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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/22/2021 10:15 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/22/2021 Time: 10:15 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF IOWA HOSP & CLINICS (16-0058) for the cost reporting period beginning 07/01/2020 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.

[X] 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) MARK HENRICHS
Officer or Administrator of Provider(s)

CFO, UI HEALTH CARE
Title

11/22/2021 10:15:11 AM
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	3,574,216	133,809	0	0	1.00
2.00	Subprovider - IPF	0	-64,334	-6,609		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	3,509,882	127,200	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/22/2021 10:15 am

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

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

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2020	06/30/2021	20.00
21.00	Type of Control (see instructions)	10		21.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2021 10:15 am

		1.00	2.00	3.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,027	2,183	1,980	1,282	66,591	120	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

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

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. 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	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/22/2021 10:15 am

		V	XVIII	XIX	
		1.00	2.00	3.00	
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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1	60.06

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/22/2021 10:15 am

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

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	562.96	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRIC	2000	44.29	0.00	1.000000	67.00
67.01		FAMILY MEDICINE	1350	0.00	19.92	0.000000	67.01
67.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.76	0.000000	67.02
67.03		INTERNAL MEDICINE	1400	0.00	64.39	0.000000	67.03
67.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	0.00	0.000000	67.04

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2021 10:15 am

		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

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

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	3,072,250	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/19/2016		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2021 10:15 am

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

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N	N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/22/2021	Y	10/22/2021	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		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARTY	ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF IOWA HOSP & CLINICS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	319-356-1842	MARTY-ORWITZ@UIOWA.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/22/2021 10:15 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/22/2021 10:15 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	504	183,745	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)		504	183,745	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	MEDICAL INTENSIVE CARE UNIT	31.01	26	9,591	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	17	6,060	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,285	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	88	32,120	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	28	10,220	0.00	0	12.01
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		723	263,781	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	73	26,621		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		796				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)		10	3,650			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/22/2021 10:15 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	44,919	1,948	148,143			1.00
2.00	HMO and other (see instructions)	24,759	60,258				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	44,919	1,948	148,143			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSIVE CARE UNIT	2,659	205	8,723			8.01
9.00	CORONARY CARE UNIT	3,011	34	7,382			9.00
10.00	BURN INTENSIVE CARE UNIT	968	106	5,134			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,848	246	11,524			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	9	14,795			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	20	76	5,907			12.01
13.00	NURSERY		12,181	16,090			13.00
14.00	Total (see instructions)	55,425	14,805	217,698	587.78	9,020.02	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,697	10,035	26,058	20.60	138.09	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			299			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)				608.38	9,158.11	27.00
28.00	Observation Bed Days		0	8,403			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	120	2,040			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			397			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/22/2021 10:15 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,807	374	30,887	1.00
2.00	HMO and other (see instructions)			3,142	7,084		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,807	374	30,887	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	160	0	1,259	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	609,912,066	51,573,498	661,485,564	19,694,225.00	33.59	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	13,732,482	13,732,482	68,586.00	200.22	4.00
4.01	Physicians - Part A - Teaching		0	20,435,974	20,435,974	131,714.00	155.15	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	31,977,322	11,272,605	43,249,927	1,381,435.00	31.31	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		44,289,088	-1,961,468	42,327,620	1,322,336.00	32.01	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		15,221,653	0	15,221,653	152,466.70	99.84	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		227,046,854	0	227,046,854			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		17,563,723	0	17,563,723			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	910,983	910,983			22.00
22.01	Physician Part A - Teaching		0	1,749,471	1,749,471			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		14,314,468	0	14,314,468			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	118,324,827	-213,633	118,111,194	3,088,808.00	38.24	27.00
28.00	Administrative & General under contract (see inst.)		3,533,539	0	3,533,539	27,731.66	127.42	28.00
29.00	Maintenance & Repairs	6.00	6,972,184	795,018	7,767,202	238,770.00	32.53	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	1,472,226	82,664	1,554,890	78,198.00	19.88	31.00
32.00	Housekeeping	9.00	14,289,253	932,953	15,222,206	806,587.00	18.87	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,706,045	-4,172,334	7,533,711	357,079.00	21.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,395,422	4,395,422	211,508.00	20.78	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,908,270	-479,492	10,428,778	248,848.00	41.91	38.00
39.00	Central Services and Supply	14.00	8,915,701	482,340	9,398,041	406,562.00	23.12	39.00
40.00	Pharmacy	15.00	3,165,110	431,862	3,596,972	73,720.00	48.79	40.00
41.00	Medical Records & Medical Records Library	16.00	6,065,925	2,595,499	8,661,424	292,705.00	29.59	41.00
42.00	Social Service	17.00	11,910,197	1,711,448	13,621,645	336,334.00	40.50	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part III Date/Time Prepared: 11/22/2021 10:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		581,468,283	19,864,919	601,333,202	18,208,807.66	33.02	1.00
2.00	Excluded area salaries (see instructions)		44,289,088	-1,961,468	42,327,620	1,322,336.00	32.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)		537,179,195	21,826,387	559,005,582	16,886,471.66	33.10	3.00
4.00	Subtotal other wages & related costs (see inst.)		15,221,653	0	15,221,653	152,466.70	99.84	4.00
5.00	Subtotal wage-related costs (see inst.)		227,046,854	910,983	227,957,837	0.00	40.78	5.00
6.00	Total (sum of lines 3 thru 5)		779,447,702	22,737,370	802,185,072	17,038,938.36	47.08	6.00
7.00	Total overhead cost (see instructions)		197,263,277	6,561,747	203,825,024	6,166,850.66	33.05	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part IV Date/Time Prepared: 11/22/2021 10:15 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	50,591,248	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6,922,143	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	131,494,951	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	8,929,266	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,669,396	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3,460,466	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,117,765	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	39,922,483	17.00
18.00	Medicare Taxes - Employers Portion Only	10,324,157	18.00
19.00	Unemployment Insurance	381,703	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	771,921	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	261,585,499	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part V | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	15,221,653	261,585,499	1.00
2.00	Hospital	15,221,653	227,046,854	2.00
3.00	Subprovider - IPF	0	17,563,723	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	16,974,922	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-5 | Date/Time Prepared: 11/22/2021 10:15 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	150	0	0	3	6	25	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	4.00	5.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	59	0	3	2			6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	47.01	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	220		11.00
12.00	Number of patients transplanted during the cost reporting period	122		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	19,851	0	1,742	0	22.00
22.01		ARANESP	823,923	0	43,815	0	22.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-5 | Date/Time Prepared: 11/22/2021 10:15 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	162306	13,829	23.00
23.01	UIHC MUSCATINE DIALYSIS CENTER	163504	4,894	23.01
23.02	UIHC GRINNELL DIALYSIS CENTER	163507	2,194	23.02
23.03	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	3,802	23.03
23.04	UIHC WASHINGTON DIALYSIS CENTER	163510	2,177	23.04

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-10 | Date/Time Prepared: 11/22/2021 10:15 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.230515	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	191,560,146	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	75,828,953	5.00
6.00	Medicaid charges	1,205,261,773	6.00
7.00	Medicaid cost (line 1 times line 6)	277,830,918	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)	10,441,819	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	4,583,271	9.00
10.00	Stand-alone CHIP charges	28,029,772	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	6,461,283	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	1,878,012	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)	12,319,831	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)	58,872,391	2,268,185	61,140,576	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,570,969	2,268,185	15,839,154	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	8,998	8,998	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,570,969	2,259,187	15,830,156	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)	44,020,127	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,747,507	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,226,933	27.01
28.00	Non-Medicare bad debt expense (see instructions)	39,793,194	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,652,354	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	26,482,510	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	38,802,341	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP		47,669,665	47,669,665	982,124	48,651,789	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		0	0	0	0	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG		244,023	244,023	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD		178,652	178,652	0	178,652	1.04
1.05	00105	CAP REL COSTS-IRL		5,126,372	5,126,372	-1,818,820	3,307,552	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		51,248,421	51,248,421	327,639	51,576,060	2.00
2.01	00201	BLANK		0	0	0	0	2.01
2.02	00202	BLANK		0	0	0	0	2.02
2.03	00203	BLANK		0	0	0	0	2.03
2.04	00204	BLANK		0	0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		1,854,271	1,854,271	0	1,854,271	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	118,324,827	312,931,510	431,256,337	-35,079,368	396,176,969	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	6,854,342	56,577,726	63,432,068	-922,389	62,509,679	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	46,164	391,367	437,531	1,509	439,040	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	71,678	5,008,019	5,079,697	794,721	5,874,418	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,472,226	724,891	2,197,117	115,259	2,312,376	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	13,905,207	10,222,357	24,127,564	1,132,518	25,260,082	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	781	156,854	157,635	26	157,661	9.04
9.05	00905	HOUSEKEEPING-IRL	383,265	357,419	740,684	55,749	796,433	9.05
10.00	01000	DIETARY	11,706,045	13,154,991	24,861,036	-9,513,750	15,347,286	10.00
11.00	01100	CAFETERIA	0	0	0	9,449,814	9,449,814	11.00
13.00	01300	NURSING ADMINISTRATION	10,908,270	7,275,971	18,184,241	-769,357	17,414,884	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,915,701	5,189,833	14,105,534	669,234	14,774,768	14.00
15.00	01500	PHARMACY	3,165,110	3,639,495	6,804,605	553,005	7,357,610	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,065,925	3,023,591	9,089,516	1,007,127	10,096,643	16.00
17.00	01700	SOCIAL SERVICE	11,910,197	5,566,821	17,477,018	2,453,122	19,930,140	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,977,322	10,131,712	42,109,034	1,514,596	43,623,630	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,545,296	1,910,021	3,455,317	111,373	3,566,690	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	87,931	36,148	124,079	7,191	131,270	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	908,517	330,256	1,238,773	680,649	1,919,422	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	515,876	515,876	63,265	579,141	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	126,746	126,746	15,544	142,290	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	279,095	279,095	34,227	313,322	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	106,245	106,245	13,029	119,274	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,428,211	37,991,173	101,419,384	1,626,091	103,045,475	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	6,061,913	4,109,774	10,171,687	1,017,334	11,189,021	31.01
32.00	03200	CORONARY CARE UNIT	5,619,623	3,740,514	9,360,137	376,188	9,736,325	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,253,972	2,396,799	5,650,771	54,669	5,705,440	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,076,747	5,720,594	13,797,341	900,305	14,697,646	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,152,102	8,796,364	26,948,466	-6,336,939	20,611,527	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,325,310	4,024,882	11,350,192	423,054	11,773,246	35.01
40.00	04000	SUBPROVIDER - IPF	7,480,195	4,193,160	11,673,355	607,814	12,281,169	40.00
43.00	04300	NURSERY	0	0	0	9,507,119	9,507,119	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,389,474	150,381,090	188,770,564	-72,114,939	116,655,625	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,862,615	3,123,220	6,985,835	-866,956	6,118,879	52.00
53.00	05300	ANESTHESIOLOGY	2,124,917	5,523,827	7,648,744	154,168	7,802,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,259,828	22,890,766	34,150,594	-9,364,687	24,785,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,985,363	4,601,494	8,586,857	1,301,748	9,888,605	55.00
55.01	03630	ULTRA SOUND	2,415,852	1,704,158	4,120,010	1,101,561	5,221,571	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,965,150	3,174,962	5,140,112	817,004	5,957,116	55.02
57.00	05700	CT SCAN	1,722,414	1,624,455	3,346,869	2,282,258	5,629,127	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,485,906	2,237,871	4,723,777	1,029,165	5,752,942	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,422,486	25,632,582	28,055,068	-21,397,971	6,657,097	59.00
60.00	06000	LABORATORY	14,436,941	42,132,348	56,569,289	6,797	56,576,086	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	6,520,541	8,039,422	14,559,963	-4,774,463	9,785,500	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,497,446	19,732,630	23,230,076	-5,763,597	17,466,479	63.00
65.00	06500	RESPIRATORY THERAPY	9,419,595	10,135,579	19,555,174	-3,569,204	15,985,970	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
66.00	06600	PHYSICAL THERAPY	5,790,777	2,573,738	8,364,515	-299,400	8,065,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,821,375	799,471	2,620,846	151,268	2,772,114	67.00
69.00	06900	ELECTROCARDIOLOGY	395,018	409,693	804,711	30,395	835,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,866,282	1,619,251	4,485,533	190,436	4,675,969	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,635	1,194,313	1,285,948	37,216,470	38,502,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	85,615,764	85,615,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,023,320	230,043,470	250,066,790	3,306,490	253,373,280	73.00
74.00	07400	RENAL DIALYSIS	2,929,127	5,791,527	8,720,654	1,215,883	9,936,537	74.00
76.00	03950	IVF/CULTURE LAB	265,742	289,925	555,667	199,149	754,816	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	74,196	94,407	168,603	4,453	173,056	76.02
76.03	03953	SPINE TREATMENT CENTER	306,964	131,597	438,561	20,035	458,596	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	2,990,699	5,148,491	8,139,190	-1,396,826	6,742,364	76.05
76.06	03956	RECREATION THERAPY	539,641	239,971	779,612	130,176	909,788	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	262,293	101,672	363,965	14,345	378,310	76.08
76.97	07697	CARDIAC REHABILITATION	373,215	178,746	551,961	75,829	627,790	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	353,637	149,295	502,932	30,205	533,137	76.98
76.99	07699	LITHOTRIPSY	323,809	1,786,431	2,110,240	-813,576	1,296,664	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,283,756	3,418,790	4,702,546	147,249	4,849,795	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	438,367	308,780	747,147	14,517	761,664	90.01
90.02	09002	DERMATOLOGY CLINIC	858,127	697,268	1,555,395	53,883	1,609,278	90.02
90.03	09003	ORAL SURGERY CLINIC	1,135,859	768,654	1,904,513	46,302	1,950,815	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	6,465,296	3,623,573	10,088,869	1,303,912	11,392,781	90.04
90.05	09005	NEUROLOGY CLINIC	1,524,088	805,580	2,329,668	108,312	2,437,980	90.05
90.06	09006	OB-GYN CLINIC	2,522,861	1,411,865	3,934,726	117,371	4,052,097	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	4,136,953	2,600,713	6,737,666	186,950	6,924,616	90.07
90.08	09008	ORTHOPAEDICS CLINIC	3,286,243	1,812,108	5,098,351	135,877	5,234,228	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,361,554	1,355,150	3,716,704	-26,486	3,690,218	90.09
90.10	09010	PEDIATRIC CLINIC	6,624,565	3,870,464	10,495,029	337,285	10,832,314	90.10
90.11	09011	SURGERY CLINIC	1,991,454	1,301,050	3,292,504	939,278	4,231,782	90.11
90.12	09012	UROLOGY CLINIC	1,061,030	566,244	1,627,274	23,333	1,650,607	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,896,110	1,617,186	4,513,296	-551,647	3,961,649	90.13
90.14	09014	CANCER CLINIC	8,010,853	4,567,782	12,578,635	759,894	13,338,529	90.14
90.15	09015	FAMILY CARE CLINIC	2,187,225	1,015,196	3,202,421	137,522	3,339,943	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,579,355	1,277,915	2,857,270	123,281	2,980,551	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	204,782	160,185	364,967	11,348	376,315	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	198,009	111,072	309,081	14,736	323,817	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	750,541	743,737	1,494,278	-175,688	1,318,590	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	126,840	79,331	206,171	-8,042	198,129	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	286,117	300,263	586,380	-60,600	525,780	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	1,827,050	1,251,345	3,078,395	-81,848	2,996,547	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	997,872	866,253	1,864,125	111,115	1,975,240	90.56
90.57	09057	IRL-OPHTHALMOLOGY	500,622	597,324	1,097,946	3,149	1,101,095	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	388,132	336,714	724,846	-5,558	719,288	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	358,577	368,234	726,811	-52,632	674,179	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	832,492	601,443	1,433,935	-45,365	1,388,570	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	540,386	654,666	1,195,052	-122,737	1,072,315	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	4,970	6,718	11,688	-3,469	8,219	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	5,400	4,125	9,525	-1,855	7,670	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	330,281	214,372	544,653	-1,144	543,509	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	459,735	352,102	811,837	-1,259	810,578	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	416,372	189,600	605,972	-834	605,138	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,601,909	2,695,665	4,297,574	-253,047	4,044,527	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	39,044	68,617	107,661	-14,604	93,057	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,177,140	777,139	1,954,279	-91,834	1,862,445	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	106,753	69,901	176,654	-2,967	173,687	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	2,170	18,860	21,030	-233	20,797	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	1,803	1,061	2,864	-361	2,503	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	223,338	304,411	527,749	5,823	533,572	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	9,503	4,414	13,917	3	13,920	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	45,066	27,789	72,855	-3,530	69,325	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	1,224,372	1,192,775	2,417,147	231,545	2,648,692	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	509,673	416,874	926,547	920,071	1,846,618	90.96
90.97	09097	NORTH DODGE - REI CLINIC	782,599	423,485	1,206,084	342,524	1,548,608	90.97
91.00	09100	EMERGENCY	16,104,431	10,731,958	26,836,389	-4,374,657	22,461,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,719,450	1,900,096	5,619,546	-700,279	4,919,267	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	397,361	211,967	609,328	-159,609	449,719	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	261,218	745,502	1,006,720	-327,349	679,371	94.00
95.00	09500	AMBULANCE SERVICES	3,327,474	1,731,534	5,059,008	263,607	5,322,615	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,461,412	5,912,344	7,373,756	-332,369	7,041,387	105.00
106.00	10600	HEART ACQUISITION	331,797	1,045,421	1,377,218	-111,195	1,266,023	106.00
107.00	10700	LIVER ACQUISITION	465,688	1,712,469	2,178,157	-34,216	2,143,941	107.00
108.00	10800	LUNG ACQUISITION	277,246	2,854,774	3,132,020	-2,971	3,129,049	108.00
109.00	10900	PANCREAS ACQUISITION	0	611,007	611,007	73,262	684,269	109.00
113.00	11300	INTEREST EXPENSE		12,211,664	12,211,664	0	12,211,664	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	580,224,456	1,249,963,539	1,830,187,995	-6,320,388	1,823,867,607	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	403,978	745,972	1,149,950	22,878	1,172,828	190.00
190.01	19001	VENDING/PATIENT ART	1,139,801	1,203,722	2,343,523	994,147	3,337,670	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	13,155,328	196,624,065	209,779,393	1,674,787	211,454,180	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	373,750	186,117	559,867	88,058	647,925	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	4,025,204	4,025,204	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	10,380	500,790	511,170	85,925	597,095	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	96,340	96,340	0	96,340	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	14,604,373	26,830,720	41,435,093	-2,919,377	38,515,716	194.00
194.01	07951	OUTREACH	0	0	0	2,348,766	2,348,766	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	609,912,066	1,476,151,265	2,086,063,331	0	2,086,063,331	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	-902,720	47,749,069		1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023		1.03
1.04	00104	CAP REL COSTS-CDD	0	178,652		1.04
1.05	00105	CAP REL COSTS-IRL	-6,632	3,300,920		1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	51,576,060		2.00
2.01	00201	BLANK	0	0		2.01
2.02	00202	BLANK	0	0		2.02
2.03	00203	BLANK	0	0		2.03
2.04	00204	BLANK	0	0		2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	1,854,271		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-173,479,620	222,697,349		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-26,800	62,482,879		6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196		6.02
6.03	00603	BLANK	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	439,040		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	-77,975	5,796,443		6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,312,376		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	60,131	25,320,213		9.01
9.02	00902	BLANK	0	0		9.02
9.03	00903	BLANK	0	0		9.03
9.04	00904	HOUSEKEEPING-CDD	0	157,661		9.04
9.05	00905	HOUSEKEEPING-IRL	0	796,433		9.05
10.00	01000	DIETARY	-142,468	15,204,818		10.00
11.00	01100	CAFETERIA	-7,366,755	2,083,059		11.00
13.00	01300	NURSING ADMINISTRATION	-1,273	17,413,611		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,774,768		14.00
15.00	01500	PHARMACY	0	7,357,610		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,241,771	12,338,414		16.00
17.00	01700	SOCIAL SERVICE	-46,558	19,883,582		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,622,145	56,245,775		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,419,950	17,986,640		22.00
23.00	02300	BLANK	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	131,270		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,919,422		23.02
23.03	02303	BLANK	0	0		23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	43,506	622,647		23.04
23.05	02305	BLANK	0	0		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	21,434	163,724		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	46,674	359,996		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	7,293	126,567		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-599,857	102,445,618		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	-150,182	11,038,839		31.01
32.00	03200	CORONARY CARE UNIT	-16,457	9,719,868		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-150,306	5,555,134		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-7,504	14,690,142		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-292	20,611,235		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-54,696	11,718,550		35.01
40.00	04000	SUBPROVIDER - IPF	-5,714	12,275,455		40.00
43.00	04300	NURSERY	0	9,507,119		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-381,653	116,273,972		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,118,879		52.00
53.00	05300	ANESTHESIOLOGY	85,237	7,888,149		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-26,045	24,759,862		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,888,605		55.00
55.01	03630	ULTRA SOUND	-480	5,221,091		55.01
55.02	05501	RADIOLOGY - PET SCAN	-3,990	5,953,126		55.02
57.00	05700	CT SCAN	0	5,629,127		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,752,942		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,657,097		59.00
60.00	06000	LABORATORY	1,352,092	57,928,178		60.00
60.01	03020	BLANK	0	0		60.01
60.02	03140	CARDIOLOGY	-385,564	9,399,936		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,466,479		63.00
65.00	06500	RESPIRATORY THERAPY	-7,449	15,978,521		65.00
66.00	06600	PHYSICAL THERAPY	-134,992	7,930,123		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,772,114		67.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
69.00	06900	ELECTROCARDIOLOGY	-25,234	809,872		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,675,969		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,502,418		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	85,615,764		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	253,373,280		73.00
74.00	07400	RENAL DIALYSIS	-4,515	9,932,022		74.00
76.00	03950	IVF/CULTURE LAB	0	754,816		76.00
76.01	03951	BLANK	0	0		76.01
76.02	03952	URODYNAMICS	0	173,056		76.02
76.03	03953	SPINE TREATMENT CENTER	-82,102	376,494		76.03
76.04	03954	BLANK	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	-249,155	6,493,209		76.05
76.06	03956	RECREATION THERAPY	-623	909,165		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	-2,847	375,463		76.08
76.97	07697	CARDIAC REHABILITATION	0	627,790		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	533,137		76.98
76.99	07699	LITHOTRIPSY	0	1,296,664		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-35,067	4,814,728		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	761,664		90.01
90.02	09002	DERMATOLOGY CLINIC	249,580	1,858,858		90.02
90.03	09003	ORAL SURGERY CLINIC	490,242	2,441,057		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	532,207	11,924,988		90.04
90.05	09005	NEUROLOGY CLINIC	2,958	2,440,938		90.05
90.06	09006	OB-GYN CLINIC	80,933	4,133,030		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	932,201	7,856,817		90.07
90.08	09008	ORTHOPAEDICS CLINIC	358,078	5,592,306		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	489,512	4,179,730		90.09
90.10	09010	PEDIATRIC CLINIC	211,998	11,044,312		90.10
90.11	09011	SURGERY CLINIC	1,227,122	5,458,904		90.11
90.12	09012	UROLOGY CLINIC	20,961	1,671,568		90.12
90.13	09013	PSYCHIATRIC CLINIC	-105,831	3,855,818		90.13
90.14	09014	CANCER CLINIC	0	13,338,529		90.14
90.15	09015	FAMILY CARE CLINIC	-62,308	3,277,635		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,980,551		90.16
90.17	09017	BLANK	0	0		90.17
90.18	09018	BLANK	0	0		90.18
90.19	09019	BURN CLINIC	0	376,315		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	323,817		90.20
90.21	09021	BLANK	0	0		90.21
90.22	09022	BLANK	0	0		90.22
90.23	09023	BLANK	0	0		90.23
90.24	09024	BLANK	0	0		90.24
90.25	09025	BLANK	0	0		90.25
90.26	09026	BLANK	0	0		90.26
90.27	09027	BLANK	0	0		90.27
90.28	09028	BLANK	0	0		90.28
90.29	09029	BLANK	0	0		90.29
90.30	09030	BLANK	0	0		90.30
90.31	09031	BLANK	0	0		90.31
90.32	09032	BLANK	0	0		90.32
90.33	09033	BLANK	0	0		90.33
90.34	09034	BLANK	0	0		90.34
90.35	09035	BLANK	0	0		90.35
90.36	09036	BLANK	0	0		90.36
90.37	09037	BLANK	0	0		90.37
90.38	09038	BLANK	0	0		90.38
90.39	09039	BLANK	0	0		90.39
90.40	09040	BLANK	0	0		90.40
90.41	09041	BLANK	0	0		90.41
90.42	09042	BLANK	0	0		90.42
90.43	09043	BLANK	0	0		90.43
90.44	09044	BLANK	0	0		90.44
90.45	09045	BLANK	0	0		90.45
90.46	09046	BLANK	0	0		90.46
90.47	09047	BLANK	0	0		90.47
90.48	09048	BLANK	0	0		90.48
90.49	09049	BLANK	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	1,318,590		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	198,129		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	525,780		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0		90.53

