00	Speech Pathology	39,776	98,791					9.00
10.00	Medical Social Services	63,607	157,981					10.00
11.00	Home Health Aide	18,609	46,219					11.00
12.00	Supplies (see instructions)	12,050	29,929					12.00
13.00	Drugs	902	2,241					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		4,940,047					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0228

Period:

Worksheet H-1

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:03 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	-1,988,985	2,951,062	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,373,351	6.00
7.00	Physical Therapy	0	0	0	0	1,145,144	7.00
8.00	Occupational Therapy	0	0	0	0	232,350	8.00
9.00	Speech Pathology	0	0	0	0	59,015	9.00
10.00	Medical Social Services	0	0	0	0	94,374	10.00
11.00	Home Health Aide	0	0	0	0	27,610	11.00
12.00	Supplies (see instructions)	0	0	0	0	17,879	12.00
13.00	Drugs	0	0	0	0	1,339	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	-1,988,985	2,951,062	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	1,988,985	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.673990	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:03 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	84,977	115,216	25,782	225,975	41,878	1.00
2.00	Skilled Nursing Care	2,298,974	0	0	10,026	2,309,000	427,910	2.00
3.00	Physical Therapy	1,916,960	0	0	6,093	1,923,053	356,386	3.00
4.00	Occupational Therapy	388,952	0	0	1,587	390,539	72,376	4.00
5.00	Speech Pathology	98,791	0	0	362	99,153	18,375	5.00
6.00	Medical Social Services	157,981	0	0	1,155	159,136	29,492	6.00
7.00	Home Health Aide	46,219	0	0	934	47,153	8,739	7.00
8.00	Supplies (see instructions)	29,929	0	0	0	29,929	5,547	8.00
9.00	Drugs	2,241	0	0	0	2,241	415	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,940,047	84,977	115,216	45,939	5,186,179	961,118	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to decimal places.	6				0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	27,122	85,111	0	62,386	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	27,122	85,111	0	62,386	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to decimal places.	6						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:03 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	163	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	5,610	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	163	0	5,610	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS	INTERNS & RESIDENTS SERVICES-SALARIES Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PHARMACY RESIDENCY	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0228

Period:

Worksheet H-2

HHA CCN: 14-7448

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/29/2021 1:03 pm

Home Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.20	23.30	23.40	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	442,635	0	442,635	1.00
2.00	Skilled Nursing Care	0	0	0	2,742,520	0	2,742,520	2.00
3.00	Physical Therapy	0	0	0	2,279,439	0	2,279,439	3.00
4.00	Occupational Therapy	0	0	0	462,915	0	462,915	4.00
5.00	Speech Pathology	0	0	0	117,528	0	117,528	5.00
6.00	Medical Social Services	0	0	0	188,628	0	188,628	6.00
7.00	Home Health Aide	0	0	0	55,892	0	55,892	7.00
8.00	Supplies (see instructions)	0	0	0	35,476	0	35,476	8.00
9.00	Drugs	0	0	0	2,656	0	2,656	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	6,327,689	0	6,327,689	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)		Total HHA Costs				
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	206,276	2,948,796					2.00
3.00	Physical Therapy	171,443	2,450,882					3.00
4.00	Occupational Therapy	34,817	497,732					4.00
5.00	Speech Pathology	8,840	126,368					5.00
6.00	Medical Social Services	14,187	202,815					6.00
7.00	Home Health Aide	4,204	60,096					7.00
8.00	Supplies (see instructions)	2,668	38,144					8.00
9.00	Drugs	200	2,856					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	442,635	6,327,689					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.075213						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet H-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm		
				HHA CCN: 14-7448		Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	7,907	7,907	2,209	0	225,975	7,907	1.00
2.00	Skilled Nursing Care	0	0	859	0	2,309,000	0	2.00
3.00	Physical Therapy	0	0	522	0	1,923,053	0	3.00
4.00	Occupational Therapy	0	0	136	0	390,539	0	4.00
5.00	Speech Pathology	0	0	31	0	99,153	0	5.00
6.00	Medical Social Services	0	0	99	0	159,136	0	6.00
7.00	Home Health Aide	0	0	80	0	47,153	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	29,929	0	8.00
9.00	Drugs	0	0	0	0	2,241	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,907	7,907	3,936		5,186,179	7,907	20.00
21.00	Total cost to be allocated	84,977	115,216	45,939		961,118	27,122	21.00
22.00	Unit cost multiplier	10.747060	14.571392	11.671494		0.185323	3.430125	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	7,907	0	7,907	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,907	0	7,907	0	0	0	20.00
21.00	Total cost to be allocated	85,111	0	62,386	0	0	0	21.00
22.00	Unit cost multiplier	10.764007	0.000000	7.889971	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN:14-0228 HHA CCN: 14-7448	Period: From 07/01/2020 To 06/30/2021	Worksheet H-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm	
						Home Health Agency I	PPS	
Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	472	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	4,717,978	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	472	0	4,717,978	0	0	20.00
21.00	Total cost to be allocated	0	163	0	5,610	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.345339	0.000000	0.001189	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOLS (ASSIGNED & TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
			SERVICES-SALARIES & FRINGES APPROX (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)				
			20.00	21.00				
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet H-2 Part II Date/Time Prepared: 11/29/2021 1:03 pm
		HHA CCN: 14-7448		
			Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	2,948,796		2,948,796	8,006	368.32	1.00	
2.00	Physical Therapy	3.00	2,450,882	353,545	2,804,427	9,657	290.40	2.00	
3.00	Occupational Therapy	4.00	497,732	0	497,732	1,720	289.38	3.00	
4.00	Speech Pathology	5.00	126,368	0	126,368	425	297.34	4.00	
5.00	Medical Social Services	6.00	202,815		202,815	134	1,513.54	5.00	
6.00	Home Health Aide	7.00	60,096		60,096	393	152.92	6.00	
7.00	Total (sum of lines 1-6)		6,286,689	353,545	6,640,234	20,335		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		16984	0	0			8.00	
8.01	Skilled Nursing Care		20994	0	7			8.01	
8.02	Skilled Nursing Care		40420	0	1,526			8.02	
8.03	Skilled Nursing Care		99914	0	189			8.03	
9.00	Physical Therapy		16984	0	8			9.00	
9.01	Physical Therapy		20994	0	8			9.01	
9.02	Physical Therapy		40420	0	2,254			9.02	
9.03	Physical Therapy		99914	0	251			9.03	
10.00	Occupational Therapy		16984	0	1			10.00	
10.01	Occupational Therapy		20994	0	1			10.01	
10.02	Occupational Therapy		40420	0	498			10.02	
10.03	Occupational Therapy		99914	0	27			10.03	
11.00	Speech Pathology		16984	0	0			11.00	
11.01	Speech Pathology		20994	0	0			11.01	
11.02	Speech Pathology		40420	0	167			11.02	
11.03	Speech Pathology		99914	0	9			11.03	
12.00	Medical Social Services		16984	0	0			12.00	
12.01	Medical Social Services		20994	0	0			12.01	
12.02	Medical Social Services		40420	0	39			12.02	
12.03	Medical Social Services		99914	0	2			12.03	
13.00	Home Health Aide		16984	0	0			13.00	
13.01	Home Health Aide		20994	0	0			13.01	
13.02	Home Health Aide		40420	0	140			13.02	
13.03	Home Health Aide		99914	0	17			13.03	
14.00	Total (sum of lines 8-13)			0	5,144			14.00	
Cost Center Description		From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	38,144	65,984	104,128	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	2,856	0	2,856	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:03 pm

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Home Health
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Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,722		0	634,247	1.00	
2.00	Physical Therapy	0	2,521		0	732,098	2.00	
3.00	Occupational Therapy	0	527		0	152,503	3.00	
4.00	Speech Pathology	0	176		0	52,332	4.00	
5.00	Medical Social Services	0	41		0	62,055	5.00	
6.00	Home Health Aide	0	157		0	24,008	6.00	
7.00	Total (sum of lines 1-6)	0	5,144		0	1,657,243	7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	250,468	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
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Home Health
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PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	634,247		1.00
2.00	Physical Therapy	732,098		2.00
3.00	Occupational Therapy	152,503		3.00
4.00	Speech Pathology	52,332		4.00
5.00	Medical Social Services	62,055		5.00
6.00	Home Health Aide	24,008		6.00
7.00	Total (sum of lines 1-6)	1,657,243		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0228

Period:

Worksheet H-3

HHA CCN: 14-7448

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
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Title XVIII

Home Health
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PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.179011	1,974,993	353,545	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.160108	412,119	65,984	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.074414	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0228 HHA CCN: 14-7448	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,034,931	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	66,820	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	22,541	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	886	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	24,511	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,149,689	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,149,689	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,149,689	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,149,689	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	1,149,689	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	1,149,690	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN:14-0228

HHA CCN: 14-7448

Period:
From 07/01/2020
To 06/30/2021

Worksheet H-5

Date/Time Prepared:
11/29/2021 1:03 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,149,690	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,149,690	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		1,149,689	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0228	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,696,799	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		139,390	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)		174.26	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.02	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)		54,475	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.74	8.00
9.00	Sum of lines 7 and 8		37.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.87	10.00
11.00	Disproportionate share adjustment (see instructions)		212,238	11.00
12.00	Total prospective capital payments (see instructions)		3,102,902	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