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	-12,278	2,984,269		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	-503	1,974,737		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,101,095		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	719,288		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	674,179		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,388,570		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	-589	1,071,726		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	8,219		90.63
90.64	09064	IRL - CANCER CLINIC	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	7,670		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	543,509		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	810,578		90.70
90.71	09071	IRL - HEART CENTER	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	605,138		90.72
90.73	09073	BLANK	0	0		90.73
90.74	09074	BLANK	0	0		90.74
90.75	09075	BLANK	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	-52,725	3,991,802		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	93,057		90.77
90.78	09078	BLANK	0	0		90.78
90.79	09079	BLANK	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	-10,386	1,852,059		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	173,687		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	20,797		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	2,503		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	533,572		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	13,920		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0		90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	69,325		90.87
90.88	09088	BLANK	0	0		90.88
90.89	09089	BLANK	0	0		90.89
90.90	09090	BLANK	0	0		90.90
90.91	09091	BLANK	0	0		90.91
90.92	09092	BLANK	0	0		90.92
90.93	09093	BLANK	0	0		90.93
90.94	09094	BLANK	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	-231,113	2,417,579		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	1,846,618		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	1,548,608		90.97
91.00	09100	EMERGENCY	-9,167,735	13,293,997		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-5,639	4,913,628		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	-1,888	447,831		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	679,371		94.00
95.00	09500	AMBULANCE SERVICES	-3,619,147	1,703,468		95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-10,597	7,030,790		105.00
106.00	10600	HEART ACQUISITION	2,903	1,268,926		106.00
107.00	10700	LIVER ACQUISITION	32,758	2,176,699		107.00
108.00	10800	LUNG ACQUISITION	94,611	3,223,660		108.00
109.00	10900	PANCREAS ACQUISITION	2,240	686,509		109.00
113.00	11300	INTEREST EXPENSE	-12,211,664	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-174,239,391	1,649,628,216		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,172,828		190.00
190.01	19001	VENDING/PATIENT ART	-1,080,411	2,257,259		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	-39,385	211,414,795		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	647,925		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	4,025,204		190.08
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19010	IRL-PHYSICIANS	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	0	597,095		190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
190.14	19014	EPIC REMOTE HOSTING	0	0		190.14
190.15	19015	RENTAL PROPERTIES	0	96,340		190.15
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	UICOM	-8,068,800	30,446,916		194.00
194.01	07951	OUTREACH	0	2,348,766		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-183,427,987	1,902,635,344		200.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AB - A121 SUPPLY IMPLACT RECLASS - SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	38,006,034	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	38,006,034	
	AC - A176A SUCCESS SHARING-ACCT 790000390				
1.00	ADMINISTRATIVE & GENERAL	5.00	2,195,760	107,592	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	469,203	2.00
3.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	176,970	8,672	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	1,322	65	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	37,236	1,825	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	323,600	15,856	6.00
7.00	HOUSEKEEPING-IRL	9.05	8,916	437	7.00
8.00	DIETARY	10.00	277,475	13,596	8.00
9.00	NURSING ADMINISTRATION	13.00	282,464	13,841	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	217,409	10,653	10.00
11.00	PHARMACY	15.00	81,763	4,006	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	167,796	8,222	12.00
13.00	SOCIAL SERVICE	17.00	307,204	15,053	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,052,838	51,589	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	13,247	649	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	3,517	172	16.00
17.00	ADULTS & PEDIATRICS	30.00	1,273,953	62,424	17.00
18.00	MEDICAL INTENSIVE CARE UNIT	31.01	116,898	5,728	18.00
19.00	CORONARY CARE UNIT	32.00	95,226	4,666	19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	68,458	3,354	20.00
21.00	SURGICAL INTENSIVE CARE UNIT	34.00	159,555	7,818	21.00
22.00	NEONATAL INTENSIVE CARE UNIT	35.00	404,650	19,828	22.00
23.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	159,309	7,806	23.00
24.00	SUBPROVIDER - IPF	40.00	139,185	6,820	24.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00	OPERATING ROOM	50.00	910,677	44,623	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	78,224	3,833	26.00
27.00	ANESTHESIOLOGY	53.00	49,772	2,439	27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	276,862	13,566	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	79,396	3,890	29.00
30.00	ULTRA SOUND	55.01	66,794	3,273	30.00
31.00	RADIOLOGY - PET SCAN	55.02	41,519	2,034	31.00
32.00	CT SCAN	57.00	42,833	2,099	32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	63,217	3,098	33.00
34.00	CARDIAC CATHETERIZATION	59.00	57,354	2,810	34.00
35.00	LABORATORY	60.00	352,197	17,258	35.00
36.00	CARDIOLOGY	60.02	133,488	6,541	36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	93,630	4,588	37.00
38.00	RESPIRATORY THERAPY	65.00	219,681	10,764	38.00
39.00	PHYSICAL THERAPY	66.00	158,280	7,756	39.00
40.00	OCCUPATIONAL THERAPY	67.00	48,287	2,366	40.00
41.00	ELECTROCARDIOLOGY	69.00	11,282	553	41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	63,023	3,088	42.00
43.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2,297	113	43.00
44.00	DRUGS CHARGED TO PATIENTS	73.00	496,057	24,307	44.00
45.00	RENAL DIALYSIS	74.00	65,413	3,205	45.00
46.00	IVF/CULTURE LAB	76.00	6,261	307	46.00
47.00	URODYNAMICS	76.02	1,335	65	47.00
48.00	SPINE TREATMENT CENTER	76.03	8,063	395	48.00
49.00	DIGESTIVE DISEASE CNTR	76.05	72,366	3,546	49.00
50.00	RECREATION THERAPY	76.06	17,309	848	50.00
51.00	DIABETES EDUCATION	76.08	4,537	222	51.00
52.00	CARDIAC REHABILITATION	76.97	9,767	479	52.00
53.00	HYPERBARIC OXYGEN THERAPY	76.98	6,028	295	53.00
54.00	LITHOTRIPSY	76.99	7,337	360	54.00
55.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	33,061	1,620	55.00
56.00	ANESTHESIA PAIN CLINIC	90.01	12,380	607	56.00
57.00	DERMATOLOGY CLINIC	90.02	17,290	847	57.00
58.00	ORAL SURGERY CLINIC	90.03	28,474	1,395	58.00
59.00	INTERNAL MEDICINE CLINIC	90.04	163,472	8,010	59.00
60.00	NEUROLOGY CLINIC	90.05	38,230	1,873	60.00
61.00	OB-GYN CLINIC	90.06	59,878	2,934	61.00
62.00	OPHTHALMOLOGY CLINIC	90.07	101,464	4,972	62.00
63.00	ORTHOPAEDICS CLINIC	90.08	74,658	3,658	63.00
64.00	OTOLARYNGOLOGY CLINIC	90.09	50,967	2,497	64.00
65.00	PEDIATRIC CLINIC	90.10	182,068	8,921	65.00
66.00	SURGERY CLINIC	90.11	54,103	2,651	66.00
67.00	UROLOGY CLINIC	90.12	29,606	1,451	67.00
68.00	PSYCHIATRIC CLINIC	90.13	73,111	3,582	68.00
69.00	CANCER CLINIC	90.14	208,339	10,209	69.00
70.00	FAMILY CARE CLINIC	90.15	37,991	1,862	70.00
71.00	ORTHO SPORTS MED CLINIC	90.16	38,867	1,904	71.00
72.00	BURN CLINIC	90.19	3,739	183	72.00
73.00	HOSPITAL BASED PROGRAMS	90.20	5,488	269	73.00
74.00	IRL-CARDIOLOGY CLINIC	90.50	22,024	1,079	74.00
75.00	IRL - ANESTHESIA PAIN CLINIC	90.51	2,948	144	75.00
76.00	IRL-DERMATOLOGY CLINIC	90.52	7,882	386	76.00
77.00	IRL-INTERNAL MEDICINE CLINIC	90.54	47,557	2,330	77.00
78.00	IRL-OB/GYN CLINIC	90.56	25,727	1,261	78.00
79.00	IRL-OPHTHALMOLOGY	90.57	13,019	638	79.00
80.00	IRL - ORTHOPAEDICS CLINIC	90.58	12,818	628	80.00
81.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	8,110	397	81.00
82.00	IRL-PEDIATRICS CLINIC	90.60	19,807	971	82.00
83.00	IRL-UROLOGY CLINIC	90.62	17,142	840	83.00
84.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	9,040	443	84.00
85.00	IRL-DIABETES CENTER CLINIC	90.70	14,619	716	85.00
86.00	IRL-ANTICOAGULATION CLINIC	90.72	13,631	668	86.00
87.00	IRL - PROCEDURE SUITES	90.76	40,910	2,005	87.00
88.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	1,110	54	88.00
89.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	30,884	1,513	89.00
90.00	IRL EAST- PEDIATRICS CLINIC	90.81	2,937	144	90.00
91.00	IRL EAST-NEUROLOGY CLINIC	90.84	5,609	275	91.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
92.00	QUAD CITIES - CANCER CENTER	90.95	32,536	1,594	92.00
93.00	NORTH DODGE - OB/GYN CLINIC	90.96	12,095	593	93.00
94.00	NORTH DODGE - REI CLINIC	90.97	17,800	872	94.00
95.00	EMERGENCY	91.00	161,911	7,934	95.00
96.00	OBSERVATION BEDS (DISTINCT PART)	92.01	80,603	3,950	96.00
97.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	11,705	574	97.00
98.00	HOME PROGRAM DIALYSIS	94.00	7,475	366	98.00
99.00	AMBULANCE SERVICES	95.00	64,781	3,174	99.00
100.00	KIDNEY ACQUISITION	105.00	27,249	1,335	100.00
101.00	HEART ACQUISITION	106.00	8,459	414	101.00
102.00	LIVER ACQUISITION	107.00	14,565	714	102.00
103.00	LUNG ACQUISITION	108.00	8,998	441	103.00
104.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	5,357	262	104.00
105.00	VENDING/PATIENT ART	190.01	15,250	747	105.00
106.00	PHARMACY HOMEGOING DRUGS	190.03	327,616	16,053	106.00
107.00	PATIENT EDUCATION SERVICE	190.06	10,229	501	107.00
108.00	OTHER NON-ALLOWABLE	190.13	530	26	108.00
109.00	UICOM	194.00	164,974	8,084	109.00
	TOTALS		13,489,130	1,130,167	
	AD - A176B COVID SURG ACCT 7998000075				
1.00	ADMINISTRATIVE & GENERAL	5.00	1,265,799	85,758	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	625,644	2.00
3.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	126,759	8,588	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	587	40	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	23,466	1,590	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	381,635	25,856	6.00
7.00	HOUSEKEEPING-IRL	9.05	7,040	477	7.00
8.00	DIETARY	10.00	182,622	12,373	8.00
9.00	NURSING ADMINISTRATION	13.00	140,475	9,517	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	140,907	9,547	10.00
11.00	PHARMACY	15.00	19,847	1,345	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	59,839	4,054	12.00
13.00	SOCIAL SERVICE	17.00	115,180	7,803	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	338,499	22,933	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	7,333	497	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	587	40	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	16,720	1,133	17.00
18.00	ADULTS & PEDIATRICS	30.00	828,021	56,099	18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	374,090	25,345	19.00
20.00	CORONARY CARE UNIT	32.00	219,637	14,880	20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	125,055	8,473	21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	445,270	30,167	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	177,658	12,036	23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	71,404	4,838	24.00
25.00	SUBPROVIDER - IPF	40.00	93,652	6,345	25.00
26.00	OPERATING ROOM	50.00	549,298	37,215	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	39,892	2,703	27.00
28.00	ANESTHESIOLOGY	53.00	24,053	1,630	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	187,006	12,670	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	23,532	1,594	30.00
31.00	ULTRA SOUND	55.01	47,885	3,244	31.00
32.00	RADIOLOGY - PET SCAN	55.02	11,733	795	32.00
33.00	CT SCAN	57.00	17,013	1,153	33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,226	1,709	34.00
35.00	CARDIAC CATHETERIZATION	59.00	22,586	1,530	35.00
36.00	LABORATORY	60.00	170,462	11,549	36.00
37.00	CARDIOLOGY	60.02	71,770	4,862	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	48,803	3,306	38.00
39.00	RESPIRATORY THERAPY	65.00	456,417	30,922	39.00
40.00	PHYSICAL THERAPY	66.00	71,914	4,872	40.00
41.00	OCCUPATIONAL THERAPY	67.00	25,911	1,755	41.00
42.00	ELECTROCARDIOLOGY	69.00	5,287	358	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	27,573	1,868	43.00
44.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	587	40	44.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
45.00	DRUGS CHARGED TO PATIENTS	73.00	162,991	11,043	45.00
46.00	RENAL DIALYSIS	74.00	31,093	2,107	46.00
47.00	IVF/CULTURE LAB	76.00	2,347	159	47.00
48.00	URODYNAMICS	76.02	587	40	48.00
49.00	SPINE TREATMENT CENTER	76.03	2,347	159	49.00
50.00	DIGESTIVE DISEASE CNTR	76.05	31,386	2,126	50.00
51.00	RECREATION THERAPY	76.06	6,747	457	51.00
52.00	DIABETES EDUCATION	76.08	2,347	159	52.00
53.00	CARDIAC REHABILITATION	76.97	2,933	199	53.00
54.00	HYPERBARIC OXYGEN THERAPY	76.98	11,538	782	54.00
55.00	LITHOTRIPSY	76.99	2,933	199	55.00
56.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	10,266	696	56.00
57.00	ANESTHESIA PAIN CLINIC	90.01	5,380	364	57.00
58.00	DERMATOLOGY CLINIC	90.02	7,040	477	58.00
59.00	ORAL SURGERY CLINIC	90.03	13,786	934	59.00
60.00	INTERNAL MEDICINE CLINIC	90.04	87,139	5,904	60.00
61.00	NEUROLOGY CLINIC	90.05	14,663	993	61.00
62.00	OB-GYN CLINIC	90.06	29,188	1,978	62.00
63.00	OPHTHALMOLOGY CLINIC	90.07	52,340	3,546	63.00
64.00	ORTHOPAEDICS CLINIC	90.08	36,964	2,504	64.00
65.00	OTOLARYNGOLOGY CLINIC	90.09	34,832	2,360	65.00
66.00	PEDIATRIC CLINIC	90.10	75,889	5,141	66.00
67.00	SURGERY CLINIC	90.11	23,539	1,595	67.00
68.00	UROLOGY CLINIC	90.12	20,593	1,395	68.00
69.00	PSYCHIATRIC CLINIC	90.13	43,152	2,924	69.00
70.00	CANCER CLINIC	90.14	84,772	5,743	70.00
71.00	FAMILY CARE CLINIC	90.15	29,696	2,012	71.00
72.00	ORTHO SPORTS MED CLINIC	90.16	27,974	1,895	72.00
73.00	BURN CLINIC	90.19	1,861	126	73.00
74.00	HOSPITAL BASED PROGRAMS	90.20	2,347	159	74.00
75.00	IRL-CARDIOLOGY CLINIC	90.50	8,213	556	75.00
76.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,173	79	76.00
77.00	IRL-DERMATOLOGY CLINIC	90.52	2,933	199	77.00
78.00	IRL-INTERNAL MEDICINE CLINIC	90.54	25,422	1,722	78.00
79.00	IRL-OB/GYN CLINIC	90.56	11,146	755	79.00
80.00	IRL-OPHTHALMOLOGY	90.57	6,453	437	80.00
81.00	IRL - ORTHOPAEDICS CLINIC	90.58	23,686	1,605	81.00
82.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	2,933	199	82.00
83.00	IRL-PEDIATRICS CLINIC	90.60	22,424	1,519	83.00
84.00	IRL-UROLOGY CLINIC	90.62	11,175	757	84.00
85.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	3,520	238	85.00
86.00	IRL-DIABETES CENTER CLINIC	90.70	5,867	397	86.00
87.00	IRL-ANTICOAGULATION CLINIC	90.72	2,347	159	87.00
88.00	IRL - PROCEDURE SUITES	90.76	13,493	914	88.00
89.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	5,126	347	89.00
90.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	21,614	1,464	90.00
91.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,173	79	91.00
92.00	IRL EAST-NEUROLOGY CLINIC	90.84	2,347	159	92.00
93.00	QUAD CITIES - CANCER CENTER	90.95	14,080	954	93.00
94.00	NORTH DODGE - OB/GYN CLINIC	90.96	5,573	378	94.00
95.00	NORTH DODGE - REI CLINIC	90.97	8,213	556	95.00
96.00	EMERGENCY	91.00	363,079	24,599	96.00
97.00	OBSERVATION BEDS (DISTINCT PART)	92.01	43,901	2,974	97.00
98.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	3,520	238	98.00
99.00	HOME PROGRAM DIALYSIS	94.00	2,347	159	99.00
100.00	AMBULANCE SERVICES	95.00	81,349	5,511	100.00
101.00	KIDNEY ACQUISITION	105.00	8,800	596	101.00
102.00	HEART ACQUISITION	106.00	2,347	159	102.00
103.00	LIVER ACQUISITION	107.00	5,867	397	103.00
104.00	LUNG ACQUISITION	108.00	2,933	199	104.00
105.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,000	203	105.00
106.00	VENDING/PATIENT ART	190.01	5,280	358	106.00
107.00	PHARMACY HOMEGOING DRUGS	190.03	103,640	7,022	107.00
108.00	PATIENT EDUCATION SERVICE	190.06	2,347	159	108.00
109.00	OTHER NON-ALLOWABLE	190.13	587	40	109.00
110.00	UICOM	194.00	110,776	7,505	110.00
	TOTALS		8,786,384	1,220,921	

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AE - A124 CLINIC TIME STUDY RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	269,847	132,588	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	25,890	13,234	2.00
3.00	OTHER NON-ALLOWABLE	190.13	57,705	25,578	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
	TOTALS		353,442	171,400	
	AF - A125 RADIOLOGY ADMIN RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	12,239	36,498	1.00
2.00	PARAMEDICAL EDUC - RAD TECH	23.04	15,887	47,378	2.00
3.00	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	3,904	11,640	3.00
4.00	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	8,595	25,632	4.00
5.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	3,271	9,758	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	264,446	788,615	6.00
7.00	ULTRA SOUND	55.01	104,261	310,919	7.00
8.00	RADIOLOGY - PET SCAN	55.02	158,298	472,067	8.00
9.00	CT SCAN	57.00	103,072	307,376	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	145,475	433,829	10.00
11.00	ULTRA SOUND	55.01		179,039	11.00
12.00	RADIOLOGY - PET SCAN	55.02		66,307	12.00
13.00	CT SCAN	57.00		704,488	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		313,513	14.00
	TOTALS		819,448	3,707,059	
	AG - A84 UIHC FUNDED FACULTY RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,025,029	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	168,406	2.00
3.00	SOCIAL SERVICE	17.00	0	2,815	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	408,464	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	45,829	5.00
6.00	OPERATING ROOM	50.00	0	105,336	6.00
7.00	PHYSICAL THERAPY	66.00	0	91,252	7.00
8.00	SPINE TREATMENT CENTER	76.03	0	67,464	8.00
9.00	PSYCHIATRIC CLINIC	90.13	0	76,198	9.00
10.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	9,829	10.00
11.00	EMERGENCY	91.00	0	7,177,257	11.00
12.00	KIDNEY ACQUISITION	105.00	0	67,897	12.00
13.00	VENDING/PATIENT ART	190.01	0	271,700	13.00
14.00	PHARMACY HOMEGOING DRUGS	190.03	0	29,474	14.00
15.00	UICOM	194.00	0	2,018,502	15.00
	TOTALS		0	15,565,452	
	AH - A127 REHAB THERAPY ADMIN RECLASS				
1.00	RESPIRATORY THERAPY	65.00	40,983	17,215	1.00
2.00	OCCUPATIONAL THERAPY	67.00	194,138	81,548	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	93,006	39,068	3.00
4.00	RECREATION THERAPY	76.06	61,386	25,785	4.00
5.00	PATIENT EDUCATION SERVICE	190.06	44,084	18,518	5.00
	TOTALS		433,597	182,134	
	AI - A173 DIALYSIS CRRT RECLASS				
1.00	RENAL DIALYSIS	74.00	43,743	10,925	1.00
	TOTALS		43,743	10,925	
	AK - A130 VACA SICK RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	1,283,596	0	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	95,349	0	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	642	0	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	997	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	20,480	0	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	193,432	0	6.00
7.00	HOUSEKEEPING-CDD	9.04	11	0	7.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	HOUSEKEEPING-IRL	9.05	5,332	0	8.00
9.00	DIETARY	10.00	162,840	0	9.00
10.00	NURSING ADMINISTRATION	13.00	151,742	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	124,024	0	11.00
12.00	PHARMACY	15.00	44,029	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	84,382	0	13.00
14.00	SOCIAL SERVICE	17.00	165,680	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	21,496	0	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	1,223	0	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	12,638	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	882,333	0	18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	84,326	0	19.00
20.00	CORONARY CARE UNIT	32.00	78,173	0	20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	45,265	0	21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	112,354	0	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	252,509	0	23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	101,900	0	24.00
25.00	SUBPROVIDER - IPF	40.00	104,055	0	25.00
26.00	OPERATING ROOM	50.00	534,026	0	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	53,732	0	27.00
28.00	ANESTHESIOLOGY	53.00	29,559	0	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	156,633	0	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	55,439	0	30.00
31.00	ULTRA SOUND	55.01	33,606	0	31.00
32.00	RADIOLOGY - PET SCAN	55.02	27,337	0	32.00
33.00	CT SCAN	57.00	23,960	0	33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	34,581	0	34.00
35.00	CARDIAC CATHETERIZATION	59.00	33,699	0	35.00
36.00	LABORATORY	60.00	200,829	0	36.00
37.00	CARDIOLOGY	60.02	90,706	0	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	48,652	0	38.00
39.00	RESPIRATORY THERAPY	65.00	131,034	0	39.00
40.00	PHYSICAL THERAPY	66.00	80,554	0	40.00
41.00	OCCUPATIONAL THERAPY	67.00	25,337	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	5,495	0	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	39,872	0	43.00
44.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,275	0	44.00
45.00	DRUGS CHARGED TO PATIENTS	73.00	278,539	0	45.00
46.00	RENAL DIALYSIS	74.00	40,746	0	46.00
47.00	IVF/CULTURE LAB	76.00	3,697	0	47.00
48.00	URODYNAMICS	76.02	1,032	0	48.00
49.00	SPINE TREATMENT CENTER	76.03	4,270	0	49.00
50.00	DIGESTIVE DISEASE CNTR	76.05	41,603	0	50.00
51.00	RECREATION THERAPY	76.06	7,507	0	51.00
52.00	DIABETES EDUCATION	76.08	3,649	0	52.00
53.00	CARDIAC REHABILITATION	76.97	5,192	0	53.00
54.00	HYPERBARIC OXYGEN THERAPY	76.98	4,919	0	54.00
55.00	LITHOTRIPSY	76.99	4,504	0	55.00
56.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	17,858	0	56.00
57.00	ANESTHESIA PAIN CLINIC	90.01	6,098	0	57.00
58.00	DERMATOLOGY CLINIC	90.02	11,937	0	58.00
59.00	ORAL SURGERY CLINIC	90.03	15,801	0	59.00
60.00	INTERNAL MEDICINE CLINIC	90.04	89,937	0	60.00
61.00	NEUROLOGY CLINIC	90.05	21,201	0	61.00
62.00	OB-GYN CLINIC	90.06	35,095	0	62.00
63.00	OPHTHALMOLOGY CLINIC	90.07	57,548	0	63.00
64.00	ORTHOPAEDICS CLINIC	90.08	45,714	0	64.00
65.00	OTOLARYNGOLOGY CLINIC	90.09	32,851	0	65.00
66.00	PEDIATRIC CLINIC	90.10	92,153	0	66.00
67.00	SURGERY CLINIC	90.11	27,703	0	67.00
68.00	UROLOGY CLINIC	90.12	14,760	0	68.00
69.00	PSYCHIATRIC CLINIC	90.13	40,287	0	69.00
70.00	CANCER CLINIC	90.14	111,437	0	70.00
71.00	FAMILY CARE CLINIC	90.15	30,426	0	71.00
72.00	ORTHO SPORTS MED CLINIC	90.16	21,970	0	72.00
73.00	BURN CLINIC	90.19	2,849	0	73.00
74.00	HOSPITAL BASED PROGRAMS	90.20	2,754	0	74.00
75.00	IRL-CARDIOLOGY CLINIC	90.50	10,441	0	75.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
76.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,764	0	76.00
77.00	IRL-DERMATOLOGY CLINIC	90.52	3,980	0	77.00
78.00	IRL-INTERNAL MEDICINE CLINIC	90.54	25,416	0	78.00
79.00	IRL-OB/GYN CLINIC	90.56	13,881	0	79.00
80.00	IRL-OPHTHALMOLOGY	90.57	6,964	0	80.00
81.00	IRL - ORTHOPAEDICS CLINIC	90.58	5,399	0	81.00
82.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	4,988	0	82.00
83.00	IRL-PEDIATRICS CLINIC	90.60	11,581	0	83.00
84.00	IRL-UROLOGY CLINIC	90.62	7,517	0	84.00
85.00	IRL - PSYCHIATRIC CLINIC	90.63	69	0	85.00
86.00	IRL - FAMILY CARE CLINIC	90.65	75	0	86.00
87.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	4,594	0	87.00
88.00	IRL-DIABETES CENTER CLINIC	90.70	6,395	0	88.00
89.00	IRL-ANTICOAGULATION CLINIC	90.72	5,792	0	89.00
90.00	IRL - PROCEDURE SUITES	90.76	22,284	0	90.00
91.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	543	0	91.00
92.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	16,375	0	92.00
93.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,485	0	93.00
94.00	IRL EAST-DERMATOLOGY CLINIC	90.82	30	0	94.00
95.00	IRL EAST-SURGERY CLINIC	90.83	25	0	95.00
96.00	IRL EAST-NEUROLOGY CLINIC	90.84	3,107	0	96.00
97.00	IRL EAST-DIABETES CENTER CLINIC	90.85	132	0	97.00
98.00	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	627	0	98.00
99.00	QUAD CITIES - CANCER CENTER	90.95	17,032	0	99.00
100.00	NORTH DODGE - OB/GYN CLINIC	90.96	7,090	0	100.00
101.00	NORTH DODGE - REI CLINIC	90.97	10,887	0	101.00
102.00	EMERGENCY	91.00	224,025	0	102.00
103.00	OBSERVATION BEDS (DISTINCT PART)	92.01	51,740	0	103.00
104.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	5,528	0	104.00
105.00	HOME PROGRAM DIALYSIS	94.00	3,634	0	105.00
106.00	AMBULANCE SERVICES	95.00	46,288	0	106.00
107.00	KIDNEY ACQUISITION	105.00	20,329	0	107.00
108.00	HEART ACQUISITION	106.00	4,616	0	108.00
109.00	LIVER ACQUISITION	107.00	6,478	0	109.00
110.00	LUNG ACQUISITION	108.00	3,857	0	110.00
111.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	5,620	0	111.00
112.00	VENDING/PATIENT ART	190.01	15,855	0	112.00
113.00	PHARMACY HOMEGOING DRUGS	190.03	183,000	0	113.00
114.00	PATIENT EDUCATION SERVICE	190.06	5,199	0	114.00
115.00	OTHER NON-ALLOWABLE	190.13	144	0	115.00
116.00	UICOM	194.00	203,158	0	116.00
	TOTALS		7,677,115	0	
	AL - A131 TRANSCRIPTION SERVICES RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	163,838	1.00
	TOTALS		0	163,838	
	AN - A97 FELLOW STIPEND RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	9,869,029	0	1.00
	TOTALS		9,869,029	0	
	AO - A134 RENAL DIALYSIS ADMIN RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	38,565	17,502	1.00
2.00	RENAL DIALYSIS	74.00	132,426	372,751	2.00
	TOTALS		170,991	390,253	
	AP - A135 STAFF TRANS TIME STUDY RECLASS				
1.00	SOCIAL SERVICE	17.00	260,261	106,044	1.00
2.00	INTERNAL MEDICINE CLINIC	90.04	702,810	264,071	2.00
3.00	SURGERY CLINIC	90.11	562,863	230,131	3.00
4.00	PANCREAS ACQUISITION	109.00	41,951	16,420	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		1,567,885	616,666	
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	108,709	41,704	1.00
	TOTALS		108,709	41,704	
	AR - A138 PHARMACY TIME STUDY RECLASS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	792,105	306,932	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		792,105	306,932	
	AS - A139 WESTLAWN PLANT OP RECLASS				
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	230,196	
	AT - A118 STAFF TRANS TIME STUDY RECLASS				
1.00	INTERNAL MEDICINE CLINIC	90.04	26,345	0	1.00
2.00	SURGERY CLINIC	90.11	52,229	0	2.00
3.00	KIDNEY ACQUISITION	105.00	41,354	0	3.00
4.00	HEART ACQUISITION	106.00	75	0	4.00
5.00	LIVER ACQUISITION	107.00	17,794	0	5.00
6.00	LUNG ACQUISITION	108.00	20,579	0	6.00
7.00	PANCREAS ACQUISITION	109.00	2	0	7.00
	TOTALS		158,378	0	
	AU - A137 ORG 03 VPMA RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	17,980,859	6,764,351	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	425,834	0	2.00
	TOTALS		18,406,693	6,764,351	
	AV - A106 FACULTY TIME RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	13,375,922	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	20,435,974	0	2.00
3.00	LABORATORY	60.00	1,001,616	0	3.00
	TOTALS		34,813,512	0	
	AW - A140 ARNP TO NONALLOWABLE RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	43,587	1.00
2.00	NURSING ADMINISTRATION	13.00	2,212	1,332	2.00
3.00	SOCIAL SERVICE	17.00	0	43,133	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	280,050	4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	150,182	5.00
6.00	CORONARY CARE UNIT	32.00	0	16,457	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	0	146,601	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	7,504	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	292	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	55,746	10.00
11.00	SUBPROVIDER - IPF	40.00	0	1,938	11.00
12.00	OPERATING ROOM	50.00	0	171,248	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,244	13.00
14.00	LABORATORY	60.00	0	715	14.00
15.00	CARDIOLOGY	60.02	0	375,537	15.00
16.00	DIGESTIVE DISEASE CNTR	76.05	0	243,228	16.00
17.00	DIABETES EDUCATION	76.08	0	2,847	17.00
18.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	435	18.00
19.00	INTERNAL MEDICINE CLINIC	90.04	0	85,559	19.00
20.00	ORTHOPAEDICS CLINIC	90.08	0	256,772	20.00
21.00	PSYCHIATRIC CLINIC	90.13	0	13,076	21.00
22.00	PEDIATRIC CLINIC	90.10	0	109,930	22.00
23.00	FAMILY CARE CLINIC	90.15	0	95,073	23.00
24.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	317	24.00
25.00	IRL-OB/GYN CLINIC	90.56	0	32,550	25.00
26.00	IRL-UROLOGY CLINIC	90.62	0	589	26.00
27.00	IRL - PROCEDURE SUITES	90.76	0	22,257	27.00
28.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	1,652	28.00
29.00	QUAD CITIES - CANCER CENTER	90.95	0	204,063	29.00
30.00	EMERGENCY	91.00	0	149,093	30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,639	31.00
32.00	KIDNEY ACQUISITION	105.00	0	99,119	32.00
33.00	UICOM	194.00	0	5,430,346	33.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		2,212	8,048,111	
	AX - A175 SFCH LL2 RECLASS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,813	1,421	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	34,270	26,875	2.00
3.00	ULTRA SOUND	55.01	2,801	2,197	3.00
4.00	DIGESTIVE DISEASE CNTR	76.05	330,918	259,511	4.00
	TOTALS		369,802	290,004	
	AY - A155 OR TO A AND P RECOVERY RECLASS				
1.00	OPERATING ROOM	50.00	0	3,669,474	1.00
	TOTALS		0	3,669,474	
	AZ - A174 RECOVERY TIME RECLASS				
1.00	OPERATING ROOM	50.00	151,015	165,931	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		151,015	165,931	
	BA - A147 INSURANCE EXPENSE RECLASS				
1.00	CAP REL COSTS-GENERAL HOSP	1.01	0	982,124	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	327,639	2.00
	TOTALS		0	1,309,763	
	BC - A151 PHARMACY RESIDENT RECLASS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	7,759	337	1.00
2.00	PHARMACY	15.00	380,999	93,042	2.00
	TOTALS		388,758	93,379	
	BD - A152 DIETARY EXP TO CAFE RECLASS				
1.00	CAFETERIA	11.00	4,395,422	5,054,392	1.00
2.00	VENDING/PATIENT ART	190.01	401,931	533,316	2.00
	TOTALS		4,797,353	5,587,708	
	BE - A176C COVID SURG ACCT 7998000080				
1.00	ADMINISTRATIVE & GENERAL	5.00	1,176,437	250,592	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	127,214	2.00
3.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	2,818	600	3.00
4.00	DIETARY	10.00	2,082	443	4.00
5.00	NURSING ADMINISTRATION	13.00	8,761	1,866	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	2,157	460	6.00
7.00	SOCIAL SERVICE	17.00	6,089	1,297	7.00
8.00	ADULTS & PEDIATRICS	30.00	80,648	17,179	8.00
9.00	MEDICAL INTENSIVE CARE UNIT	31.01	121	26	9.00
10.00	CORONARY CARE UNIT	32.00	4,712	1,004	10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	419	89	11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	339	72	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	35,335	7,527	13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	6,669	1,421	14.00
15.00	SUBPROVIDER - IPF	40.00	12,431	2,648	15.00
16.00	OPERATING ROOM	50.00	40,349	8,595	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	2,243	478	17.00
18.00	ANESTHESIOLOGY	53.00	14,259	3,037	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	6,066	1,292	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	3,097	660	20.00
21.00	ULTRA SOUND	55.01	430	92	21.00
22.00	CT SCAN	57.00	45	9	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	204	44	23.00
24.00	LABORATORY	60.00	1,164	248	24.00
25.00	CARDIOLOGY	60.02	1,966	419	25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,742	371	26.00
27.00	OCCUPATIONAL THERAPY	67.00	49	10	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	965	206	28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	1,693	361	29.00
30.00	RENAL DIALYSIS	74.00	1,001	213	30.00
31.00	IVF/CULTURE LAB	76.00	1,819	387	31.00
32.00	SPINE TREATMENT CENTER	76.03	88	19	32.00
33.00	DIGESTIVE DISEASE CNTR	76.05	1,906	406	33.00
34.00	LITHOTRIPSY	76.99	207	44	34.00
35.00	DERMATOLOGY CLINIC	90.02	143	30	35.00
36.00	ORAL SURGERY CLINIC	90.03	359	76	36.00
37.00	INTERNAL MEDICINE CLINIC	90.04	10,114	2,154	37.00
38.00	NEUROLOGY CLINIC	90.05	2,245	478	38.00
39.00	OB-GYN CLINIC	90.06	579	123	39.00
40.00	OPHTHALMOLOGY CLINIC	90.07	3,679	784	40.00
41.00	ORTHOPAEDICS CLINIC	90.08	3,685	785	41.00
42.00	OTOLARYNGOLOGY CLINIC	90.09	3,253	693	42.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
43.00	PEDIATRIC CLINIC	90.10	20,868	4,445	43.00
44.00	SURGERY CLINIC	90.11	3,301	703	44.00
45.00	UROLOGY CLINIC	90.12	1,251	266	45.00
46.00	PSYCHIATRIC CLINIC	90.13	2,041	435	46.00
47.00	CANCER CLINIC	90.14	1,149	245	47.00
48.00	FAMILY CARE CLINIC	90.15	5,097	1,086	48.00
49.00	ORTHO SPORTS MED CLINIC	90.16	828	176	49.00
50.00	IRL-CARDIOLOGY CLINIC	90.50	558	119	50.00
51.00	IRL - ANESTHESIA PAIN CLINIC	90.51	67	14	51.00
52.00	IRL-INTERNAL MEDICINE CLINIC	90.54	5,205	1,109	52.00
53.00	IRL-OB/GYN CLINIC	90.56	9,903	2,109	53.00
54.00	IRL-OPHTHALMOLOGY	90.57	98	21	54.00
55.00	IRL - ORTHOPAEDICS CLINIC	90.58	6,665	1,420	55.00
56.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	3,557	758	56.00
57.00	IRL-PEDIATRICS CLINIC	90.60	2,571	548	57.00
58.00	IRL-UROLOGY CLINIC	90.62	7,724	1,645	58.00
59.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	4,320	920	59.00
60.00	IRL-DIABETES CENTER CLINIC	90.70	1,337	285	60.00
61.00	IRL - PROCEDURE SUITES	90.76	6,630	1,412	61.00
62.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	802	171	62.00
63.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,671	356	63.00
64.00	IRL EAST-NEUROLOGY CLINIC	90.84	1,113	237	64.00
65.00	EMERGENCY	91.00	5,614	1,196	65.00
66.00	OBSERVATION BEDS (DISTINCT PART)	92.01	7,179	1,529	66.00
67.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	101	21	67.00
68.00	KIDNEY ACQUISITION	105.00	639	136	68.00
69.00	HEART ACQUISITION	106.00	219	47	69.00
70.00	LUNG ACQUISITION	108.00	932	199	70.00
71.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	699	149	71.00
72.00	OTHER NON-ALLOWABLE	190.13	923	197	72.00
73.00	UICOM	194.00	63,462	13,518	73.00
	TOTALS		1,608,892	469,924	
	BI - A158 TXP SUPPORT SERVICES RECLASS				
1.00	LIVER ACQUISITION	107.00	0	9,182	1.00
2.00	HEART ACQUISITION	106.00	0	4,147	2.00
3.00	LUNG ACQUISITION	108.00	0	10,663	3.00
4.00	PANCREAS ACQUISITION	109.00	0	2,814	4.00
5.00	KIDNEY ACQUISITION	105.00	0	67,020	5.00
	TOTALS		0	93,826	
	BJ - A168 EXP MATCHING REV RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	2,229,288	1,582,847	1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	255,352	139,079	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	139,237	93,868	3.00
4.00	SUBPROVIDER - IPF	40.00	66,776	36,805	4.00
5.00	NURSERY	43.00	6,380,272	3,126,847	5.00
6.00	OPERATING ROOM	50.00	157,717	119,007	6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	11,039	8,932	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	278,019	151,437	8.00
9.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	47,073	12,561	9.00
10.00	PEDIATRIC CLINIC	90.10	0	12	10.00
11.00	CANCER CLINIC	90.14	165,380	87,500	11.00
12.00	PHARMACY HOMEGOING DRUGS	190.03	0	1,631	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
	TOTALS		9,730,153	5,360,526	

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	BK - A123 NORTH DODGE ADMIN RECLASS				
1.00	ANESTHESIOLOGY	53.00	207	1,728	1.00
2.00	ULTRA SOUND	55.01	2,008	16,750	2.00
3.00	LABORATORY	60.00	10,076	84,058	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	202,779	1,691,689	4.00
5.00	IVF/CULTURE LAB	76.00	3,316	27,662	5.00
6.00	QUAD CITIES - CANCER CENTER	90.95	11,118	92,748	6.00
7.00	NORTH DODGE - OB/GYN CLINIC	90.96	3,331	27,787	7.00
8.00	NORTH DODGE - REI CLINIC	90.97	1,822	15,197	8.00
9.00	PHARMACY HOMEGOING DRUGS	190.03	10,694	89,211	9.00
	TOTALS		245,351	2,046,830	
	BM - A167 REV CODE 206 TELEMETRY RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	956,581	465,006	1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	12,282	5,971	2.00
3.00	CORONARY CARE UNIT	32.00	5,902	2,869	3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	70,327	34,186	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	12,555	6,103	5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	7,499	3,646	6.00
	TOTALS		1,065,146	517,781	
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD				
1.00	RENAL DIALYSIS	74.00	40,881	862,177	1.00
	TOTALS		40,881	862,177	
	BV - A171 OPEB RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,222,897	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	128,754	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	867	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	1,346	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	27,655	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	261,199	6.00
7.00	HOUSEKEEPING-CDD	9.04	0	15	7.00
8.00	HOUSEKEEPING-IRL	9.05	0	7,199	8.00
9.00	DIETARY	10.00	0	219,889	9.00
10.00	NURSING ADMINISTRATION	13.00	0	204,904	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	167,475	11.00
12.00	PHARMACY	15.00	0	59,454	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	113,944	13.00
14.00	SOCIAL SERVICE	17.00	0	223,724	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	29,027	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	0	1,652	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	17,066	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,191,451	18.00
19.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	113,868	19.00
20.00	CORONARY CARE UNIT	32.00	0	105,560	20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	61,123	21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	151,716	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	340,973	23.00
24.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	137,600	24.00
25.00	SUBPROVIDER - IPF	40.00	0	140,510	25.00
26.00	OPERATING ROOM	50.00	0	721,117	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	72,556	27.00
28.00	ANESTHESIOLOGY	53.00	0	39,915	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	211,507	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	0	74,862	30.00
31.00	ULTRA SOUND	55.01	0	45,380	31.00
32.00	RADIOLOGY - PET SCAN	55.02	0	36,914	32.00
33.00	CT SCAN	57.00	0	32,354	33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46,696	34.00
35.00	CARDIAC CATHETERIZATION	59.00	0	45,505	35.00
36.00	LABORATORY	60.00	0	271,187	36.00
37.00	CARDIOLOGY	60.02	0	122,483	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	65,697	38.00
39.00	RESPIRATORY THERAPY	65.00	0	176,940	39.00
40.00	PHYSICAL THERAPY	66.00	0	108,775	40.00
41.00	OCCUPATIONAL THERAPY	67.00	0	34,213	41.00
42.00	ELECTROCARDIOLOGY	69.00	0	7,420	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	53,841	43.00
44.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,721	44.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
45.00	DRUGS CHARGED TO PATIENTS	73.00	0	376,123		45.00
46.00	RENAL DIALYSIS	74.00	0	55,021		46.00
47.00	IVF/CULTURE LAB	76.00	0	4,992		47.00
48.00	URODYNAMICS	76.02	0	1,394		48.00
49.00	SPINE TREATMENT CENTER	76.03	0	5,766		49.00
50.00	DIGESTIVE DISEASE CNTR	76.05	0	56,178		50.00
51.00	RECREATION THERAPY	76.06	0	10,137		51.00
52.00	DIABETES EDUCATION	76.08	0	4,927		52.00
53.00	CARDIAC REHABILITATION	76.97	0	7,011		53.00
54.00	HYPERBARIC OXYGEN THERAPY	76.98	0	6,643		54.00
55.00	LITHOTRIPSY	76.99	0	6,083		55.00
56.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	24,114		56.00
57.00	ANESTHESIA PAIN CLINIC	90.01	0	8,234		57.00
58.00	DERMATOLOGY CLINIC	90.02	0	16,119		58.00
59.00	ORAL SURGERY CLINIC	90.03	0	21,336		59.00
60.00	INTERNAL MEDICINE CLINIC	90.04	0	121,446		60.00
61.00	NEUROLOGY CLINIC	90.05	0	28,629		61.00
62.00	OB-GYN CLINIC	90.06	0	47,390		62.00
63.00	OPHTHALMOLOGY CLINIC	90.07	0	77,710		63.00
64.00	ORTHOPAEDICS CLINIC	90.08	0	61,730		64.00
65.00	OTOLARYNGOLOGY CLINIC	90.09	0	44,360		65.00
66.00	PEDIATRIC CLINIC	90.10	0	124,437		66.00
67.00	SURGERY CLINIC	90.11	0	37,408		67.00
68.00	UROLOGY CLINIC	90.12	0	19,931		68.00
69.00	PSYCHIATRIC CLINIC	90.13	0	54,401		69.00
70.00	CANCER CLINIC	90.14	0	150,478		70.00
71.00	FAMILY CARE CLINIC	90.15	0	41,085		71.00
72.00	ORTHO SPORTS MED CLINIC	90.16	0	29,667		72.00
73.00	BURN CLINIC	90.19	0	3,847		73.00
74.00	HOSPITAL BASED PROGRAMS	90.20		3,719		74.00
75.00	IRL-CARDIOLOGY CLINIC	90.50	0	14,098		75.00
76.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	2,383		76.00
77.00	IRL-DERMATOLOGY CLINIC	90.52	0	5,374		77.00
78.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	34,320		78.00
79.00	IRL-OB/GYN CLINIC	90.56	0	18,744		79.00
80.00	IRL-OPHTHALMOLOGY	90.57	0	9,404		80.00
81.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	7,291		81.00
82.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	6,736		82.00
83.00	IRL-PEDIATRICS CLINIC	90.60	0	15,638		83.00
84.00	IRL-UROLOGY CLINIC	90.62	0	10,151		84.00
85.00	IRL - PSYCHIATRIC CLINIC	90.63	0	93		85.00
86.00	IRL - FAMILY CARE CLINIC	90.65	0	101		86.00
87.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0	6,204		87.00
88.00	IRL-DIABETES CENTER CLINIC	90.70	0	8,636		88.00
89.00	IRL-ANTICOAGULATION CLINIC	90.72	0	7,821		89.00
90.00	IRL - PROCEDURE SUITES	90.76	0	30,091		90.00
91.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0	733		91.00
92.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	22,112		92.00
93.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	2,005		93.00
94.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	41		94.00
95.00	IRL EAST-SURGERY CLINIC	90.83	0	34		95.00
96.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	4,195		96.00
97.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	179		97.00
98.00	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	0	847		98.00
99.00	QUAD CITIES - CANCER CENTER	90.95	0	22,999		99.00
100.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	9,574		100.00
101.00	NORTH DODGE - REI CLINIC	90.97	0	14,701		101.00
102.00	EMERGENCY	91.00	0	302,509		102.00
103.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	69,867		103.00
104.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	7,464		104.00
105.00	HOME PROGRAM DIALYSIS	94.00	0	4,907		105.00
106.00	AMBULANCE SERVICES	95.00	0	62,504		106.00
107.00	KIDNEY ACQUISITION	105.00	0	27,452		107.00
108.00	HEART ACQUISITION	106.00	0	6,233		108.00
109.00	LIVER ACQUISITION	107.00	0	8,748		109.00
110.00	LUNG ACQUISITION	108.00	0	5,208		110.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
111.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		7,588		111.00
112.00	VENDING/PATIENT ART	190.01	0	21,410		112.00
113.00	PHARMACY HOMEGOING DRUGS	190.03	0	247,113		113.00
114.00	PATIENT EDUCATION SERVICE	190.06	0	7,021		114.00
115.00	OTHER NON-ALLOWABLE	190.13	0	195		115.00
116.00	UICOM	194.00	0	274,332		116.00
	TOTALS		0	10,856,323		
	CH - A135B PHYS TXP TIME STUDY RECLASS					
1.00	KIDNEY ACQUISITION	105.00	259,165	57,016		1.00
2.00	HEART ACQUISITION	106.00	79,292	17,444		2.00
3.00	LIVER ACQUISITION	107.00	202,106	44,463		3.00
4.00	LUNG ACQUISITION	108.00	94,594	20,811		4.00
5.00	PANCREAS ACQUISITION	109.00	9,899	2,178		5.00
	TOTALS		645,056	141,912		
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	85,615,764		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
	TOTALS		0	85,615,764		
	ZB - A119 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,179,884	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	418,217	0		2.00
3.00	ANESTHESIOLOGY	53.00	57,510	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	166,802	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	336,777	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	411,737	0		6.00
7.00	NEUROLOGY CLINIC	90.05	2,018	0		7.00
8.00	OB-GYN CLINIC	90.06	57,435	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	665,396	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	400,856	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	352,109	0		11.00
12.00	PEDIATRIC CLINIC	90.10	257,107	0		12.00
13.00	SURGERY CLINIC	90.11	813,074	0		13.00
14.00	UROLOGY CLINIC	90.12	15,048	0		14.00
15.00	PSYCHIATRIC CLINIC	90.13	968	0		15.00
16.00	FAMILY CARE CLINIC	90.15	23,630	0		16.00
	TOTALS		6,158,568	0		
	ZD - A122 IRL ADMIN RECLASS					
1.00	MAINTENANCE & REPAIRS-IRL	6.05	389,574	400,790		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	1,482	1,525		2.00
3.00	HOUSEKEEPING-IRL	9.05	12,987	13,361		3.00
4.00	PHARMACY	15.00	936	963		4.00
5.00	SOCIAL SERVICE	17.00	13	15		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	126,448	130,088		6.00
7.00	LABORATORY	60.00	108,725	111,855		7.00
8.00	CARDIOLOGY	60.02	7,026	7,229		8.00
9.00	RESPIRATORY THERAPY	65.00	252	260		9.00
10.00	PHYSICAL THERAPY	66.00	239	246		10.00
11.00	OCCUPATIONAL THERAPY	67.00	351	362		11.00
12.00	DRUGS CHARGED TO PATIENTS	73.00	2,327,934	2,394,949		12.00
13.00	DIABETES EDUCATION	76.08	301	310		13.00
14.00	CARDIAC REHABILITATION	76.97	1,352	1,391		14.00
15.00	IRL-CARDIOLOGY CLINIC	90.50	31,324	32,225		15.00
16.00	IRL - ANESTHESIA PAIN CLINIC	90.51	1,627	1,673		16.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	IRL-DERMATOLOGY CLINIC	90.52	12,947	13,320	17.00
18.00	IRL-INTERNAL MEDICINE CLINIC	90.54	31,092	31,988	18.00
19.00	IRL-OB/GYN CLINIC	90.56	32,212	33,139	19.00
20.00	IRL-OPHTHALMOLOGY	90.57	27,933	28,737	20.00
21.00	IRL - ORTHOPAEDICS CLINIC	90.58	11,679	12,016	21.00
22.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	16,137	16,602	22.00
23.00	IRL-PEDIATRICS CLINIC	90.60	17,659	18,167	23.00
24.00	IRL-UROLOGY CLINIC	90.62	30,850	31,738	24.00
25.00	IRL - PSYCHIATRIC CLINIC	90.63	346	356	25.00
26.00	IRL - FAMILY CARE CLINIC	90.65	242	248	26.00
27.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	4,514	4,644	27.00
28.00	IRL-DIABETES CENTER CLINIC	90.70	10,811	11,122	28.00
29.00	IRL-ANTICOAGULATION CLINIC	90.72	1,530	1,574	29.00
30.00	IRL - PROCEDURE SUITES	90.76	155,515	159,993	30.00
31.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	3,747	3,855	31.00
32.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	17,284	17,782	32.00
33.00	IRL EAST- PEDIATRICS CLINIC	90.81	1,503	1,546	33.00
34.00	IRL EAST-DERMATOLOGY CLINIC	90.82	1,402	1,443	34.00
35.00	IRL EAST-SURGERY CLINIC	90.83	40	42	35.00
36.00	IRL EAST-NEUROLOGY CLINIC	90.84	15,612	16,063	36.00
37.00	IRL EAST-DIABETES CENTER CLINIC	90.85	29	29	37.00
38.00	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	665	684	38.00
39.00	PHARMACY HOMEGOING DRUGS	190.03	425,850	438,110	39.00
	TOTALS		3,830,170	3,940,440	
	ZE - A160 IRL RADIOLOGY RECLASS				
1.00	ULTRA SOUND	55.01	141,164	249,260	1.00
2.00	CT SCAN	57.00	378,870	668,986	2.00
3.00	CARDIOLOGY	60.02	42,608	75,235	3.00
4.00	DIABETES EDUCATION	76.08	96	169	4.00
5.00	CARDIAC REHABILITATION	76.97	22,360	39,482	5.00
6.00	IRL-CARDIOLOGY CLINIC	90.50	25,718	45,412	6.00
7.00	IRL-INTERNAL MEDICINE CLINIC	90.54	7,677	13,556	7.00
8.00	IRL-OB/GYN CLINIC	90.56	76,580	135,221	8.00
9.00	IRL-OPHTHALMOLOGY	90.57	18,522	32,704	9.00
10.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	192	339	10.00
11.00	IRL-PEDIATRICS CLINIC	90.60	288	508	11.00
12.00	IRL-UROLOGY CLINIC	90.62	18,905	33,382	12.00
13.00	IRL-DIABETES CENTER CLINIC	90.70	10,268	18,131	13.00
14.00	IRL - PROCEDURE SUITES	90.76	36,370	64,221	14.00
15.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	480	847	15.00
16.00	IRL EAST-DERMATOLOGY CLINIC	90.82	288	508	16.00
17.00	IRL EAST-NEUROLOGY CLINIC	90.84	22,839	40,329	17.00
	TOTALS		803,225	1,418,290	
	ZH - A162 COLLECTION SERVICES RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,556,813	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	TOTALS		0	13,556,813	
	ZI - A163 CYNTHIA GEYER RECLASS				
1.00			0	0	1.00
			0	0	
	ZJ - A96 PATH LAB RECLASS				
1.00	LABORATORY	60.00	198,928	0	1.00
	TOTALS		198,928	0	
	ZL - A165 AMBUL CARE PHYS ETC RECLASS				
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,519,190	2,506,014	1.00
	TOTALS		1,519,190	2,506,014	
	ZM - A166 SOCIAL SERVICE RECLASS				
1.00	SOCIAL SERVICE	17.00	890,229	354,530	1.00
2.00		0.00	0	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	82	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
	TOTALS		890,229	354,612	
	ZN - A78 TRANSFERS RECLASS				
1.00	OUTREACH	194.01	0	2,348,766	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	682,555	2.00
	TOTALS		0	3,031,321	
	ZO - A500 FUND 500/510 RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,335,112	1.00
	TOTALS		0	2,335,112	
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS				
1.00	ULTRA SOUND	55.01	0	50,955	1.00
2.00	LABORATORY	60.00	0	33,882	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	44,736	3.00
4.00	IVF/CULTURE LAB	76.00	0	324,988	4.00
5.00	QUAD CITIES - CANCER CENTER	90.95	0	122,952	5.00
6.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	948,505	6.00
7.00	NORTH DODGE - REI CLINIC	90.97	0	292,802	7.00
	TOTALS		0	1,818,820	
500.00	Grand Total: Increases		129,935,090	222,598,887	500.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AB - A121 SUPPLY IMPLACT RECLASS - SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	781	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	850,374	0		2.00
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	112,286	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	151,066	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	112,243	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	257,554	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	54,896	0		7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	73,950	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	1,471	0		9.00
10.00	OPERATING ROOM	50.00	0	17,853,118	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,028	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,888,599	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,096	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33,010	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	6,147,100	0		15.00
16.00	CARDIOLOGY	60.02	0	1,985,226	0		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	8,352	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	4,580,773	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	113,348	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	258,667	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	927,671	0		21.00
22.00	RENAL DIALYSIS	74.00	0	230,585	0		22.00
23.00	SPINE TREATMENT CENTER	76.03	0	1,072	0		23.00
24.00	DIGESTIVE DISEASE CNTR	76.05	0	1,087,891	0		24.00
25.00	LITHOTRIPSY	76.99	0	667,004	0		25.00
26.00	OPHTHALMOLOGY CLINIC	90.07	0	107,878	0		26.00
27.00	ORTHOPAEDICS CLINIC	90.08	0	56,401	0		27.00
28.00	OTOLARYNGOLOGY CLINIC	90.09	0	92,850	0		28.00
29.00	PEDIATRIC CLINIC	90.10	0	28,091	0		29.00
30.00	SURGERY CLINIC	90.11	0	4,719	0		30.00
31.00	UROLOGY CLINIC	90.12	0	8,178	0		31.00
32.00	CANCER CLINIC	90.14	0	18,290	0		32.00
33.00	FAMILY CARE CLINIC	90.15	0	127	0		33.00
34.00	BURN CLINIC	90.19	0	1,257	0		34.00
35.00	IRL-OB/GYN CLINIC	90.56	0	7,187	0		35.00
36.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	3,645	0		36.00
37.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	4,211	0		37.00
38.00	IRL-PEDIATRICS CLINIC	90.60	0	821	0		38.00
39.00	IRL - PROCEDURE SUITES	90.76	0	113,384	0		39.00
40.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	1,809	0		40.00
41.00	EMERGENCY	91.00	0	12,124	0		41.00
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	18,901	0		42.00
	TOTALS		0	38,006,034			
	AC - A176A SUCCESS SHARING-ACCT 790000390						
1.00	ADMINISTRATIVE & GENERAL	5.00	13,489,126	660,968	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	469,203		0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
61.00		0.00	0	0	0	61.00
62.00		0.00	0	0	0	62.00
63.00		0.00	0	0	0	63.00
64.00		0.00	0	0	0	64.00
65.00		0.00	0	0	0	65.00
66.00		0.00	0	0	0	66.00
67.00		0.00	0	0	0	67.00
68.00		0.00	0	0	0	68.00
69.00		0.00	0	0	0	69.00
70.00		0.00	0	0	0	70.00
71.00		0.00	0	0	0	71.00
72.00		0.00	0	0	0	72.00
73.00		0.00	0	0	0	73.00
74.00		0.00	0	0	0	74.00
75.00		0.00	0	0	0	75.00
76.00		0.00	0	0	0	76.00
77.00		0.00	0	0	0	77.00
78.00		0.00	0	0	0	78.00
79.00		0.00	0	0	0	79.00
80.00		0.00	0	0	0	80.00
81.00		0.00	0	0	0	81.00
82.00		0.00	0	0	0	82.00
83.00		0.00	0	0	0	83.00
84.00		0.00	0	0	0	84.00
85.00		0.00	0	0	0	85.00
86.00		0.00	0	0	0	86.00
87.00		0.00	0	0	0	87.00
88.00		0.00	0	0	0	88.00
89.00		0.00	0	0	0	89.00
90.00		0.00	0	0	0	90.00
91.00		0.00	0	0	0	91.00
92.00		0.00	0	0	0	92.00
93.00		0.00	0	0	0	93.00
94.00		0.00	0	0	0	94.00
95.00		0.00	0	0	0	95.00
96.00		0.00	0	0	0	96.00
97.00		0.00	0	0	0	97.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
	TOTALS		13,958,329	660,968			
	AD - A176B COVID SURG ACCT 7998000075						
1.00	ADMINISTRATIVE & GENERAL	5.00	8,786,378	595,283	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	625,644		0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
	TOTALS		9,412,022	595,283			
	AE - A124 CLINIC TIME STUDY RECLASS						
1.00	DIGESTIVE DISEASE CNTR	76.05	4,401	2,221	0		1.00
2.00	ORAL SURGERY CLINIC	90.03	25,809	10,050	0		2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	101,886	49,259	0		3.00
4.00	OB-GYN CLINIC	90.06	40,121	19,673	0		4.00
5.00	OPHTHALMOLOGY CLINIC	90.07	2,874	1,237	0		5.00
6.00	ORTHOPAEDICS CLINIC	90.08	24,744	12,676	0		6.00
7.00	OTOLARYNGOLOGY CLINIC	90.09	64,355	31,619	0		7.00
8.00	UROLOGY CLINIC	90.12	8,142	4,114	0		8.00
9.00	PSYCHIATRIC CLINIC	90.13	46,012	23,153	0		9.00
10.00	CANCER CLINIC	90.14	31,370	15,516	0		10.00
11.00	FAMILY CARE CLINIC	90.15	3,728	1,882	0		11.00
	TOTALS		353,442	171,400			
	AF - A125 RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	819,448	2,443,712	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		1,263,347	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	TOTALS		819,448	3,707,059			
	AG - A84 UIHC FUNDED FACULTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,025,029	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	168,406	0	0		2.00
3.00	SOCIAL SERVICE	17.00	2,815	0	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	408,464	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	45,829	0	0		5.00
6.00	OPERATING ROOM	50.00	105,336	0	0		6.00
7.00	PHYSICAL THERAPY	66.00	91,252	0	0		7.00
8.00	SPINE TREATMENT CENTER	76.03	67,464	0	0		8.00
9.00	PSYCHIATRIC CLINIC	90.13	76,198	0	0		9.00
10.00	IRL-INTERNAL MEDICINE CLINIC	90.54	9,829	0	0		10.00
11.00	EMERGENCY	91.00	7,177,257	0	0		11.00
12.00	KIDNEY ACQUISITION	105.00	67,897	0	0		12.00
13.00	VENDING/PATIENT ART	190.01	271,700	0	0		13.00
14.00	PHARMACY HOMEGOING DRUGS	190.03	29,474	0	0		14.00
15.00	UICOM	194.00	2,018,502	0	0		15.00
	TOTALS		15,565,452	0			
	AH - A127 REHAB THERAPY ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	433,597	182,134	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		433,597	182,134			
	AI - A173 DIALYSIS CRRT RECLASS						
1.00	CARDIOLOGY	60.02	43,743	10,925	0		1.00
	TOTALS		43,743	10,925			
	AK - A130 VACA SICK RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,677,115	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
61.00		0.00	0	0	0	61.00
62.00		0.00	0	0	0	62.00
63.00		0.00	0	0	0	63.00
64.00		0.00	0	0	0	64.00
65.00		0.00	0	0	0	65.00
66.00		0.00	0	0	0	66.00
67.00		0.00	0	0	0	67.00
68.00		0.00	0	0	0	68.00
69.00		0.00	0	0	0	69.00
70.00		0.00	0	0	0	70.00
71.00		0.00	0	0	0	71.00
72.00		0.00	0	0	0	72.00
73.00		0.00	0	0	0	73.00
74.00		0.00	0	0	0	74.00
75.00		0.00	0	0	0	75.00
76.00		0.00	0	0	0	76.00
77.00		0.00	0	0	0	77.00
78.00		0.00	0	0	0	78.00
79.00		0.00	0	0	0	79.00
80.00		0.00	0	0	0	80.00
81.00		0.00	0	0	0	81.00
82.00		0.00	0	0	0	82.00
83.00		0.00	0	0	0	83.00
84.00		0.00	0	0	0	84.00
85.00		0.00	0	0	0	85.00
86.00		0.00	0	0	0	86.00
87.00		0.00	0	0	0	87.00
88.00		0.00	0	0	0	88.00
89.00		0.00	0	0	0	89.00
90.00		0.00	0	0	0	90.00
91.00		0.00	0	0	0	91.00
92.00		0.00	0	0	0	92.00
93.00		0.00	0	0	0	93.00
94.00		0.00	0	0	0	94.00
95.00		0.00	0	0	0	95.00
96.00		0.00	0	0	0	96.00
97.00		0.00	0	0	0	97.00
98.00		0.00	0	0	0	98.00
99.00		0.00	0	0	0	99.00
100.00		0.00	0	0	0	100.00
101.00		0.00	0	0	0	101.00
102.00		0.00	0	0	0	102.00
103.00		0.00	0	0	0	103.00
104.00		0.00	0	0	0	104.00
105.00		0.00	0	0	0	105.00
106.00		0.00	0	0	0	106.00
107.00		0.00	0	0	0	107.00
108.00		0.00	0	0	0	108.00
109.00		0.00	0	0	0	109.00
110.00		0.00	0	0	0	110.00
111.00		0.00	0	0	0	111.00
112.00		0.00	0	0	0	112.00
113.00		0.00	0	0	0	113.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
	TOTALS		0	7,677,115			
	AL - A131 TRANSCRIPTION SERVICES RECLASS						
1.00	LABORATORY	60.00	0	163,838	0		1.00
	TOTALS		0	163,838			
	AN - A97 FELLOW STIPEND RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,869,029	0		1.00
	TOTALS		0	9,869,029			
	AO - A134 RENAL DIALYSIS ADMIN RECLASS						
1.00	RENAL DIALYSIS	74.00	38,565	17,502	0		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	132,426	372,751	0		2.00
	TOTALS		170,991	390,253			
	AP - A135 STAFF TRANS TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,573	68	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	2,497	133	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	64	27	0		3.00
4.00	CARDIOLOGY	60.02	408,714	154,188	0		4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	17,955	7,056	0		5.00
6.00	FAMILY CARE CLINIC	90.15	978	355	0		6.00
7.00	KIDNEY ACQUISITION	105.00	547,576	227,724	0		7.00
8.00	HEART ACQUISITION	106.00	169,687	64,885	0		8.00
9.00	LIVER ACQUISITION	107.00	219,548	86,647	0		9.00
10.00	LUNG ACQUISITION	108.00	110,982	40,824	0		10.00
11.00	PHARMACY HOMEGOING DRUGS	190.03	87,932	34,569	0		11.00
12.00	UICOM	194.00	379	190	0		12.00
	TOTALS		1,567,885	616,666			
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS						
1.00	RENAL DIALYSIS	74.00	108,709	41,704	0		1.00
	TOTALS		108,709	41,704			
	AR - A138 PHARMACY TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,238	66	0		1.00
2.00	PHARMACY	15.00	95,712	37,667	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	669,167	259,023	0		3.00
4.00	IRL-INTERNAL MEDICINE CLINIC	90.54	652	264	0		4.00
5.00	IRL-ANTICOAGULATION CLINIC	90.72	11,337	4,448	0		5.00
6.00	PHARMACY HOMEGOING DRUGS	190.03	13,999	5,464	0		6.00
	TOTALS		792,105	306,932			
	AS - A139 WESTLAWN PLANT OP RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0		1.00
2.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	69,060	0		2.00
	TOTALS		0	230,196			
	AT - A118 STAFF TRANS TIME STUDY RECLASS						
1.00	INTERNAL MEDICINE CLINIC	90.04	0	26,345	0		1.00
2.00	SURGERY CLINIC	90.11	0	52,229	0		2.00
3.00	KIDNEY ACQUISITION	105.00	0	41,354	0		3.00
4.00	HEART ACQUISITION	106.00	0	75	0		4.00
5.00	LIVER ACQUISITION	107.00	0	17,794	0		5.00
6.00	LUNG ACQUISITION	108.00	0	20,579	0		6.00
7.00	PANCREAS ACQUISITION	109.00	0	2	0		7.00
	TOTALS		0	158,378			
	AU - A137 ORG 03 VPMA RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,745,210	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	425,834	0		2.00
	TOTALS		0	25,171,044			
	AV - A106 FACULTY TIME RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,375,922	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	20,435,974	0		2.00
3.00	LABORATORY	60.00	0	1,001,616	0		3.00
	TOTALS		0	34,813,512			
	AW - A140 ARNP TO NONALLOWABLE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	39,212	4,375	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	3,544	0		2.00
3.00	SOCIAL SERVICE	17.00	30,393	12,740	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	208,214	71,836	0		4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	110,865	39,317	0		5.00
6.00	CORONARY CARE UNIT	32.00	13,729	2,728	0		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	108,105	38,496	0		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	5,769	1,735	0		8.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	226	66	0		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	44,971	10,775	0		10.00
11.00	SUBPROVIDER - IPF	40.00	1,512	426	0		11.00
12.00	OPERATING ROOM	50.00	121,837	49,411	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	1,121	123	0		13.00
14.00	LABORATORY	60.00	546	169	0		14.00
15.00	CARDIOLOGY	60.02	267,236	108,301	0		15.00
16.00	DIGESTIVE DISEASE CNTR	76.05	172,391	70,837	0		16.00
17.00	DIABETES EDUCATION	76.08	2,005	842	0		17.00
18.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	308	127	0		18.00
19.00	INTERNAL MEDICINE CLINIC	90.04	60,246	25,313	0		19.00
20.00	ORTHOPAEDICS CLINIC	90.08	181,206	75,566	0		20.00
21.00	PSYCHIATRIC CLINIC	90.13	9,313	3,763	0		21.00
22.00	PEDIATRIC CLINIC	90.10	78,593	31,337	0		22.00
23.00	FAMILY CARE CLINIC	90.15	84,208	10,865	0		23.00
24.00	IRL-INTERNAL MEDICINE CLINIC	90.54	286	31	0		24.00
25.00	IRL-OB/GYN CLINIC	90.56	22,865	9,685	0		25.00
26.00	IRL-UROLOGY CLINIC	90.62	415	174	0		26.00
27.00	IRL - PROCEDURE SUITES	90.76	18,729	3,528	0		27.00
28.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	1,391	261	0		28.00
29.00	QUAD CITIES - CANCER CENTER	90.95	143,719	60,344	0		29.00
30.00	EMERGENCY	91.00	108,527	40,566	0		30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	4,336	1,303	0		31.00
32.00	KIDNEY ACQUISITION	105.00	70,535	28,584	0		32.00
33.00	UICOM	194.00	3,992,956	1,437,390	0		33.00
	TOTALS		5,905,765	2,144,558			
	AX - A175 SFCH LL2 RECLASS						
1.00	OPERATING ROOM	50.00	369,802	290,004	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		369,802	290,004			
	AY - A155 OR TO A AND P RECOVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,669,474	0		1.00
	TOTALS		0	3,669,474			
	AZ - A174 RECOVERY TIME RECLASS						
1.00	LITHOTRIPSY	76.99	5,417	15,965	0		1.00
2.00	DIGESTIVE DISEASE CNTR	76.05	83,779	84,440	0		2.00
3.00	IVF/CULTURE LAB	76.00	61,819	65,526	0		3.00
	TOTALS		151,015	165,931			
	BA - A147 INSURANCE EXPENSE RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	1,309,763	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	1,309,763			
	BC - A151 PHARMACY RESIDENT RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	7,759	337	0		1.00
2.00	PARAMEDICAL EDUC - PHARMACY	23.02	380,999	93,042	0		2.00
	TOTALS		388,758	93,379			
	BD - A152 DIETARY EXP TO CAFE RECLASS						
1.00	DIETARY	10.00	4,797,353	5,587,708	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,797,353	5,587,708			
	BE - A176C COVID SURG ACCT 7998000080						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,608,894	342,708	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	127,214	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
	TOTALS		1,736,108	342,708			
	BI - A158 TXP SUPPORT SERVICES RECLASS						
1.00	KIDNEY ACQUISITION	105.00	0	26,806	0		1.00
2.00	CARDIOLOGY	60.02	0	67,020	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	93,826			
	BJ - A168 EXP MATCHING REV RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	2,212,198	1,163,098	0		1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	2,147	1,319	0		2.00
3.00	CORONARY CARE UNIT	32.00	299	181	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	149,232	100,605	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	732	463	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	5,080,115	2,452,444	0		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	3,220	1,777	0		7.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	OPERATING ROOM	50.00	9,045	1,902	0		8.00
9.00	ANESTHESIOLOGY	53.00	272	0	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	553,645	413,805	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	204	490	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	410	546	0		12.00
13.00	LABORATORY	60.00	35,690	18,149	0		13.00
14.00	CARDIOLOGY	60.02	700,543	537,470	0		14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,743	0	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	2,528	0	0		16.00
17.00	LITHOTRIPSY	76.99	1,268	3,736	0		17.00
18.00	PEDIATRIC CLINIC	90.10	18	0	0		18.00
19.00	CANCER CLINIC	90.14	182	0	0		19.00
20.00	IRL-UROLOGY CLINIC	90.62	7,515	38,942	0		20.00
21.00	EMERGENCY	91.00	356,967	291,162	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	607,762	334,437	0		22.00
23.00	PHARMACY HOMEGOING DRUGS	190.03	2,418	0	0		23.00
	TOTALS		9,730,153	5,360,526			
	BK - A123 NORTH DODGE ADMIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	245,351	2,046,830	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
	TOTALS		245,351	2,046,830			
	BM - A167 REV CODE 206 TELEMETRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	1,065,146	517,781	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		1,065,146	517,781			
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	40,881	862,177	0		1.00
	TOTALS		40,881	862,177			
	BV - A171 OPEB RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,856,323	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
	TOTALS		0	10,856,323			
	CH - A135B PHYS TXP TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	645,056	141,912	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		645,056	141,912			
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN						
1.00	CORONARY CARE UNIT	32.00	0	4,895	0		1.00
2.00	OPERATING ROOM	50.00	0	60,700,112	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,139	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	737,792	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	53,832	0		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,417	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	15,413,399	0		7.00
8.00	CARDIOLOGY	60.02	0	1,352,637	0		8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,038,262	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	69,780	0		10.00
11.00	DIGESTIVE DISEASE CNTR	76.05	0	934,040	0		11.00
12.00	LITHOTRIPSY	76.99	0	141,853	0		12.00
13.00	ANESTHESIA PAIN CLINIC	90.01	0	18,546	0		13.00
14.00	OPHTHALMOLOGY CLINIC	90.07	0	3,104	0		14.00
15.00	OTOLARYNGOLOGY CLINIC	90.09	0	9,475	0		15.00
16.00	PEDIATRIC CLINIC	90.10	0	34	0		16.00
17.00	UROLOGY CLINIC	90.12	0	45,486	0		17.00
18.00	IRL-OB/GYN CLINIC	90.56	0	874	0		18.00
19.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	344	0		19.00
20.00	IRL - PROCEDURE SUITES	90.76	0	60,743	0		20.00
	TOTALS		0	85,615,764			
	ZB - A119 CLINIC TIME STUDY RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,179,884	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	418,217	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	57,510	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	0	166,802	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	0	336,777	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	0	411,737	0		6.00
7.00	NEUROLOGY CLINIC	90.05	0	2,018	0		7.00
8.00	OB-GYN CLINIC	90.06	0	57,435	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	0	665,396	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	0	400,856	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	0	352,109	0		11.00
12.00	PEDIATRIC CLINIC	90.10	0	257,107	0		12.00
13.00	SURGERY CLINIC	90.11	0	813,074	0		13.00
14.00	UROLOGY CLINIC	90.12	0	15,048	0		14.00
15.00	PSYCHIATRIC CLINIC	90.13	0	968	0		15.00
16.00	FAMILY CARE CLINIC	90.15	0	23,630	0		16.00
	TOTALS		0	6,158,568			
	ZD - A122 IRL ADMIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,830,170	3,940,440	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
	TOTALS		3,830,170	3,940,440			
	ZE - A160 IRL RADIOLOGY RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	803,225	1,418,290	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
	TOTALS		803,225	1,418,290			
	ZH - A162 COLLECTION SERVICES RECLASS						
1.00	DIETARY	10.00	0	9	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	12,159	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,114,952	0		3.00
4.00	ULTRA SOUND	55.01	0	158,497	0		4.00
5.00	LABORATORY	60.00	0	1,147,576	0		5.00
6.00	CARDIOLOGY	60.02	0	78,330	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	3,119	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	2,957	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	4,392	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,269,284	0		10.00
11.00	IVF/CULTURE LAB	76.00	0	49,441	0		11.00
12.00	DIABETES EDUCATION	76.08	0	2,372	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	14,337	0		13.00
14.00	PEDIATRIC CLINIC	90.10	0	109,161	0		14.00
15.00	PSYCHIATRIC CLINIC	90.13	0	178,748	0		15.00
16.00	IRL-CARDIOLOGY CLINIC	90.50	0	367,455	0		16.00
17.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	19,914	0		17.00
18.00	IRL-DERMATOLOGY CLINIC	90.52	0	107,621	0		18.00
19.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	308,326	0		19.00
20.00	IRL-OB/GYN CLINIC	90.56	0	241,502	0		20.00
21.00	IRL-OPHTHALMOLOGY	90.57	0	141,781	0		21.00
22.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	85,120	0		22.00
23.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	109,025	0		23.00
24.00	IRL-PEDIATRICS CLINIC	90.60	0	156,225	0		24.00
25.00	IRL-UROLOGY CLINIC	90.62	0	248,106	0		25.00
26.00	IRL - PSYCHIATRIC CLINIC	90.63	0	4,333	0		26.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/22/2021 10:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	IRL - FAMILY CARE CLINIC	90.65	0	2,521	0		27.00
28.00	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0	39,581	0		28.00
29.00	IRL-DIABETES CENTER CLINIC	90.70	0	89,843	0		29.00
30.00	IRL-ANTICOAGULATION CLINIC	90.72	0	18,571	0		30.00
31.00	IRL - PROCEDURE SUITES	90.76	0	612,758	0		31.00
32.00	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0	30,119	0		32.00
33.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	164,495	0		33.00
34.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	15,866	0		34.00
35.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	3,945	0		35.00
36.00	IRL EAST-SURGERY CLINIC	90.83	0	502	0		36.00
37.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	93,479	0		37.00
38.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	366	0		38.00
39.00	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	0	6,353	0		39.00
40.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	94,855	0		40.00
41.00	NORTH DODGE - REI CLINIC	90.97	0	20,326	0		41.00
42.00	EMERGENCY	91.00	0	633,103	0		42.00
43.00	PHARMACY HOMEGOING DRUGS	190.03	0	30,771	0		43.00
44.00	UICOM	194.00	0	3,764,617	0		44.00
	TOTALS		0	13,556,813			
	ZI - A163 CYNTHIA GEYER RECLASS						
1.00			0	0			1.00
			0	0			
	ZJ - A96 PATH LAB RECLASS						
1.00	LABORATORY	60.00		198,928	0		1.00
	TOTALS		0	198,928			
	ZL - A165 AMBUL CARE PHYS ETC RECLASS						
1.00	EMERGENCY	91.00	1,519,190	2,506,014	0		1.00
	TOTALS		1,519,190	2,506,014			
	ZM - A166 SOCIAL SERVICE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	6,085	262	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	72,498	29,467	0		2.00
3.00	SUBPROVIDER - IPF	40.00	24	0	0		3.00
4.00	LABORATORY	60.00	1,380	60	0		4.00
5.00	RENAL DIALYSIS	74.00	6,343	2,411	0		5.00
6.00	PEDIATRIC CLINIC	90.10	28,254	11,091	0		6.00
7.00	PSYCHIATRIC CLINIC	90.13	373,435	150,232	0		7.00
8.00	FAMILY CARE CLINIC	90.15	4,130	533	0		8.00
9.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	40,692	16,166	0		9.00
10.00	IRL EAST-NEUROLOGY CLINIC	90.84	8,860	3,723	0		10.00
11.00	QUAD CITIES - CANCER CENTER	90.95	60,046	24,422	0		11.00
12.00	EMERGENCY	91.00	104,784	42,180	0		12.00
13.00	OBSERVATION BEDS (DISTINCT PART)	92.01	649	273	0		13.00
14.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	134,475	54,285	0		14.00
15.00	HOME PROGRAM DIALYSIS	94.00	34,110	13,430	0		15.00
16.00	LIVER ACQUISITION	107.00	14,464	6,077	0		16.00
	TOTALS		890,229	354,612			
	ZN - A78 TRANSFERS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,348,766	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	682,555	0	0		2.00
	TOTALS		682,555	2,348,766			
	ZO - A500 FUND 500/510 RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,335,112	0	0		1.00
	TOTALS		2,335,112	0			
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS						
1.00	CAP REL COSTS-IRL	1.05	0	1,818,820	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	1,818,820			
500.00	Grand Total: Decreases		78,361,592	274,172,385			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	22,430,609	0	0	0	0	1.00
2.00	Land Improvements	66,904,747	3,205,583	0	3,205,583	0	2.00
3.00	Buildings and Fixtures	1,653,300,512	47,572,794	0	47,572,794	382,788	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	585,726,809	43,573,723	0	43,573,723	31,140,032	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,328,362,677	94,352,100	0	94,352,100	31,522,820	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,328,362,677	94,352,100	0	94,352,100	31,522,820	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	22,430,609	0	1.00
2.00	Land Improvements	70,110,330	0	2.00
3.00	Buildings and Fixtures	1,700,490,518	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	598,160,500	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,391,191,957	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,391,191,957	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part II | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	47,669,665	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	178,652	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	5,126,372	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	51,248,421	0	0	0	0	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	1,854,271	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	106,321,404	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	47,669,665	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	178,652	1.04
1.05	CAP REL COSTS-IRL	0	5,126,372	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	51,248,421	2.00
2.01	BLANK	0	0	2.01
2.02	BLANK	0	0	2.02
2.03	BLANK	0	0	2.03
2.04	BLANK	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	1,854,271	2.05
3.00	Total (sum of lines 1-2)	0	106,321,404	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part III Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	1,692,980,909	0	1,692,980,909	0.708007	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000497	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	6,015,421	0	6,015,421	0.002516	0	1.03
1.04	CAP REL COSTS-CDD	24,533,131	0	24,533,131	0.010260	0	1.04
1.05	CAP REL COSTS-IRL	68,314,113	0	68,314,113	0.028569	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	575,027,090	0	575,027,090	0.240477	0	2.00
2.01	BLANK	0	0	0	0.000000	0	2.01
2.02	BLANK	0	0	0	0.000000	0	2.02
2.03	BLANK	0	0	0	0.000000	0	2.03
2.04	BLANK	0	0	0	0.000000	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	23,133,410	0	23,133,410	0.009674	0	2.05
3.00	Total (sum of lines 1-2)	2,391,191,956	0	2,391,191,956	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	0	0	46,766,945	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	244,023	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	178,652	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	3,300,920	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	51,248,421	0	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	1,854,271	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	103,593,232	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	982,124	0	0	47,749,069	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	178,652	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	3,300,920	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	327,639	0	0	51,576,060	2.00
2.01	BLANK	0	0	0	0	0	2.01
2.02	BLANK	0	0	0	0	0	2.02
2.03	BLANK	0	0	0	0	0	2.03
2.04	BLANK	0	0	0	0	0	2.04
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	0	1,854,271	2.05
3.00	Total (sum of lines 1-2)	0	1,309,763	0	0	104,902,995	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-GENERAL HOSP (chapter 2)		0	CAP REL COSTS-GENERAL HOSP	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-WESTLAWN (chapter 2)		0	CAP REL COSTS-WESTLAWN	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ORTHO SPORTS MED BLDG (chapter 2)		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-CDD (chapter 2)		0	CAP REL COSTS-CDD	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-IRL (chapter 2)		0	CAP REL COSTS-IRL	1.05	0	1.05
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - BLANK (chapter 2)		0	BLANK	2.01	0	2.01
2.02	Investment income - BLANK (chapter 2)		0	BLANK	2.02	0	2.02
2.03	Investment income - BLANK (chapter 2)		0	BLANK	2.03	0	2.03
2.04	Investment income - BLANK (chapter 2)		0	BLANK	2.04	0	2.04
2.05	Investment income - CAP REL COSTS-MVBLE EQUIP-IRL (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	2.05
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-16,260	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-851,331	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-20,032,633			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	10,906,433			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP		0	CAP REL COSTS-GENERAL HOSP	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WESTLAWN		0	CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MED BLDG		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-CDD		0	CAP REL COSTS-CDD	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-IRL		0	CAP REL COSTS-IRL	1.05	0	26.05
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - BLANK		0	BLANK	2.01	0	27.01
27.02	Depreciation - BLANK		0	BLANK	2.02	0	27.02
27.03	Depreciation - BLANK		0	BLANK	2.03	0	27.03
27.04	Depreciation - BLANK		0	BLANK	2.04	0	27.04
27.05	Depreciation - CAP REL COSTS-MVBLE EQUIP-IRL		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	27.05
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-270,961	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	UTILITIES FOR TV ADJ	A	-48,070	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A77 DISCOUNT PARKING	A	-1,791,162	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	A77 DISCOUNT PARKING	A	-33,660	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.02
33.03	A77 DISCOUNT PARKING	A	-77,975	MAINTENANCE & REPAIRS-IRL	6.05	0	33.03
33.04	A77 DISCOUNT PARKING	A	-312	HOUSEKEEPING-GENERAL HOSP	9.01	0	33.04
33.05	A77 DISCOUNT PARKING	A	-24	NURSING ADMINISTRATION	13.00	0	33.05
33.06	A77 DISCOUNT PARKING	A	-246	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	A77 DISCOUNT PARKING	A	-8,826	LABORATORY	60.00	0	33.07
33.08	A77 DISCOUNT PARKING	A	-4,515	RENAL DIALYSIS	74.00	0	33.08
33.09	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-129,952,242	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-23,067	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.10
33.11	A79 EMPLOYEE SCREENING PHYSICIANS	A	199,643	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	LOBBYING EXPENSES ADJ	A	-59,651	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-5,955,858	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-204,947	MEDICAL RECORDS & LIBRARY	16.00	0	33.14
33.15	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,425	SOCIAL SERVICE	17.00	0	33.15
33.16	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-530,530	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.16
33.17	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-47,818	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-128,192	OPERATING ROOM	50.00	0	33.18
33.19	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-111,052	PHYSICAL THERAPY	66.00	0	33.19

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.20	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-82,102	SPINE TREATMENT CENTER	76.03	0	33.20
33.21	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-92,731	PSYCHIATRIC CLINIC	90.13	0	33.21
33.22	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-11,961	IRL-INTERNAL MEDICINE CLINIC	90.54	0	33.22
33.23	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-8,627,574	EMERGENCY	91.00	0	33.23
33.24	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-82,629	KIDNEY ACQUISITION	105.00	0	33.24
33.25	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-330,654	VENDING/PATIENT ART	190.01	0	33.25
33.26	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-35,870	PHARMACY HOMEGOING DRUGS	190.03	0	33.26
33.27	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,419,672	UICOM	194.00	0	33.27
33.28	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,240	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-976	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.29
33.30	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-480	ULTRA SOUND	55.01	0	33.30
33.31	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,990	RADIOLOGY - PET SCAN	55.02	0	33.31
33.32	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-370	OB-GYN CLINIC	90.06	0	33.32
33.33	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-160	ORTHOPAEDICS CLINIC	90.08	0	33.33
33.34	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-37,875	EMERGENCY	91.00	0	33.34
33.35	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-375	AMBULANCE SERVICES	95.00	0	33.35
33.36	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-4,174	UICOM	194.00	0	33.36
33.37	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-24,030	ADMINISTRATIVE & GENERAL	5.00	0	33.37
33.38	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,705	BURN INTENSIVE CARE UNIT	33.00	0	33.38
33.39	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-3,776	SUBPROVIDER - IPF	40.00	0	33.39
33.40	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,999	OPERATING ROOM	50.00	0	33.40
33.41	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-10,027	CARDIOLOGY	60.02	0	33.41
33.42	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-5,927	DIGESTIVE DISEASE CNTR	76.05	0	33.42
33.43	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,223	INTERNAL MEDICINE CLINIC	90.04	0	33.43
33.44	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,888	PSYCHIATRIC CLINIC	90.13	0	33.44
33.45	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-5,551	IRL - PROCEDURE SUITES	90.76	0	33.45
33.46	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,132	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	33.46
33.47	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-344,444	EMERGENCY	91.00	0	33.47
33.48	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,888	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	33.48
33.49	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-4,948	KIDNEY ACQUISITION	105.00	0	33.49
33.50	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,817	VENDING/PATIENT ART	190.01	0	33.50
33.51	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-211,502	UICOM	194.00	0	33.51
33.52	EMSLRC TRANSFER		0		0.00	0	33.52
33.53	A90 REVENUE TRANSFERRED TO FUND 285	B	-11,306,850	ADMINISTRATIVE & GENERAL	5.00	0	33.53
33.54	A99 MALPRACTICE ADJ	A	3,072,250	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55	A174 ROSSI GUEST HOUSE ADJ	A	-120,946	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56	A87 CAPITALIZED INTEREST UIHC ADJ	A	-991,382	CAP REL COSTS-GENERAL HOSP	1.01	9	33.56

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.57	A87 CAPITALIZED INTEREST IRL ADJ	A	-34,112	CAP REL COSTS-IRL	1.05	9	33.57
33.58	A87 IRL PARKING GARAGE - DEPREC ADJ	A	27,480	CAP REL COSTS-IRL	1.05	9	33.58
33.59	A117 PHYS COST - LIVE KID ADJ	A	35,108	KIDNEY ACQUISITION	105.00	0	33.59
33.60	A117 PHYS COST - CAD KID ADJ	A	80,611	KIDNEY ACQUISITION	105.00	0	33.60
33.61	A117 PHYS COST - PANC ADJ	A	2,238	PANCREAS ACQUISITION	109.00	0	33.61
33.62	A117 PHYS COST - LIVER ADJ	A	8,023	LIVER ACQUISITION	107.00	0	33.62
33.63	A117 PHYS COST - HEART ADJ	A	2,803	HEART ACQUISITION	106.00	0	33.63
33.64	A117 PHYS COST - LUNG ADJ	A	65,989	LUNG ACQUISITION	108.00	0	33.64
33.65	A116 OTHER REVENUE ADJ	B	-2,242,154	ADMINISTRATIVE & GENERAL	5.00	0	33.65
33.66	A116 OTHER REVENUE ADJ	B	-268,925	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.66
33.67	A116 OTHER REVENUE ADJ	B	-142,468	DIETARY	10.00	0	33.67
33.68	A116 OTHER REVENUE ADJ	B	-7,366,755	CAFETERIA	11.00	0	33.68
33.69	A116 OTHER REVENUE ADJ	B	-747,632	MEDICAL RECORDS & LIBRARY	16.00	0	33.69
33.70	A116 OTHER REVENUE ADJ	B	-80,214	OPERATING ROOM	50.00	0	33.70
33.71	A116 OTHER REVENUE ADJ	B	-24,801	RADIOLOGY-DIAGNOSTIC	54.00	0	33.71
33.72	A116 OTHER REVENUE ADJ	B	-1,623	LABORATORY	60.00	0	33.72
33.73	A116 OTHER REVENUE ADJ	B	-7,449	RESPIRATORY THERAPY	65.00	0	33.73
33.74	A116 OTHER REVENUE ADJ	B	-23,940	PHYSICAL THERAPY	66.00	0	33.74
33.75	A116 OTHER REVENUE ADJ	B	-25,234	ELECTROCARDIOLOGY	69.00	0	33.75
33.76	A116 OTHER REVENUE ADJ	B	-623	RECREATION THERAPY	76.06	0	33.76
33.77	A116 OTHER REVENUE ADJ	B	-34,340	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	33.77
33.78	A116 OTHER REVENUE ADJ	B	-1,828	OTOLARYNGOLOGY CLINIC	90.09	0	33.78
33.79	A116 OTHER REVENUE ADJ	B	-27,050	QUAD CITIES - CANCER CENTER	90.95	0	33.79
33.80	A116 OTHER REVENUE ADJ	B	-8,749	EMERGENCY	91.00	0	33.80
33.81	A116 OTHER REVENUE ADJ	B	-3,618,772	AMBULANCE SERVICES	95.00	0	33.81
33.82	A116 OTHER REVENUE ADJ	B	-747,940	VENDING/PATIENT ART	190.01	0	33.82
33.83	A116 OTHER REVENUE ADJ	B	-3,515	PHARMACY HOMEGOING DRUGS	190.03	0	33.83
33.84	A119 CLINIC TIME STUDIES ADJ	A	2,179,884	MEDICAL RECORDS & LIBRARY	16.00	0	33.84
33.85	A119 CLINIC TIME STUDIES ADJ	A	418,217	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.85
33.86	A119 CLINIC TIME STUDIES ADJ	A	57,510	ANESTHESIOLOGY	53.00	0	33.86
33.87	A119 CLINIC TIME STUDIES ADJ	A	166,801	DERMATOLOGY CLINIC	90.02	0	33.87
33.88	A119 CLINIC TIME STUDIES ADJ	A	336,776	ORAL SURGERY CLINIC	90.03	0	33.88
33.89	A119 CLINIC TIME STUDIES ADJ	A	411,737	INTERNAL MEDICINE CLINIC	90.04	0	33.89
33.90	A119 CLINIC TIME STUDIES ADJ	A	2,018	NEUROLOGY CLINIC	90.05	0	33.90
33.91	A119 CLINIC TIME STUDIES ADJ	A	57,436	OB-GYN CLINIC	90.06	0	33.91
33.92	A119 CLINIC TIME STUDIES ADJ	A	665,396	OPHTHALMOLOGY CLINIC	90.07	0	33.92
33.93	A119 CLINIC TIME STUDIES ADJ	A	400,856	ORTHOPAEDICS CLINIC	90.08	0	33.93
33.94	A119 CLINIC TIME STUDIES ADJ	A	352,109	OTOLARYNGOLOGY CLINIC	90.09	0	33.94
33.95	A119 CLINIC TIME STUDIES ADJ	A	257,108	PEDIATRIC CLINIC	90.10	0	33.95
33.96	A119 CLINIC TIME STUDIES ADJ	A	813,074	SURGERY CLINIC	90.11	0	33.96
33.97	A119 CLINIC TIME STUDIES ADJ	A	15,049	UROLOGY CLINIC	90.12	0	33.97
33.98	A119 CLINIC TIME STUDIES ADJ	A	968	PSYCHIATRIC CLINIC	90.13	0	33.98
33.99	A119 CLINIC TIME STUDIES ADJ	A	23,630	FAMILY CARE CLINIC	90.15	0	33.99
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
34.01	A119 CLINIC TIME STUDIES ADJ	A	1,014,712	MEDICAL RECORDS & LIBRARY	16.00	0	34.01
34.02	A119 CLINIC TIME STUDIES ADJ	A	167,723	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.02
34.03	A119 CLINIC TIME STUDIES ADJ	A	27,727	ANESTHESIOLOGY	53.00	0	34.03
34.04	A119 CLINIC TIME STUDIES ADJ	A	82,779	DERMATOLOGY CLINIC	90.02	0	34.04
34.05	A119 CLINIC TIME STUDIES ADJ	A	153,466	ORAL SURGERY CLINIC	90.03	0	34.05
34.06	A119 CLINIC TIME STUDIES ADJ	A	171,604	INTERNAL MEDICINE CLINIC	90.04	0	34.06
34.07	A119 CLINIC TIME STUDIES ADJ	A	940	NEUROLOGY CLINIC	90.05	0	34.07
34.08	A119 CLINIC TIME STUDIES ADJ	A	23,867	OB-GYN CLINIC	90.06	0	34.08
34.09	A119 CLINIC TIME STUDIES ADJ	A	266,805	OPHTHALMOLOGY CLINIC	90.07	0	34.09
34.10	A119 CLINIC TIME STUDIES ADJ	A	171,901	ORTHOPAEDICS CLINIC	90.08	0	34.10
34.11	A119 CLINIC TIME STUDIES ADJ	A	139,231	OTOLARYNGOLOGY CLINIC	90.09	0	34.11
34.12	A119 CLINIC TIME STUDIES ADJ	A	107,507	PEDIATRIC CLINIC	90.10	0	34.12
34.13	A119 CLINIC TIME STUDIES ADJ	A	341,537	SURGERY CLINIC	90.11	0	34.13
34.14	A119 CLINIC TIME STUDIES ADJ	A	5,912	UROLOGY CLINIC	90.12	0	34.14
34.15	A119 CLINIC TIME STUDIES ADJ	A	394	PSYCHIATRIC CLINIC	90.13	0	34.15
34.16	A119 CLINIC TIME STUDIES ADJ	A	9,135	FAMILY CARE CLINIC	90.15	0	34.16
34.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.17

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.18	A129 IRL FUND 990 ADJ	A	-37,614,784	ADMINISTRATIVE & GENERAL	5.00	0	34.18
34.19	A140 PART B BILLING TO NON-ALLOW ADJ	B	-5,500	NURSING ADMINISTRATION	13.00	0	34.19
34.20	A140 PART B BILLING TO NON-ALLOW ADJ	B	-706	ADULTS & PEDIATRICS	30.00	0	34.20
34.21	A140 PART B BILLING TO NON-ALLOW ADJ	B	323	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.21
34.22	A140 PART B BILLING TO NON-ALLOW ADJ	B	-727	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	34.22
34.23	A140 PART B BILLING TO NON-ALLOW ADJ	B	-435	ORTHOPAEDICS CLINIC	90.08	0	34.23
34.24	A140 PART B BILLING TO NON-ALLOW ADJ	B	-42,688	PEDIATRIC CLINIC	90.10	0	34.24
34.25	A140 PART B BILLING TO NON-ALLOW ADJ	B	-1	PSYCHIATRIC CLINIC	90.13	0	34.25
34.26	A140 PART B BILLING TO NON-ALLOW ADJ	B	-503	IRL-OB/GYN CLINIC	90.56	0	34.26
34.27	A140 PART B BILLING TO NON-ALLOW ADJ	B	-32,549	IRL - PROCEDURE SUITES	90.76	0	34.27
34.28	A140 PART B BILLING TO NON-ALLOW ADJ	B	-7,632	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	34.28
34.29	A140 PART B BILLING TO NON-ALLOW ADJ	B	-30	KIDNEY ACQUISITION	105.00	0	34.29
34.30	A140 PART B BILLING TO NON-ALLOW ADJ	B	-3,107	UICOM	194.00	0	34.30
34.31	A140 PART B BILLING TO NON-ALLOW ADJ	B	-6,686	UICOM	194.00	0	34.31
34.32	A140 PART B BILLING TO NON-ALLOW ADJ	A	-38,087	ADMINISTRATIVE & GENERAL	5.00	0	34.32
34.33	A140 PART B BILLING TO NON-ALLOW ADJ	A	4,251	NURSING ADMINISTRATION	13.00	0	34.33
34.34	A140 PART B BILLING TO NON-ALLOW ADJ	A	-43,133	SOCIAL SERVICE	17.00	0	34.34
34.35	A140 PART B BILLING TO NON-ALLOW ADJ	A	-280,372	ADULTS & PEDIATRICS	30.00	0	34.35
34.36	A140 PART B BILLING TO NON-ALLOW ADJ	A	-150,182	MEDICAL INTENSIVE CARE UNIT	31.01	0	34.36
34.37	A140 PART B BILLING TO NON-ALLOW ADJ	A	-16,457	CORONARY CARE UNIT	32.00	0	34.37
34.38	A140 PART B BILLING TO NON-ALLOW ADJ	A	-146,601	BURN INTENSIVE CARE UNIT	33.00	0	34.38
34.39	A140 PART B BILLING TO NON-ALLOW ADJ	A	-7,504	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.39
34.40	A140 PART B BILLING TO NON-ALLOW ADJ	A	-292	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.40
34.41	A140 PART B BILLING TO NON-ALLOW ADJ	A	-55,019	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.41
34.42	A140 PART B BILLING TO NON-ALLOW ADJ	A	-1,938	SUBPROVIDER - IPF	40.00	0	34.42
34.43	A140 PART B BILLING TO NON-ALLOW ADJ	A	-171,248	OPERATING ROOM	50.00	0	34.43
34.44	A140 PART B BILLING TO NON-ALLOW ADJ	A	-1,244	RADIOLOGY-DIAGNOSTIC	54.00	0	34.44
34.45	A140 PART B BILLING TO NON-ALLOW ADJ	A	-715	LABORATORY	60.00	0	34.45
34.46	A140 PART B BILLING TO NON-ALLOW ADJ	A	-375,537	CARDIOLOGY	60.02	0	34.46
34.47	A140 PART B BILLING TO NON-ALLOW ADJ	A	-243,228	DIGESTIVE DISEASE CNTR	76.05	0	34.47
34.48	A140 PART B BILLING TO NON-ALLOW ADJ	A	-2,847	DIABETES EDUCATION	76.08	0	34.48
34.49	A140 PART B BILLING TO NON-ALLOW ADJ	A	-85,559	INTERNAL MEDICINE CLINIC	90.04	0	34.49
34.50	A140 PART B BILLING TO NON-ALLOW ADJ	A	-214,084	ORTHOPAEDICS CLINIC	90.08	0	34.50
34.51	A140 PART B BILLING TO NON-ALLOW ADJ	A	-12,573	PSYCHIATRIC CLINIC	90.13	0	34.51
34.52	A140 PART B BILLING TO NON-ALLOW ADJ	A	-109,929	PEDIATRIC CLINIC	90.10	0	34.52
34.53	A140 PART B BILLING TO NON-ALLOW ADJ	A	-95,073	FAMILY CARE CLINIC	90.15	0	34.53

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.54	A140 PART B BILLING TO NON-ALLOW ADJ	A	-317	IRL-INTERNAL MEDICINE CLINIC	90.54	0	34.54
34.55	A140 PART B BILLING TO NON-ALLOW ADJ	A	-589	IRL-UROLOGY CLINIC	90.62	0	34.55
34.56	A140 PART B BILLING TO NON-ALLOW ADJ	A	-14,625	IRL - PROCEDURE SUITES	90.76	0	34.56
34.57	A140 PART B BILLING TO NON-ALLOW ADJ	A	-1,622	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	34.57
34.58	A140 PART B BILLING TO NON-ALLOW ADJ	A	-204,063	QUAD CITIES - CANCER CENTER	90.95	0	34.58
34.59	A140 PART B BILLING TO NON-ALLOW ADJ	A	-149,093	EMERGENCY	91.00	0	34.59
34.60	A140 PART B BILLING TO NON-ALLOW ADJ	A	-5,639	OBSERVATION BEDS (DISTINCT PART)	92.01	0	34.60
34.61	A140 PART B BILLING TO NON-ALLOW ADJ	A	-96,012	KIDNEY ACQUISITION	105.00	0	34.61
34.62	A140 PART B BILLING TO NON-ALLOW ADJ	A	-5,423,659	UICOM	194.00	0	34.62
34.63	A156 FLU VACCINE ADJ	A	132,670	ADMINISTRATIVE & GENERAL	5.00	0	34.63
34.64	A156 COVID VACCINE ADJ		0		0.00	0	34.64
34.65	A173 MARKETING EXPENSE ADJ	A	-13,389	ADMINISTRATIVE & GENERAL	5.00	0	34.65
34.66	REMOVE FUNDS 500/510	A	-5,577,346	ADMINISTRATIVE & GENERAL	5.00	0	34.66
34.67	A130 VACATION/SICK ADJ	A	-115,357	ADMINISTRATIVE & GENERAL	5.00	0	34.67
34.68	A171 OPEB ADJ	A	-155,772	ADMINISTRATIVE & GENERAL	5.00	0	34.68
34.69	A118 STAFF TRANSPLANT TIME STUDIES	A	36,648	INTERNAL MEDICINE CLINIC	90.04	0	34.69
34.70	A118 STAFF TRANSPLANT TIME STUDIES	A	72,511	SURGERY CLINIC	90.11	0	34.70
34.71	A118 STAFF TRANSPLANT TIME STUDIES	A	57,303	KIDNEY ACQUISITION	105.00	0	34.71
34.72	A118 STAFF TRANSPLANT TIME STUDIES	A	100	HEART ACQUISITION	106.00	0	34.72
34.73	A118 STAFF TRANSPLANT TIME STUDIES	A	24,735	LIVER ACQUISITION	107.00	0	34.73
34.74	A118 STAFF TRANSPLANT TIME STUDIES	A	28,622	LUNG ACQUISITION	108.00	0	34.74
34.75	A118 STAFF TRANSPLANT TIME STUDIES	A	2	PANCREAS ACQUISITION	109.00	0	34.75
34.76	A81 CONTINUING ED- ALLIED HEALTH	A	844,615	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.76
34.77	A81 CONTINUING ED- ALLIED HEALTH	A	238,925	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.77
34.78	A81 CONTINUING ED- ALLIED HEALTH	A	544,254	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.78
34.79	A81 CONTINUING ED- ALLIED HEALTH	A	192,940	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.79
34.80	A81 CONTINUING ED- ALLIED HEALTH	A	-801,109	PARAMEDICAL EDUC - RAD TECH	23.04	0	34.80
34.81	A81 CONTINUING ED- ALLIED HEALTH	B	-217,491	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	34.81
34.82	A81 CONTINUING ED- ALLIED HEALTH	B	-497,580	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	34.82
34.83	A81 CONTINUING ED- ALLIED HEALTH	B	-185,647	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	34.83
34.84	A97 FELLOWS STIPENDS-SALARY ADJ	A	10,188,043	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.84
34.85	A97 FELLOWS STIPENDS-FRINGE BENE ADJ	A	2,457,169	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.85
34.86	A74 INTEREST EXPENSE - UNNECESSARY B	A	-12,211,664	INTEREST EXPENSE	113.00	0	34.86
34.87	A74 INTEREST EXPENSE - UNNECESSARY B	A	-486,823	ADMINISTRATIVE & GENERAL	5.00	0	34.87
34.88	A96 PATH LAB TRANSFER	A	278,006	LABORATORY	60.00	0	34.88
34.89	A109 PLANT OPS & MAINTENACE ADJ	A	88,662	CAP REL COSTS-GENERAL HOSP	1.01	9	34.89
34.90	A109 PLANT OPS & MAINTENACE ADJ	A	324,831	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.90
34.91	A109 PLANT OPS & MAINTENACE ADJ	A	60,443	HOUSEKEEPING-GENERAL HOSP	9.01	0	34.91
34.93	A106 FACULTY TIME STUDY ADJ	A	13,375,922	ADMINISTRATIVE & GENERAL	5.00	0	34.93
34.94	A106 FACULTY TIME STUDY ADJ	A	2,942,703	ADMINISTRATIVE & GENERAL	5.00	0	34.94

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.95	A106 FACULTY TIME STUDY ADJ	A	227,291	ADMINISTRATIVE & GENERAL	5.00	0	34.95
34.96	A106 FACULTY TIME STUDY ADJ	A	20,435,974	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.96
34.97	A106 FACULTY TIME STUDY ADJ	A	4,495,914	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.97
34.98	A106 FACULTY TIME STUDY ADJ	A	373,763	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.98
34.99	A106 FACULTY TIME STUDY ADJ	A	1,001,616	LABORATORY	60.00	0	34.99
35.00	A106 FACULTY TIME STUDY ADJ	A	220,356	LABORATORY	60.00	0	35.00
35.01	A106 FACULTY TIME STUDY ADJ	A	20,086	LABORATORY	60.00	0	35.01
35.02	A176A NON ALLOWABLE SUCCESS SHARING	A	-492,194	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	A176B COVID-19 EXP ADJ #799800075	A	-668,031	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04	A176C COVID-19 EXP ADJ #799800080	A	-154,311	ADMINISTRATIVE & GENERAL	5.00	0	35.04
35.05	A103 HOSP LIBRARY COST	A	2,236,000	ADMINISTRATIVE & GENERAL	5.00	0	35.05
35.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.06
35.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.07
35.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.08
35.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.09
35.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.10
35.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.11
35.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.12
35.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.13
35.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.14
35.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-183,427,987				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-1 | Date/Time Prepared: 11/22/2021 10:15 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	6,740,610	6,740,610	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	23,271,396	23,271,396	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	16,545,916	16,545,916	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	42,093,845	42,093,845	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,765,214	3,765,214	4.01
4.02	9.01	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING	60,443	60,443	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	27,541,652	27,541,652	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	VPMA ALLOCATION	30,793,684	19,887,251	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			150,812,760	139,906,327	5.00

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

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet A-8-1 Date/Time Prepared: 11/22/2021 10:15 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	10,906,433	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	10,906,433			5.00

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

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

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

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

6.00	STATE UNVIERSIT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2021 10:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	DR. A	2,754,268	0	2,754,268	239,400	10,708	1.00
2.00	22.00	DR. A	2,636,817	0	2,636,817	239,400	11,751	2.00
3.00	5.00	DR. B	266,147	0	266,147	169,700	2,171	3.00
4.00	22.00	DR. B	4,716,836	0	4,716,836	169,700	36,086	4.00
5.00	5.00	DR. C	243,504	0	243,504	179,000	1,574	5.00
6.00	22.00	DR. C	158,093	0	158,093	179,000	1,468	6.00
7.00	5.00	DR. D	240,008	0	240,008	181,300	1,324	7.00
8.00	22.00	DR. D	81,172	0	81,172	181,300	558	8.00
9.00	5.00	DR. E	355,614	0	355,614	237,100	1,832	9.00
10.00	22.00	DR. E	1,423,490	0	1,423,490	237,100	8,210	10.00
11.00	5.00	DR. F	4,097,362	0	4,097,362	197,500	22,432	11.00
12.00	22.00	DR. F	2,344,891	0	2,344,891	197,500	14,273	12.00
13.00	5.00	DR. G	4,410,560	0	4,410,560	246,400	15,075	13.00
14.00	22.00	DR. G	3,378,056	0	3,378,056	246,400	12,303	14.00
15.00	5.00	DR. H	470,698	0	470,698	260,300	2,026	15.00
16.00	22.00	DR. H	1,265,719	0	1,265,719	260,300	8,262	16.00
17.00	60.00	DR. H	842,985	0	842,985	260,300	5,761	17.00
18.00	60.00	DR. H	378,987	0	378,987	260,300	2,590	18.00
19.00	5.00	DR. I	280,506	0	280,506	271,900	954	19.00
20.00	22.00	DR. I	3,272,155	0	3,272,155	271,900	14,372	20.00
21.00	5.00	DR. J	3,199,957	0	3,199,957	211,500	9,769	21.00
22.00	22.00	DR. J	5,654,660	0	5,654,660	211,500	24,431	22.00
200.00			42,472,485	0	42,472,485		207,930	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2021 10:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	DR. A	1,232,450	61,623	5,938	5,938	40,535	1.00
2.00	22.00	DR. A	1,352,495	67,625	4,033	4,033	25,165	2.00
3.00	5.00	DR. B	177,124	8,856	296	296	2,692	3.00
4.00	22.00	DR. B	2,944,132	147,207	9,020	9,020	80,041	4.00
5.00	5.00	DR. C	135,455	6,773	707	707	4,077	5.00
6.00	22.00	DR. C	126,333	6,317	0	0	265	6.00
7.00	5.00	DR. D	115,404	5,770	16	16	910	7.00
8.00	22.00	DR. D	48,637	2,432	173	173	1,375	8.00
9.00	5.00	DR. E	208,830	10,442	976	976	6,841	9.00
10.00	22.00	DR. E	935,861	46,793	2,893	2,893	19,082	10.00
11.00	5.00	DR. F	2,129,961	106,498	9,070	9,070	68,873	11.00
12.00	22.00	DR. F	1,355,249	67,762	5,184	5,184	44,380	12.00
13.00	5.00	DR. G	1,785,808	89,290	9,602	9,602	48,135	13.00
14.00	22.00	DR. G	1,457,432	72,872	4,871	4,871	33,632	14.00
15.00	5.00	DR. H	253,542	12,677	388	388	4,022	15.00
16.00	22.00	DR. H	1,033,942	51,697	4,188	4,188	27,119	16.00
17.00	60.00	DR. H	720,956	36,048	803	803	13,053	17.00
18.00	60.00	DR. H	324,123	16,206	361	361	5,868	18.00
19.00	5.00	DR. I	124,708	6,235	394	394	3,914	19.00
20.00	22.00	DR. I	1,878,724	93,936	4,993	4,993	39,527	20.00
21.00	5.00	DR. J	993,338	49,667	2,577	2,577	17,327	21.00
22.00	22.00	DR. J	2,484,210	124,211	7,911	7,911	59,911	22.00
200.00			21,818,714	1,090,937	74,394	74,394	546,744	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2021 10:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	DR. A	40,535	1,278,923	1,475,345	1,475,345		1.00
2.00	22.00	DR. A	25,165	1,381,693	1,255,124	1,255,124		2.00
3.00	5.00	DR. B	2,692	180,112	86,035	86,035		3.00
4.00	22.00	DR. B	80,041	3,033,193	1,683,643	1,683,643		4.00
5.00	5.00	DR. C	4,077	140,239	103,265	103,265		5.00
6.00	22.00	DR. C	265	126,598	31,495	31,495		6.00
7.00	5.00	DR. D	910	116,330	123,678	123,678		7.00
8.00	22.00	DR. D	1,375	50,185	30,987	30,987		8.00
9.00	5.00	DR. E	6,841	216,647	138,967	138,967		9.00
10.00	22.00	DR. E	19,082	957,836	465,654	465,654		10.00
11.00	5.00	DR. F	68,873	2,207,904	1,889,458	1,889,458		11.00
12.00	22.00	DR. F	44,380	1,404,813	940,078	940,078		12.00
13.00	5.00	DR. G	48,135	1,843,545	2,567,015	2,567,015		13.00
14.00	22.00	DR. G	33,632	1,495,935	1,882,121	1,882,121		14.00
15.00	5.00	DR. H	4,022	257,952	212,746	212,746		15.00
16.00	22.00	DR. H	27,119	1,065,249	200,470	200,470		16.00
17.00	60.00	DR. H	13,053	734,812	108,173	108,173		17.00
18.00	60.00	DR. H	5,868	330,352	48,635	48,635		18.00
19.00	5.00	DR. I	3,914	129,016	151,490	151,490		19.00
20.00	22.00	DR. I	39,527	1,923,244	1,348,911	1,348,911		20.00
21.00	5.00	DR. J	17,327	1,013,242	2,186,715	2,186,715		21.00
22.00	22.00	DR. J	59,911	2,552,032	3,102,628	3,102,628		22.00
200.00			546,744	22,439,852	20,032,633	20,032,633		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	47,749,069	0	47,749,069			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	178,652	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	3,300,920	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	51,576,060					2.00
2.01	00201	BLANK	0					2.01
2.02	00202	BLANK	0					2.02
2.03	00203	BLANK	0					2.03
2.04	00204	BLANK	0					2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	1,854,271					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	222,697,349	0	6,668,946	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	62,482,879	0	645,743	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	439,040	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	5,796,443	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,312,376	0	112,999	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	25,320,213	0	428,442	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	157,661	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	796,433	0	0	0	0	9.05
10.00	01000	DIETARY	15,204,818	0	298,479	0	0	10.00
11.00	01100	CAFETERIA	2,083,059	0	983,168	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,413,611	0	928,311	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,774,768	0	1,280,825	0	0	14.00
15.00	01500	PHARMACY	7,357,610	0	103,892	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,338,414	0	871,133	0	0	16.00
17.00	01700	SOCIAL SERVICE	19,883,582	0	274,247	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	56,245,775	0	2,405,117	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,986,640	0	572,369	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	131,270	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,919,422	0	13,661	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	622,647	0	30,964	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	163,724	0	3,911	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	359,996	0	9,482	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	126,567	0	161	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,445,618	0	5,323,031	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	11,038,839	0	340,353	0	0	31.01
32.00	03200	CORONARY CARE UNIT	9,719,868	0	377,049	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,555,134	0	254,140	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,690,142	0	166,855	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,611,235	0	502,655	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,718,550	0	478,816	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	12,275,455	0	599,279	0	0	40.00
43.00	04300	NURSERY	9,507,119	0	465,691	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116,273,972	0	3,616,907	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,118,879	0	218,480	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,888,149	0	357,478	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,759,862	0	1,228,165	0	11,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,888,605	0	525,691	0	0	55.00
55.01	03630	ULTRA SOUND	5,221,091	0	139,356	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,953,126	0	163,034	0	0	55.02
57.00	05700	CT SCAN	5,629,127	0	166,355	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,752,942	0	352,746	0	23,899	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,657,097	0	207,855	0	0	59.00
60.00	06000	LABORATORY	57,928,178	0	1,232,362	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
60.02	03140	CARDIOLOGY	9,399,936	0	391,210	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,466,479	0	310,604	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,978,521	0	246,158	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,930,123	0	165,927	0	59,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,772,114	0	50,767	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	809,872	0	19,768	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,675,969	0	71,981	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,502,418	0	26,393	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,615,764	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	253,373,280	0	472,727	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,932,022	0	211,016	0	0	74.00
76.00	03950	IVF/CULTURE LAB	754,816	0	102,874	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	173,056	0	7,571	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	376,494	0	48,464	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	6,493,209	0	277,568	0	0	76.05
76.06	03956	RECREATION THERAPY	909,165	0	89,231	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	375,463	0	27,107	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	627,790	0	3,589	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	533,137	0	27,393	0	0	76.98
76.99	07699	LITHOTRIPSY	1,296,664	0	8,000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,814,728	0	9,714	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	761,664	0	157,445	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,858,858	0	227,301	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	2,441,057	0	229,497	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	11,924,988	0	1,588,233	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	2,440,938	0	433,424	0	0	90.05
90.06	09006	OB-GYN CLINIC	4,133,030	0	411,138	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	7,856,817	0	738,385	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	5,592,306	0	573,672	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	4,179,730	0	554,940	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	11,044,312	0	2,384,867	0	0	90.10
90.11	09011	SURGERY CLINIC	5,458,904	0	654,225	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,671,568	0	249,622	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	3,855,818	0	459,245	0	0	90.13
90.14	09014	CANCER CLINIC	13,338,529	0	930,418	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	3,277,635	0	347,568	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,980,551	0	0	0	148,644	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	376,315	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	323,817	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	1,318,590	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	198,129	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	525,780	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,984,269	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	1,974,737	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,101,095	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	719,288	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	674,179	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1,388,570	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	1,071,726	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	8,219	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	7,670	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	543,509	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	810,578	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	605,138	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	3,991,802	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	93,057	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,852,059	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	173,687	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	20,797	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	2,503	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	533,572	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	13,920	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	69,325	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	2,417,579	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,846,618	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,548,608	0	0	0	0	90.97
91.00	09100	EMERGENCY	13,293,997	0	607,118	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,913,628	0	116,070	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	447,831	0	91,088	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	679,371	0	35,910	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,703,468	0	154,070	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,030,790	0	22,000	0	0	105.00
106.00	10600	HEART ACQUISITION	1,268,926	0	13,393	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,176,699	0	4,536	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,223,660	0	661	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	686,509	0	1,554	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,649,628,216	0	45,902,590	0	244,023	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172,828	0	30,857	0	0	190.00
190.01	19001	VENDING/PATIENT ART	2,257,259	0	158,998	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	211,414,795	0	235,390	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	407,638	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	647,925	0	58,374	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	4,025,204	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	570,601	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	597,095	0	12,000	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	96,340	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	372,621	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	30,446,916	0	0	0	0	194.00
194.01	07951	OUTREACH	2,348,766	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,902,635,344	0	47,749,069	0	244,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	178,652					1.04
1.05	00105	CAP REL COSTS-IRL	0	3,300,920				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			51,576,060			2.00
2.01	00201	BLANK			0	0		2.01
2.02	00202	BLANK			0	0	0	2.02
2.03	00203	BLANK			0	0	0	2.03
2.04	00204	BLANK			0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL			0	0	0	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	76,336	110,573	22,532,602	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	38,427	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	891	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	271,428	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,756	2,725	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	133,763	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	20,543	0	0	0	9.05
10.00	01000	DIETARY	0	46,938	161,898	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	268,124	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	544,837	0	0	14.00
15.00	01500	PHARMACY	0	215	180,601	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,855	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,321	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	64,925	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,428	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,893,538	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	192,540	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	198,812	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	71,520	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	234,184	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	309,484	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	340,464	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	57,681	0	0	40.00
43.00	04300	NURSERY	0	0	207,378	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,991,691	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	110,750	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	558,488	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	264,668	2,751,529	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,758,131	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	647,521	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	1,021,710	0	0	55.02
57.00	05700	CT SCAN	0	0	879,310	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,823,583	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	480,929	0	0	59.00
60.00	06000	LABORATORY	0	92,252	1,543,880	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	7,501	914,151	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	206,157	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	573	346,720	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,316	573	20,323	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
67.00	06700	OCCUPATIONAL THERAPY	3,943	597	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	17,960	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,682	0	125,667	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	589,529	460,417	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	181,022	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	11,059	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	44,209	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	627,464	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	3,894	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	72,425	692	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,601	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	177,848	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	40,033	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	33,355	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,574	0	32,859	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	60,900	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	38,366	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	24,609	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	287,357	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	13,212	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,434	0	286,726	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	27,559	0	245,407	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	96,260	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	147,143	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	16,702	0	96,142	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	119,033	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	2,830	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	78,825	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	109,379	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	358	0	0	0	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	66,143	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	142,486	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	101,997	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	121,776	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	14,117	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	56,732	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	108,065	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	84,632	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	72	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	48	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	69,272	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	38,339	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	334	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	305,443	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	836	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	261,252	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	10,343	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	311	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	41,993	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,266	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	76,128	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	93,807	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	21,079	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,808	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	127,076	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,867	3,192,712	50,954,391	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	4,785	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	108,208	95,687	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	525,982	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	178,652	3,300,920	51,576,060	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK	0					2.03
2.04	00204	BLANK	0	0				2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	1,854,271			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	252,085,806	252,085,806	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	0	63,167,049	9,647,377	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	35,157	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	439,931	67,190	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	6,067,871	926,734	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,462,856	376,147	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	0	25,882,418	3,952,970	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	157,661	24,079	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	12,887	829,863	126,743	9.05
10.00	01000	DIETARY	0	0	0	15,712,133	2,399,683	10.00
11.00	01100	CAFETERIA	0	0	0	3,066,227	468,299	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	18,610,046	2,842,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	16,600,430	2,535,350	14.00
15.00	01500	PHARMACY	0	0	0	7,642,318	1,167,196	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	13,215,402	2,018,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,162,150	3,079,325	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	58,715,817	8,967,549	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	18,561,437	2,834,851	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	131,270	20,049	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	1,933,083	295,236	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	653,611	99,825	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	167,635	25,603	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	369,478	56,430	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	126,728	19,355	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	109,662,187	16,748,486	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	11,571,732	1,767,327	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	10,295,729	1,572,446	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,880,794	898,162	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	15,091,181	2,304,846	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	21,423,374	3,271,949	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	12,537,830	1,914,878	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	12,932,415	1,975,142	40.00
43.00	04300	NURSERY	0	0	0	10,180,188	1,554,800	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	124,882,570	19,073,065	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,448,109	984,807	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,804,115	1,344,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	332,134	29,347,997	4,482,261	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,172,427	2,164,526	55.00
55.01	03630	ULTRA SOUND	0	0	0	6,007,968	917,585	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	7,137,870	1,090,153	55.02
57.00	05700	CT SCAN	0	0	0	6,674,792	1,019,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,953,170	1,214,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,345,881	1,121,922	59.00
60.00	06000	LABORATORY	0	0	9,038	60,805,710	9,286,734	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	18,430	10,731,228	1,638,959	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,983,240	2,746,544	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,571,972	2,531,004	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	8,187,103	1,250,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,827,421	431,826	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	847,600	129,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,893,299	747,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,528,811	5,884,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	85,615,764	13,075,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,445	254,903,398	38,931,564	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,324,060	1,576,773	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	868,749	132,682	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	224,836	34,339	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	424,958	64,903	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	7,398,241	1,129,919	76.05
76.06	03956	RECREATION THERAPY	0	0	0	998,396	152,483	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	406,464	62,078	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,543	709,039	108,290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	567,131	86,617	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,482,512	226,421	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,824,442	736,827	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	959,142	146,488	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	2,119,514	323,709	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	2,707,987	413,585	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	13,574,121	2,073,148	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	2,912,728	444,855	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	4,568,777	697,780	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	8,882,559	1,356,615	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	6,179,190	943,735	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	5,031,830	768,501	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	13,702,145	2,092,701	90.10
90.11	09011	SURGERY CLINIC	0	0	0	6,209,389	948,348	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	2,068,333	315,892	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	4,427,907	676,265	90.13
90.14	09014	CANCER CLINIC	0	0	0	14,387,980	2,197,447	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	3,628,033	554,102	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	3,208,020	489,954	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	376,315	57,474	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	323,817	49,456	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	150,150	1,578,119	241,023	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	6,401	204,888	31,292	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	82,865	674,788	103,059	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	107,057	3,233,812	493,894	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	97,344	2,174,078	332,043	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	108,316	1,331,187	203,310	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	31,170	764,575	116,772	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	34,929	765,840	116,965	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	53,740	1,550,375	236,786	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	95,945	1,252,303	191,262	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1,392	9,683	1,479	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	811	8,529	1,303	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	12,723	625,504	95,532	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	68,129	917,046	140,059	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	5,970	611,442	93,384	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	499,612	4,796,857	732,614	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	9,683	103,576	15,819	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	59,253	2,172,564	331,811	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	5,101	189,131	28,886	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	1,268	22,376	3,417	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	161	2,664	407	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	30,054	605,619	92,495	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	118	15,304	2,337	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	2,042	147,495	22,527	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	2,417,579	369,232	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	1,846,618	282,030	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	1,548,608	236,516	90.97
91.00	09100	EMERGENCY	0	0	0	13,994,922	2,137,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,050,777	771,395	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	538,919	82,308	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	739,089	112,880	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,984,614	303,106	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	7,052,790	1,077,159	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,282,319	195,846	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,181,235	333,136	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3,224,321	492,444	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	688,063	105,086	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,848,711	1,647,041,515	213,049,471	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,203,685	183,836	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	2,421,042	369,761	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	5,560	211,859,640	32,356,899	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	407,638	62,258	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	706,299	107,872	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A.05	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	4,025,204	614,761	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	570,601	87,147	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	609,095	93,026	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	96,340	14,714	190.15
191.00	19100	RESEARCH	0	0	0	372,621	56,910	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	30,972,898	4,730,429	194.00
194.01	07951	OUTREACH	0	0	0	2,348,766	358,722	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,854,271	1,902,635,344	252,085,806	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	72,814,426				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	265,353			6.02
6.03	00603	BLANK	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	507,121	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	203,489	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	771,540	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	537,502	0	0	0	10.00
11.00	01100	CAFETERIA	0	1,770,493	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,671,707	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,306,516	0	0	0	14.00
15.00	01500	PHARMACY	0	187,089	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,568,741	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	493,865	0	0	21,417	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,331,146	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,030,724	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	24,600	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	55,760	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	7,042	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	17,075	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	289	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,585,738	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	612,910	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	678,992	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	457,657	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	300,474	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	905,184	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	862,255	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	1,079,185	0	0	0	40.00
43.00	04300	NURSERY	0	838,619	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,513,343	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	393,439	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	643,749	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,211,686	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	946,666	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	250,952	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	293,592	0	0	0	55.02
57.00	05700	CT SCAN	0	299,573	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	635,227	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	374,306	0	0	0	59.00
60.00	06000	LABORATORY	0	2,219,243	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	704,493	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	559,337	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	443,283	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	298,802	0	0	51,129	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
67.00	06700	OCCUPATIONAL THERAPY	0	91,422	0	0	19,545	67.00
69.00	06900	ELECTROCARDIOLOGY	0	35,598	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129,624	0	0	97,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,528	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	851,289	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	379,998	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	185,256	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	13,635	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	87,274	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	499,847	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	160,688	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	48,814	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	6,464	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	49,329	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	14,406	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	17,493	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	283,527	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	409,325	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	413,280	0	0	22,671	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	2,860,097	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	780,512	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	740,380	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	1,329,687	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	1,033,072	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	999,339	0	0	51,713	90.09
90.10	09010	PEDIATRIC CLINIC	0	4,294,680	0	0	136,592	90.10
90.11	09011	SURGERY CLINIC	0	1,178,132	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	449,521	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	827,011	0	0	82,783	90.13
90.14	09014	CANCER CLINIC	0	1,675,502	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	625,901	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	1,093,302	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	209,020	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	164,032	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	64,667	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	277,450	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	39,617	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	24,118	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	8,168	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,190	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,798	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	69,489,276	0	0	483,403	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	55,567	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	286,325	0	0	23,718	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	423,892	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	734,077	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	105,121	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	1,027,541	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	21,609	265,353	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	671,018	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	72,814,426	265,353	0	507,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	6,994,605					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	83,285	3,125,777				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	879	0	30,607,807		9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	49,227	0	0	0	0	9.05
10.00	01000	DIETARY	112,477	4,171	0	229,008	0	10.00
11.00	01100	CAFETERIA	0	2,606	0	754,334	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	712,246	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60	0	982,712	0	14.00
15.00	01500	PHARMACY	515	0	0	79,711	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	668,376	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	210,416	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	155,579	0	0	1,845,323	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,441	0	439,149	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	10,481	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	23,757	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	3,000	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	7,275	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	123	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,117,304	0	4,084,087	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	78,767	0	261,136	0	31.01
32.00	03200	CORONARY CARE UNIT	0	48,199	0	289,291	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	67,847	0	194,989	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	82,359	0	128,020	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	13,465	0	385,662	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	24,718	0	367,371	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	65,692	0	459,796	0	40.00
43.00	04300	NURSERY	0	45,108	0	357,301	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	643,818	0	2,775,067	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,091	0	167,628	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1	0	274,275	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	634,224	76,042	0	942,308	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,226	0	403,336	0	55.00
55.01	03630	ULTRA SOUND	0	20,476	0	106,920	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	16,229	0	125,088	0	55.02
57.00	05700	CT SCAN	0	49,920	0	127,636	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55,923	0	270,644	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	47,459	0	159,476	0	59.00
60.00	06000	LABORATORY	221,062	2,754	0	945,528	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	17,973	35,737	0	300,155	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,461	0	238,310	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,374	3,199	0	188,864	0	65.00
66.00	06600	PHYSICAL THERAPY	1,374	5,962	0	127,307	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,431	0	0	38,951	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,167	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,658	0	55,228	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	144	0	20,250	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	1,412,692	9,287	0	362,699	0	73.00
74.00	07400	RENAL DIALYSIS	0	20,853	0	161,901	0	74.00
76.00	03950	IVF/CULTURE LAB	0	16	0	78,930	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	2,264	0	5,809	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	524	0	37,184	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	48,321	0	212,964	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	68,463	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	9,330	0	0	20,798	0	76.08
76.97	07697	CARDIAC REHABILITATION	173,553	130	0	2,754	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,580	0	21,017	0	76.98
76.99	07699	LITHOTRIPSY	0	5,887	0	6,138	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	7,453	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	5,982	0	120,799	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	8,673	0	174,396	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,796	0	176,082	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	9,625	0	1,218,570	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	3,501	0	332,544	0	90.05
90.06	09006	OB-GYN CLINIC	0	5,794	0	315,445	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	2,186	0	566,525	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	5,557	0	440,149	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	3,185	0	425,777	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	6,661	0	1,829,786	0	90.10
90.11	09011	SURGERY CLINIC	0	3,258	0	501,953	0	90.11
90.12	09012	UROLOGY CLINIC	0	14,491	0	191,522	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	626	0	352,355	0	90.13
90.14	09014	CANCER CLINIC	0	36,666	0	713,862	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	4,368	0	266,671	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	262,104	27	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	859	1	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	158,499	8	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	341,439	7,327	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	244,417	20,491	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	291,812	10	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	33,829	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	135,946	1	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	258,956	2,101	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	202,803	4,353	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	172	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	114	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	165,997	344	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	91,871	7	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	801	1	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	731,933	25,583	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	2,003	2	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	626,038	12	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	24,785	99	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	744	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	100,629	7	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	3,034	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	182,425	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	20	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	7	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	2	0	0	0	90.97
91.00	09100	EMERGENCY	0	150,996	0	465,811	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	79,982	0	89,055	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	69,887	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	331	0	27,552	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,505	0	118,210	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	16,879	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	10,276	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	3,480	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	507	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,192	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,735,306	3,125,164	0	29,191,097	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	355	0	23,675	0	190.00
190.01	19001	VENDING/PATIENT ART	0	258	0	121,991	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	259,299	0	0	180,603	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	312,760	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	44,788	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	437,793	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	9,207	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	285,893	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,994,605	3,125,777	0	30,607,807	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK	0					9.03
9.04	00904	HOUSEKEEPING-CDD	0	181,740				9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	1,005,833			9.05
10.00	01000	DIETARY	0	0	16,487	19,011,461		10.00
11.00	01100	CAFETERIA	0	0	0	0	6,061,959	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	102,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	139,653	14.00
15.00	01500	PHARMACY	0	0	76	0	20,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	95,022	16.00
17.00	01700	SOCIAL SERVICE	0	7,675	0	0	127,416	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	22,805	0	542,056	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	16,557	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	720	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	12,958	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	11,525,159	708,343	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	800,150	65,507	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	677,137	56,149	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	470,931	33,834	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,057,079	85,664	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,357,119	116,618	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	541,852	69,107	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,058,748	100,061	40.00
43.00	04300	NURSERY	0	0	0	491,973	61,188	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	452,073	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	35,993	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	126,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	92,963	0	151,171	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	36,713	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	23,036	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	16,557	55.02
57.00	05700	CT SCAN	0	0	0	0	20,156	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	29,514	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	24,475	59.00
60.00	06000	LABORATORY	0	0	32,403	0	166,288	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	2,635	0	45,351	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41,032	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	201	0	94,302	65.00
66.00	06600	PHYSICAL THERAPY	0	18,324	201	0	53,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,004	210	0	17,997	67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,961	0	0	32,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	720	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	207,068	0	176,366	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	32,394	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	2,879	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	720	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	2,879	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	37,433	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	6,479	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	1,368	0	2,879	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	25,439	0	3,599	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	3,599	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	3,599	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	10,798	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	5,039	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	20,156	90.02
90.03	09003	ORAL SURGERY CLINIC	0	8,125	0	0	20,156	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	262,750	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	35,273	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	56,869	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	85,664	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	84,944	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	18,533	0	0	37,433	90.09
90.10	09010	PEDIATRIC CLINIC	0	48,951	0	0	169,168	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	77,025	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	28,794	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	29,667	0	0	74,866	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	93,582	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	83,504	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	20,876	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	2,160	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	2,879	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	38,419	0	9,358	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	126	0	1,440	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	23,232	0	3,599	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	50,047	0	23,755	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	35,826	0	12,238	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	42,773	0	7,918	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	4,959	0	5,759	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	19,927	0	4,319	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	37,957	0	11,518	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	29,726	0	7,199	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	25	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	17	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	24,332	0	4,319	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	13,466	0	7,199	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	117	0	2,160	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	107,285	0	17,997	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	294	0	720	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	91,764	0	16,557	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	3,633	0	1,440	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	109	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	14,750	0	2,879	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	445	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	26,740	0	720	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	15,837	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	5,759	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	8,638	90.97
91.00	09100	EMERGENCY	0	0	0	0	123,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	33,834	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	4,319	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	2,160	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	28,075	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	7,918	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,440	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,879	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	2,879	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	720	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	173,240	967,825	18,980,148	5,552,296	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,638	190.00
190.01	19001	VENDING/PATIENT ART	0	8,500	0	0	17,997	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	38,008	0	126,696	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	31,313	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	4,319	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	210,920	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	141,093	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	181,740	1,005,833	19,011,461	6,061,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	23,939,214					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,107	22,571,828				14.00
15.00	01500	PHARMACY	0	0	9,097,781			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,003	0	0	17,602,906		16.00
17.00	01700	SOCIAL SERVICE	481,269	0	0	0	24,583,533	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,572,679	0	316	1,357,826	11,384,683	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	598,208	0	0	80,115	406,742	31.01
32.00	03200	CORONARY CARE UNIT	548,086	0	0	67,807	406,742	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	332,201	0	0	47,143	315,186	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	794,976	0	0	105,803	610,113	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	974,320	0	0	135,839	1,240,582	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	597,333	0	0	54,257	152,528	35.01
40.00	04000	SUBPROVIDER - IPF	915,182	0	0	97,447	1,423,597	40.00
43.00	04300	NURSERY	561,095	0	0	94,342	67,109	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,993,222	0	778	0	33,798	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,715	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	283,783	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,582	0	85,694	0	25,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	57,790	0	4,870	0	25,421	55.00
55.01	03630	ULTRA SOUND	235	0	43	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	13,002	0	15,694	0	0	55.02
57.00	05700	CT SCAN	2,083	0	29,311	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	18,141	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	140,727	0	2,043	0	0	59.00
60.00	06000	LABORATORY	7,843	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	207,149	0	34,024	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	120,597	0	22,225	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,837	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	43,228	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,802	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,831,459	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,740,369	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,230	0	6,543,983	0	1,016,855	73.00
74.00	07400	RENAL DIALYSIS	145,207	0	30,330	95,641	386,385	74.00
76.00	03950	IVF/CULTURE LAB	30,120	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	7,242	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	20,812	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	338,576	0	841	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	25,512	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	192	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	25,421	76.98
76.99	07699	LITHOTRIPSY	36,182	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	38,464	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	31,784	0	0	71,815	25,421	90.01
90.02	09002	DERMATOLOGY CLINIC	86,229	0	6	230,012	50,843	90.02
90.03	09003	ORAL SURGERY CLINIC	72,402	0	0	193,991	25,421	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	605,695	0	1,186	888,092	92,530	90.04
90.05	09005	NEUROLOGY CLINIC	106,650	0	0	185,353	0	90.05
90.06	09006	OB-GYN CLINIC	172,465	0	71	466,291	74,414	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	310,429	0	59	689,923	25,421	90.07
90.08	09008	ORTHOPAEDICS CLINIC	236,292	0	146	587,507	203,371	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	82,037	0	0	236,561	0	90.09
90.10	09010	PEDIATRIC CLINIC	599,232	0	6,887	1,030,480	1,667,875	90.10
90.11	09011	SURGERY CLINIC	213,048	0	96	370,763	228,792	90.11
90.12	09012	UROLOGY CLINIC	66,817	0	980	118,789	25,421	90.12
90.13	09013	PSYCHIATRIC CLINIC	99,380	0	0	371,271	406,742	90.13
90.14	09014	CANCER CLINIC	707,905	0	38,014	717,192	406,742	90.14
90.15	09015	FAMILY CARE CLINIC	197,060	0	218	1,294,593	33,798	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	61,431	0	4,351	276,477	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	20,546	0	0	33,028	213,501	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	24,780	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	70,995	0	1,280	311,481	33,798	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	15,743	0	0	16,881	0	90.51

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	38,866	0	0	91,689	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	205,738	0	159	261,233	203,371	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	100,976	0	11	204,323	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	69,964	0	8	120,708	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	61,093	0	0	71,702	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	31,368	0	0	92,027	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	119,182	0	0	141,711	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	75,378	0	0	207,767	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	782	0	0	3,670	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	633	0	0	2,145	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	40,953	0	5	34,157	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	46,787	0	0	76,332	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	15,470	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	135,177	0	19,889	506,997	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	6,300	0	0	25,350	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	152,808	0	248	139,565	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	16,500	0	0	13,494	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	338	0	0	3,218	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	245	0	0	452	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	15,739	0	0	78,985	101,685	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	282	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	3,630	0	0	5,364	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	101,420	0	7,560	78,760	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	55,359	0	16	426,036	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	75,378	0	0	0	0	90.97
91.00	09100	EMERGENCY	647,348	0	0	546,462	2,023,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	332,095	0	2,098	98,351	203,371	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	24,108	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	36,192	0	0	1,581	0	94.00
95.00	09500	AMBULANCE SERVICES	160,946	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	57,531	0	0	142,671	711,798	105.00
106.00	10600	HEART ACQUISITION	3,708	0	0	18,236	101,685	106.00
107.00	10700	LIVER ACQUISITION	14,274	0	0	27,778	101,685	107.00
108.00	10800	LUNG ACQUISITION	13,563	0	0	31,052	101,685	108.00
109.00	10900	PANCREAS ACQUISITION	324	0	0	4,347	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,939,214	22,571,828	6,871,581	13,698,635	24,583,533	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	2,226,200	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	3,904,271	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,939,214	22,571,828	9,097,781	17,602,906	24,583,533	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	74,580,275					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22,903,159				22.00
23.00	02300	BLANK			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				152,039		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY					2,276,358	23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,628,544	5,106,528	0	52,266	1,187,415	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,365,030	419,193	0	9,502	127,430	31.01
32.00	03200	CORONARY CARE UNIT	1,365,030	419,193	0	9,502	318,574	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,751	28,961	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,613,217	495,409	0	17,421	46,338	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	992,749	304,867	0	3,167	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	992,749	304,867	0	0	75,299	35.01
40.00	04000	SUBPROVIDER - IPF	1,489,124	457,301	0	9,502	75,299	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,941,993	2,438,939	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	620,468	190,542	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,080,588	1,867,312	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,240,936	381,084	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	744,562	228,651	0	0	0	55.00
55.01	03630	ULTRA SOUND	248,187	76,217	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	248,187	76,217	0	0	0	55.02
57.00	05700	CT SCAN	1,365,030	419,193	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,116,843	342,976	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	620,468	190,542	0	0	0	59.00
60.00	06000	LABORATORY	2,730,060	838,385	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	1,116,843	342,976	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	124,094	38,108	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			21.00	22.00	23.00	23.01	23.02	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,502	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	496,375	152,434	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	496,375	152,434	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,613,217	495,409	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	1,985,498	609,735	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,854,154	876,494	0	0	46,338	90.04
90.05	09005	NEUROLOGY CLINIC	1,116,843	342,976	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	992,749	304,867	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,116,843	342,976	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	744,562	228,651	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	744,562	228,651	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1,861,405	571,626	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1,116,843	342,976	0	4,751	0	90.11
90.12	09012	UROLOGY CLINIC	372,281	114,325	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	1,985,498	609,735	0	0	0	90.13
90.14	09014	CANCER CLINIC	1,240,936	381,084	0	0	133,222	90.14
90.15	09015	FAMILY CARE CLINIC	868,655	266,759	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	620,468	190,542	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			21.00	22.00	23.00	23.01	23.02	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	3,167	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	124,094	38,108	0	1,584	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	496,375	152,434	0	3,167	98,468	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	124,094	38,108	0	3,167	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	248,187	76,217	0	1,584	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	1,584	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	1,584	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	620,468	190,542	0	1,584	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	248,187	76,217	0	3,167	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	1,584	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	6,335	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	124,094	38,108	0	1,584	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	124,094	38,108	0	1,584	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	124,094	38,108	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	248,187	76,217	0	0	0	90.97
91.00	09100	EMERGENCY	2,978,247	914,602	0	0	139,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	124,094	38,108	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	124,094	38,108	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,580,275	22,903,159	0	152,039	2,276,358	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,580,275	22,903,159	0	152,039	2,276,358	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK	0					23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH		832,953				23.04
23.05	02305	BLANK			0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH				203,280		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH					450,258	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	832,953	0	203,280	450,258	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	832,953	0	203,280	450,258	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	832,953	0	203,280	450,258	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	146,495					23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	195,721,561	-21,735,072	173,986,489		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	18,163,749	-1,784,223	16,379,526		31.01
32.00	03200	CORONARY CARE UNIT	0	16,752,877	-1,784,223	14,968,654		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,732,456	0	8,732,456		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	22,732,900	-2,108,626	20,624,274		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	31,124,895	-1,297,616	29,827,279		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	18,495,044	-1,297,616	17,197,428		35.01
40.00	04000	SUBPROVIDER - IPF	0	23,138,491	-1,946,425	21,192,066		40.00
43.00	04300	NURSERY	0	14,251,723	0	14,251,723		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	167,748,666	-10,380,932	157,367,734		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,216,792	-811,010	8,405,782		52.00
53.00	05300	ANESTHESIOLOGY	0	19,425,154	-7,947,900	11,477,254		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,495	41,502,355	-1,622,020	39,880,335		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,815,188	-973,213	17,841,975		55.00
55.01	03630	ULTRA SOUND	0	7,651,619	-324,404	7,327,215		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,032,589	-324,404	8,708,185		55.02
57.00	05700	CT SCAN	0	10,007,122	-1,784,223	8,222,899		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,637,110	-1,459,819	10,177,291		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,027,299	-811,010	9,216,289		59.00
60.00	06000	LABORATORY	0	77,256,010	-3,568,445	73,687,565		60.00
60.01	03020	BLANK	0	0	0	0		60.01
60.02	03140	CARDIOLOGY	0	15,177,523	-1,459,819	13,717,704		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	21,883,948	-162,202	21,721,746		63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
65.00	06500	RESPIRATORY THERAPY	0	19,855,036	0	19,855,036		65.00
66.00	06600	PHYSICAL THERAPY	0	9,993,872	0	9,993,872		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,435,807	0	3,435,807		67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,076,804	0	1,076,804		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,032,863	0	6,032,863		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,313,340	0	52,313,340		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	113,432,057	0	113,432,057		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	304,416,431	0	304,416,431		73.00
74.00	07400	RENAL DIALYSIS	0	13,163,044	-843,774	12,319,270		74.00
76.00	03950	IVF/CULTURE LAB	0	1,298,632	0	1,298,632		76.00
76.01	03951	BLANK	0	0	0	0		76.01
76.02	03952	URODYNAMICS	0	288,845	0	288,845		76.02
76.03	03953	SPINE TREATMENT CENTER	0	638,534	0	638,534		76.03
76.04	03954	BLANK	0	0	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	9,666,142	0	9,666,142		76.05
76.06	03956	RECREATION THERAPY	0	2,035,318	-648,809	1,386,509		76.06
76.07	03957	CDC - REHAB	0	0	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	577,243	0	577,243		76.08
76.97	07697	CARDIAC REHABILITATION	0	1,029,460	0	1,029,460		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	755,694	0	755,694		76.98
76.99	07699	LITHOTRIPSY	0	1,775,145	0	1,775,145		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,635,477	0	5,635,477		77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	2,298,806	-648,809	1,649,997		90.01
90.02	09002	DERMATOLOGY CLINIC	0	5,531,489	-2,108,626	3,422,863		90.02
90.03	09003	ORAL SURGERY CLINIC	0	6,651,729	-2,595,233	4,056,496		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	25,362,800	-3,730,648	21,632,152		90.04
90.05	09005	NEUROLOGY CLINIC	0	6,261,235	-1,459,819	4,801,416		90.05
90.06	09006	OB-GYN CLINIC	0	8,395,902	-1,297,616	7,098,286		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	14,708,887	-1,459,819	13,249,068		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	10,687,176	-973,213	9,713,963		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	8,628,122	-973,213	7,654,909		90.09
90.10	09010	PEDIATRIC CLINIC	0	28,018,189	-2,433,031	25,585,158		90.10
90.11	09011	SURGERY CLINIC	0	11,195,374	-1,459,819	9,735,555		90.11
90.12	09012	UROLOGY CLINIC	0	3,767,166	-486,606	3,280,560		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	9,944,106	-2,595,233	7,348,873		90.13
90.14	09014	CANCER CLINIC	0	22,730,134	-1,622,020	21,108,114		90.14
90.15	09015	FAMILY CARE CLINIC	0	7,823,662	-1,135,414	6,688,248		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	4,872,119	-811,010	4,061,109		90.16
90.17	09017	BLANK	0	0	0	0		90.17
90.18	09018	BLANK	0	0	0	0		90.18
90.19	09019	BURN CLINIC	0	703,024	0	703,024		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	400,932	0	400,932		90.20
90.21	09021	BLANK	0	0	0	0		90.21
90.22	09022	BLANK	0	0	0	0		90.22
90.23	09023	BLANK	0	0	0	0		90.23
90.24	09024	BLANK	0	0	0	0		90.24
90.25	09025	BLANK	0	0	0	0		90.25
90.26	09026	BLANK	0	0	0	0		90.26
90.27	09027	BLANK	0	0	0	0		90.27
90.28	09028	BLANK	0	0	0	0		90.28
90.29	09029	BLANK	0	0	0	0		90.29
90.30	09030	BLANK	0	0	0	0		90.30
90.31	09031	BLANK	0	0	0	0		90.31
90.32	09032	BLANK	0	0	0	0		90.32
90.33	09033	BLANK	0	0	0	0		90.33
90.34	09034	BLANK	0	0	0	0		90.34
90.35	09035	BLANK	0	0	0	0		90.35
90.36	09036	BLANK	0	0	0	0		90.36
90.37	09037	BLANK	0	0	0	0		90.37
90.38	09038	BLANK	0	0	0	0		90.38
90.39	09039	BLANK	0	0	0	0		90.39
90.40	09040	BLANK	0	0	0	0		90.40
90.41	09041	BLANK	0	0	0	0		90.41
90.42	09042	BLANK	0	0	0	0		90.42
90.43	09043	BLANK	0	0	0	0		90.43
90.44	09044	BLANK	0	0	0	0		90.44
90.45	09045	BLANK	0	0	0	0		90.45
90.46	09046	BLANK	0	0	0	0		90.46
90.47	09047	BLANK	0	0	0	0		90.47

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
90.48	09048	BLANK	0	0	0	0		90.48
90.49	09049	BLANK	0	0	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,549,771	0	2,549,771		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	271,230	0	271,230		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,257,526	-162,202	1,095,324		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	5,571,219	-648,809	4,922,410		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	3,289,772	-162,202	3,127,570		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	2,393,678	-324,404	2,069,274		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	1,060,273	0	1,060,273		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,167,977	0	1,167,977		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	3,171,180	-811,010	2,360,170		90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC	0	2,298,362	-324,404	1,973,958		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	15,811	0	15,811		90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	12,741	0	12,741		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	991,143	0	991,143		90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,294,351	0	1,294,351		90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	723,375	0	723,375		90.72
90.73	09073	BLANK	0	0	0	0		90.73
90.74	09074	BLANK	0	0	0	0		90.74
90.75	09075	BLANK	0	0	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES	0	7,080,667	0	7,080,667		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	154,064	0	154,064		90.77
90.78	09078	BLANK	0	0	0	0		90.78
90.79	09079	BLANK	0	0	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	3,695,153	-162,202	3,532,951		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	277,968	0	277,968		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	30,202	0	30,202		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	3,768	0	3,768		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1,176,574	-162,202	1,014,372		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	21,402	0	21,402		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0		90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	388,901	0	388,901		90.87
90.88	09088	BLANK	0	0	0	0		90.88
90.89	09089	BLANK	0	0	0	0		90.89
90.90	09090	BLANK	0	0	0	0		90.90
90.91	09091	BLANK	0	0	0	0		90.91
90.92	09092	BLANK	0	0	0	0		90.92
90.93	09093	BLANK	0	0	0	0		90.93
90.94	09094	BLANK	0	0	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	2,990,408	0	2,990,408		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	2,778,027	-162,202	2,615,825		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	2,193,546	-324,404	1,869,142		90.97
91.00	09100	EMERGENCY	0	25,215,516	-3,892,849	21,322,667		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,032,180	-162,202	6,869,978		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	1,045,775	-162,202	883,573		93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	984,452	0	984,452		94.00
95.00	09500	AMBULANCE SERVICES	0	2,876,906	0	2,876,906		95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,106,363	0	9,106,363		105.00
106.00	10600	HEART ACQUISITION	0	1,637,628	0	1,637,628		106.00
107.00	10700	LIVER ACQUISITION	0	2,672,635	0	2,672,635		107.00
108.00	10800	LUNG ACQUISITION	0	3,867,641	0	3,867,641		108.00
109.00	10900	PANCREAS ACQUISITION	0	802,530	0	802,530		109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,495	1,595,996,382	-98,327,208	1,497,669,174		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,475,756	0	1,475,756		190.00
190.01	19001	VENDING/PATIENT ART	0	3,249,592	0	3,249,592		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	247,471,237	0	247,471,237		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0		190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
190.05	19005	CLINICAL RESEARCH UNIT	0	1,548,046	0	1,548,046		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	968,399	0	968,399		190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	4,639,965	0	4,639,965		190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0		190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	2,334,002	0	2,334,002		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	0	998,290	0	998,290		190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0		190.14
190.15	19015	RENTAL PROPERTIES	0	111,054	0	111,054		190.15
191.00	19100	RESEARCH	0	1,386,442	0	1,386,442		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	UICOM	0	39,748,691	0	39,748,691		194.00
194.01	07951	OUTREACH	0	2,707,488	0	2,707,488		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	146,495	1,902,635,344	-98,327,208	1,804,308,136		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	4,884,403	0	6,668,946	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	7,575,751	0	645,743	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	1,927	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	112,999	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	428,442	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	0	298,479	0	0	10.00
11.00	01100	CAFETERIA	0	0	983,168	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,166	0	928,311	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	376,938	0	1,280,825	0	0	14.00
15.00	01500	PHARMACY	198,800	0	103,892	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	138	0	871,133	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	274,247	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,405,117	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,325	0	572,369	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	13,661	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	30,964	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	3,911	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	9,482	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	161	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	530,980	0	5,323,031	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	20,614	0	340,353	0	0	31.01
32.00	03200	CORONARY CARE UNIT	40,133	0	377,049	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	76,165	0	254,140	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	74,992	0	166,855	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	502,655	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	20,857	0	478,816	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	22,245	0	599,279	0	0	40.00
43.00	04300	NURSERY	0	0	465,691	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,341,144	0	3,616,907	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	218,480	0	0	52.00
53.00	05300	ANESTHESIOLOGY	105	0	357,478	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,901	0	1,228,165	0	11,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	80	0	525,691	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	139,356	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	163,034	0	0	55.02
57.00	05700	CT SCAN	0	0	166,355	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	352,746	0	23,899	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,096	0	207,855	0	0	59.00
60.00	06000	LABORATORY	13,099	0	1,232,362	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	305	0	391,210	0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,076	0	310,604	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	246,158	0	0	65.00
66.00	06600	PHYSICAL THERAPY	59,747	0	165,927	0	59,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	50,767	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	4,186	0	19,768	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,471	0	71,981	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	26,393	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	472,727	0	0	73.00
74.00	07400	RENAL DIALYSIS	191,915	0	211,016	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	102,874	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	7,571	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	48,464	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	277,568	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	89,231	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	27,107	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,589	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	27,393	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	8,000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	9,714	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	157,445	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	227,301	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	229,497	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	1,588,233	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	4,717	0	433,424	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	411,138	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	738,385	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	573,672	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	554,940	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	2,384,867	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	654,225	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	249,622	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	5,833	0	459,245	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	930,418	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	347,568	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	148,644	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	15,119	0	607,118	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,839	0	116,070	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	91,088	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	35,910	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,442	0	154,070	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,691	0	22,000	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	13,393	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	4,536	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	661	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,554	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,558,200	0	45,902,590	0	244,023	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30,857	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	158,998	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	235,390	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	407,638	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	58,374	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	570,601	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	85,135	0	12,000	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	372,621	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	20,789	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,664,124	0	47,749,069	0	244,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	76,336	110,573	22,532,602	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	38,427	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	891	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	271,428	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,756	2,725	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	133,763	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	20,543	0	0	0	9.05
10.00	01000	DIETARY	0	46,938	161,898	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	268,124	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	544,837	0	0	14.00
15.00	01500	PHARMACY	0	215	180,601	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,855	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,321	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	64,925	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,428	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,893,538	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	192,540	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	198,812	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	71,520	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	234,184	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	309,484	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	340,464	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	57,681	0	0	40.00
43.00	04300	NURSERY	0	0	207,378	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,991,691	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	110,750	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	558,488	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	264,668	2,751,529	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,758,131	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	647,521	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	1,021,710	0	0	55.02
57.00	05700	CT SCAN	0	0	879,310	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,823,583	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	480,929	0	0	59.00
60.00	06000	LABORATORY	0	92,252	1,543,880	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	7,501	914,151	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	206,157	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	573	346,720	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,316	573	20,323	0	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
67.00	06700	OCCUPATIONAL THERAPY	3,943	597	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	17,960	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,682	0	125,667	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	589,529	460,417	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	181,022	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	11,059	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	44,209	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	627,464	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	3,894	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	72,425	692	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,601	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	177,848	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	40,033	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	33,355	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	4,574	0	32,859	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	60,900	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	38,366	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	24,609	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	287,357	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	13,212	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,434	0	286,726	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	27,559	0	245,407	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	96,260	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	147,143	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	16,702	0	96,142	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	119,033	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	2,830	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	78,825	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	109,379	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	358	0	0	0	90.51

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	66,143	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	142,486	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	101,997	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	121,776	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	14,117	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	56,732	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	108,065	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	84,632	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	72	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	48	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	69,272	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	38,339	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	334	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	305,443	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	836	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	261,252	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	10,343	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	311	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	41,993	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	1,266	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	76,128	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	93,807	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	21,079	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,808	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	127,076	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,867	3,192,712	50,954,391	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	4,785	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	108,208	95,687	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	BLANK	BLANK	
			1.04	1.05	2.00	2.01	2.02	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	525,982	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	178,652	3,300,920	51,576,060	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	34,272,860	34,272,860	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	0	8,259,921	1,311,664	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	4,780	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	2,818	9,135	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	271,428	125,999	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	150,480	51,141	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	0	562,205	537,448	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	3,274	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	12,887	33,430	17,232	9.05
10.00	01000	DIETARY	0	0	0	507,315	326,262	10.00
11.00	01100	CAFETERIA	0	0	0	983,168	63,670	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,204,601	386,438	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,202,600	344,708	14.00
15.00	01500	PHARMACY	0	0	0	483,508	158,693	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	877,126	274,418	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	278,568	418,667	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,470,042	1,219,234	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	579,122	385,428	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	2,726	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	13,661	40,140	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	30,964	13,572	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	3,911	3,481	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	9,482	7,672	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	161	2,632	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	7,747,549	2,277,135	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	553,507	240,287	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	615,994	213,791	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	401,825	122,115	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	476,031	313,368	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	812,139	444,856	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	840,137	260,348	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	679,205	268,542	40.00
43.00	04300	NURSERY	0	0	0	673,069	211,392	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	10,949,742	2,593,187	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	329,230	133,895	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	916,071	182,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	332,134	4,592,036	609,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,283,902	294,290	55.00
55.01	03630	ULTRA SOUND	0	0	0	786,877	124,755	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	1,184,744	148,218	55.02
57.00	05700	CT SCAN	0	0	0	1,045,665	138,602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,200,228	165,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	746,880	152,537	59.00
60.00	06000	LABORATORY	0	0	9,038	2,890,631	1,262,631	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	18,430	1,331,597	222,834	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	519,837	373,422	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	593,451	344,117	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK	BLANK	MVBLE EQUIP-IRL	Subtotal	ADMINISTRATIVE & GENERAL	
			2.03	2.04	2.05	2A	5.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	316,727	170,005	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	55,307	58,711	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,914	17,600	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	227,801	101,609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,393	800,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,777,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,445	1,530,118	5,292,269	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	583,953	214,379	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	113,933	18,040	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	51,780	4,669	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	48,464	8,824	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	905,032	153,624	76.05
76.06	03956	RECREATION THERAPY	0	0	0	89,231	20,732	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	31,001	8,440	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,543	81,249	14,723	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	33,994	11,776	76.98
76.99	07699	LITHOTRIPSY	0	0	0	185,848	30,784	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	9,714	100,180	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	197,478	19,917	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	260,656	44,012	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	266,930	56,231	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	1,649,133	281,867	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	476,507	60,483	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	435,747	94,871	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	1,025,742	184,446	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	586,884	128,311	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	852,100	104,486	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	2,657,833	284,525	90.10
90.11	09011	SURGERY CLINIC	0	0	0	750,485	128,938	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	396,765	42,949	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	577,922	91,945	90.13
90.14	09014	CANCER CLINIC	0	0	0	1,049,451	298,766	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	350,398	75,336	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	227,469	66,615	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	7,814	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	6,724	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLANK	BLANK	MVBLE EQUIP-IRL	Subtotal	ADMINISTRATIVE & GENERAL	
			2.03	2.04	2.05	2A	5.00	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	150,150	259,529	32,770	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	6,401	6,759	4,254	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	82,865	149,008	14,012	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	107,057	249,543	67,150	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	97,344	199,341	45,145	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	108,316	230,092	27,642	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	31,170	45,287	15,876	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	34,929	91,661	15,903	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	53,740	161,805	32,194	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	95,945	180,577	26,004	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1,392	1,464	201	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	811	859	177	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	12,723	81,995	12,989	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	68,129	106,468	19,042	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	5,970	6,304	12,697	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	499,612	805,055	99,607	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	9,683	10,519	2,151	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	59,253	320,505	45,113	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	5,101	15,444	3,927	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	1,268	1,579	465	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	161	161	55	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	30,054	72,047	12,576	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	118	1,384	318	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	2,042	78,170	3,063	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	50,201	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	38,345	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	32,157	90.97
91.00	09100	EMERGENCY	0	0	0	716,044	290,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	140,988	104,879	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	91,088	11,191	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	59,718	15,347	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	283,588	41,211	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	25,691	146,451	105.00
106.00	10600	HEART ACQUISITION	0	0	0	13,393	26,627	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	4,536	45,293	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	661	66,953	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,554	14,288	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,848,711	118,874,494	28,965,454	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,857	24,995	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	163,783	50,273	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	5,560	444,845	4,399,265	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	407,638	8,465	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	58,374	14,666	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	ADMINISTRATIVE & GENERAL	
			BLANK	BLANK	MVBLE EQUIP-IRL			
			2.03	2.04	2.05	2A	5.00	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	83,583	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	570,601	11,849	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	97,135	12,648	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	2,001	190.15
191.00	19100	RESEARCH	0	0	0	372,621	7,737	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	546,771	643,152	194.00
194.01	07951	OUTREACH	0	0	0	0	48,772	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,854,271	121,567,119	34,272,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	9,571,585				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	4,780			6.02
6.03	00603	BLANK	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	11,953	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,749	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	101,420	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	70,656	0	0	0	10.00
11.00	01100	CAFETERIA	0	232,734	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	219,749	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	303,196	0	0	0	14.00
15.00	01500	PHARMACY	0	24,593	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	206,214	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	64,919	0	0	505	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	569,337	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	135,491	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	3,234	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	7,330	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	926	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	2,245	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	38	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,260,064	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	80,568	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	89,255	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	60,160	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	39,498	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	118,988	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	113,345	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	141,861	0	0	0	40.00
43.00	04300	NURSERY	0	110,238	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	856,190	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,718	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	84,622	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	290,730	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124,441	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	32,988	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	38,593	0	0	0	55.02
57.00	05700	CT SCAN	0	39,379	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	83,502	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	49,203	0	0	0	59.00
60.00	06000	LABORATORY	0	291,723	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	92,607	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	73,526	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	58,270	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,278	0	0	1,205	66.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
67.00	06700	OCCUPATIONAL THERAPY	0	12,018	0	0	461	67.00
69.00	06900	ELECTROCARDIOLOGY	0	4,679	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,039	0	0	2,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,248	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	111,903	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	49,951	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	24,352	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	1,792	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	11,472	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	65,706	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	21,123	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	6,417	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	850	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,484	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	1,894	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	2,300	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	37,270	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	53,806	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	54,326	0	0	534	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	375,965	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	102,600	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	97,324	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	174,790	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	135,799	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	131,365	0	0	1,219	90.09
90.10	09010	PEDIATRIC CLINIC	0	564,543	0	0	3,220	90.10
90.11	09011	SURGERY CLINIC	0	154,867	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	59,090	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	108,712	0	0	1,951	90.13
90.14	09014	CANCER CLINIC	0	220,248	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	82,276	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	143,716	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	27,476	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	21,562	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	8,501	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	36,471	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,208	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	3,170	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,074	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	156	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	368	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,134,489	0	0	11,394	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,304	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	37,638	0	0	559	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	55,721	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	96,496	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	13,818	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	BLANK	MAINTENANCE & REPAIRS-CDD	
			6.00	6.01	6.02	6.03	6.04	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	135,072	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	2,841	4,780	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	88,206	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,571,585	4,780	0	11,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	397,427					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	4,732	233,102				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	66	0	1,201,139		9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	2,797	0	0	0	0	9.05
10.00	01000	DIETARY	6,391	311	0	8,987	0	10.00
11.00	01100	CAFETERIA	0	194	0	29,602	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	27,951	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	0	38,564	0	14.00
15.00	01500	PHARMACY	29	0	0	3,128	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	26,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,257	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,840	0	0	72,416	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,524	0	17,233	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	411	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	932	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	118	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	285	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	5	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	83,323	0	160,272	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	5,874	0	10,248	0	31.01
32.00	03200	CORONARY CARE UNIT	0	3,594	0	11,353	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,059	0	7,652	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	6,142	0	5,024	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,004	0	15,134	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,843	0	14,417	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	4,899	0	18,044	0	40.00
43.00	04300	NURSERY	0	3,364	0	14,022	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	48,011	0	108,902	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,885	0	6,578	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,763	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,036	5,671	0	36,979	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,254	0	15,828	0	55.00
55.01	03630	ULTRA SOUND	0	1,527	0	4,196	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	1,210	0	4,909	0	55.02
57.00	05700	CT SCAN	0	3,723	0	5,009	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,170	0	10,621	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,539	0	6,258	0	59.00
60.00	06000	LABORATORY	12,561	205	0	37,105	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	1,021	2,665	0	11,779	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	780	0	9,352	0	63.00
65.00	06500	RESPIRATORY THERAPY	78	239	0	7,412	0	65.00
66.00	06600	PHYSICAL THERAPY	78	445	0	4,996	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	81	0	0	1,529	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	595	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	273	0	2,167	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11	0	795	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	80,268	693	0	14,233	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,555	0	6,353	0	74.00
76.00	03950	IVF/CULTURE LAB	0	1	0	3,097	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	169	0	228	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	39	0	1,459	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	3,603	0	8,357	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	2,687	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	530	0	0	816	0	76.08
76.97	07697	CARDIAC REHABILITATION	9,861	10	0	108	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	192	0	825	0	76.98
76.99	07699	LITHOTRIPSY	0	439	0	241	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	292	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	446	0	4,741	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	647	0	6,844	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	209	0	6,910	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	718	0	47,820	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	261	0	13,050	0	90.05
90.06	09006	OB-GYN CLINIC	0	432	0	12,379	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	163	0	22,232	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	414	0	17,273	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	238	0	16,709	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	497	0	71,806	0	90.10
90.11	09011	SURGERY CLINIC	0	243	0	19,698	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,081	0	7,516	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	47	0	13,827	0	90.13
90.14	09014	CANCER CLINIC	0	2,734	0	28,014	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	326	0	10,465	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	14,892	2	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	49	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	9,006	1	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	19,400	546	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	13,888	1,528	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	16,580	1	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,922	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	7,724	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	14,714	157	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	11,523	325	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	10	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	7	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	9,432	26	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	5,220	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	46	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	41,588	1,908	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	114	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	35,571	1	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,408	7	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	42	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	5,718	1	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	172	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	10,365	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	1	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	1	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	11,260	0	18,280	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,964	0	3,495	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,743	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	25	0	1,081	0	94.00
95.00	09500	AMBULANCE SERVICES	0	336	0	4,639	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	662	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	403	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	137	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	20	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	47	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	382,694	233,056	0	1,145,544	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27	0	929	0	190.00
190.01	19001	VENDING/PATIENT ART	0	19	0	4,787	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	14,733	0	0	7,087	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	12,274	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,758	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	17,180	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	361	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	BLANK	
			6.05	8.00	9.00	9.01	9.02	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	11,219	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	397,427	233,102	0	1,201,139	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK	0					9.03
9.04	00904	HOUSEKEEPING-CDD	0	3,274				9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	53,459			9.05
10.00	01000	DIETARY	0	0	876	920,798		10.00
11.00	01100	CAFETERIA	0	0	0	0	1,309,368	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	22,235	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	30,165	14.00
15.00	01500	PHARMACY	0	0	4	0	4,509	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	20,524	16.00
17.00	01700	SOCIAL SERVICE	0	138	0	0	27,521	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,212	0	117,083	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	3,576	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	155	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	2,799	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	558,209	153,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	38,754	14,149	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32,796	12,128	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	22,809	7,308	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	51,198	18,503	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	65,730	25,189	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	26,244	14,927	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	99,713	21,613	40.00
43.00	04300	NURSERY	0	0	0	23,828	13,217	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	97,647	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	7,774	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	27,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,941	0	32,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,930	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	4,976	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	3,576	55.02
57.00	05700	CT SCAN	0	0	0	0	4,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	6,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,287	59.00
60.00	06000	LABORATORY	0	0	1,722	0	35,918	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	140	0	9,796	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,863	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	11	0	20,369	65.00
66.00	06600	PHYSICAL THERAPY	0	330	11	0	11,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	126	11	0	3,887	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	630	0	0	6,997	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,005	0	38,095	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,997	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	622	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	155	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	622	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	8,085	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	1,399	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	73	0	622	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	1,352	0	777	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	777	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	777	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	2,332	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	1,088	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	4,354	90.02
90.03	09003	ORAL SURGERY CLINIC	0	146	0	0	4,354	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	56,753	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	7,619	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	12,284	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	18,503	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	18,348	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	334	0	0	8,085	90.09
90.10	09010	PEDIATRIC CLINIC	0	883	0	0	36,540	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	16,637	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	6,220	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	534	0	0	16,171	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	20,213	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	18,037	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	4,509	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	466	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	622	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	2,042	0	2,021	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	7	0	311	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	1,235	0	777	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	2,660	0	5,131	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	1,904	0	2,643	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	2,273	0	1,710	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	264	0	1,244	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	1,059	0	933	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	2,017	0	2,488	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	1,580	0	1,555	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	1	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	1	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	1,293	0	933	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	716	0	1,555	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	6	0	466	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	5,702	0	3,887	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	16	0	155	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	4,877	0	3,576	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	193	0	311	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	6	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	784	0	622	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	24	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	1,421	0	155	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	3,421	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	1,244	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	1,866	90.97
91.00	09100	EMERGENCY	0	0	0	0	26,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	7,308	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	933	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	466	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,064	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,710	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	311	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	622	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	622	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	155	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,121	51,439	919,281	1,199,282	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,866	190.00
190.01	19001	VENDING/PATIENT ART	0	153	0	0	3,887	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	2,020	0	27,366	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,517	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	933	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	45,558	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	HOUSEKEEPING-CDD	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	
			9.03	9.04	9.05	10.00	11.00	
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	30,476	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,274	53,459	920,798	1,309,368	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,860,974					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	552	2,919,789				14.00
15.00	01500	PHARMACY	0	0	674,464			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,877	0	0	1,407,388		16.00
17.00	01700	SOCIAL SERVICE	37,413	0	0	0	835,988	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	510,946	0	23	108,561	387,150	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	46,503	0	0	6,405	13,832	31.01
32.00	03200	CORONARY CARE UNIT	42,607	0	0	5,421	13,832	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	25,824	0	0	3,769	10,718	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	61,799	0	0	8,459	20,748	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	75,741	0	0	10,861	42,187	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	46,435	0	0	4,338	5,187	35.01
40.00	04000	SUBPROVIDER - IPF	71,144	0	0	7,791	48,411	40.00
43.00	04300	NURSERY	43,618	0	0	7,543	2,282	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	232,685	0	58	0	1,149	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,165	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,061	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,360	0	6,351	0	864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,492	0	361	0	864	55.00
55.01	03630	ULTRA SOUND	18	0	3	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,011	0	1,163	0	0	55.02
57.00	05700	CT SCAN	162	0	2,172	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,345	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,940	0	151	0	0	59.00
60.00	06000	LABORATORY	610	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	16,103	0	2,522	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,375	0	1,647	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,620	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	3,360	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,016	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,013,014	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,906,775	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96	0	485,196	0	34,579	73.00
74.00	07400	RENAL DIALYSIS	11,288	0	2,248	7,647	13,139	74.00
76.00	03950	IVF/CULTURE LAB	2,341	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	563	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	1,618	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	26,320	0	62	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1,983	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	15	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	864	76.98
76.99	07699	LITHOTRIPSY	2,813	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,990	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	2,471	0	0	5,742	864	90.01
90.02	09002	DERMATOLOGY CLINIC	6,703	0	0	18,390	1,729	90.02
90.03	09003	ORAL SURGERY CLINIC	5,628	0	0	15,510	864	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	47,085	0	88	71,005	3,147	90.04
90.05	09005	NEUROLOGY CLINIC	8,291	0	0	14,819	0	90.05
90.06	09006	OB-GYN CLINIC	13,407	0	5	37,281	2,531	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	24,132	0	4	55,161	864	90.07
90.08	09008	ORTHOPAEDICS CLINIC	18,369	0	11	46,972	6,916	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	6,377	0	0	18,914	0	90.09
90.10	09010	PEDIATRIC CLINIC	46,583	0	510	82,389	56,718	90.10
90.11	09011	SURGERY CLINIC	16,562	0	7	29,643	7,780	90.11
90.12	09012	UROLOGY CLINIC	5,194	0	73	9,497	864	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,726	0	0	29,684	13,832	90.13
90.14	09014	CANCER CLINIC	55,031	0	2,817	57,341	13,832	90.14
90.15	09015	FAMILY CARE CLINIC	15,319	0	16	103,505	1,149	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,775	0	322	22,105	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	1,597	0	0	2,641	7,260	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	1,926	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	5,519	0	95	24,904	1,149	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	1,224	0	0	1,350	0	90.51

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	3,021	0	0	7,331	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	15,994	0	12	20,886	6,916	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	7,850	0	1	16,336	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,439	0	1	9,651	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	4,749	0	0	5,733	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,438	0	0	7,358	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	9,265	0	0	11,330	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	5,860	0	0	16,611	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	61	0	0	293	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	49	0	0	172	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	3,184	0	0	2,731	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	3,637	0	0	6,103	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	1,237	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	10,508	0	1,474	40,535	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	490	0	0	2,027	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	11,879	0	18	11,159	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,283	0	0	1,079	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	26	0	0	257	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	19	0	0	36	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,224	0	0	6,315	3,458	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	23	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	282	0	0	429	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	7,884	0	560	6,297	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	4,303	0	1	34,062	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	5,860	0	0	0	0	90.97
91.00	09100	EMERGENCY	50,323	0	0	43,691	68,814	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	25,816	0	156	7,863	6,916	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1,874	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,813	0	0	126	0	94.00
95.00	09500	AMBULANCE SERVICES	12,511	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,472	0	0	11,407	24,205	105.00
106.00	10600	HEART ACQUISITION	288	0	0	1,458	3,458	106.00
107.00	10700	LIVER ACQUISITION	1,110	0	0	2,221	3,458	107.00
108.00	10800	LUNG ACQUISITION	1,054	0	0	2,483	3,458	108.00
109.00	10900	PANCREAS ACQUISITION	25	0	0	348	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,860,974	2,919,789	509,473	1,095,236	835,988	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	164,991	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	312,152	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,860,974	2,919,789	674,464	1,407,388	835,988	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS		BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,458,164					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,122,374				22.00
23.00	02300	BLANK			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				2,881		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY					60,245	23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	03020	BLANK						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	BLANK	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	
			21.00	22.00	23.00	23.01	23.02	
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06
190.07	19007	NON-ALLOWABLE						190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	4,458,164	1,122,374	0	2,881	60,245	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,458,164	1,122,374	0	2,881	60,245	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK	0					23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH		52,798				23.04
23.05	02305	BLANK			0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH				8,436		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH					19,684	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	03020	BLANK						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	BLANK	PARAMEDICAL EDUC - RAD TECH	BLANK	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	
			23.03	23.04	23.05	23.06	23.07	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	0	52,798	0	8,436	19,684	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	52,798	0	8,436	19,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	2,836					23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		13,246,238	0	13,246,238		30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		1,010,127	0	1,010,127		31.01
32.00	03200	CORONARY CARE UNIT		1,040,771	0	1,040,771		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		667,239	0	667,239		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		1,000,770	0	1,000,770		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,611,829	0	1,611,829		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,327,221	0	1,327,221		35.01
40.00	04000	SUBPROVIDER - IPF		1,361,223	0	1,361,223		40.00
43.00	04300	NURSERY		1,102,573	0	1,102,573		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		14,887,571	0	14,887,571		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		558,245	0	558,245		52.00
53.00	05300	ANESTHESIOLOGY		1,243,700	0	1,243,700		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,631,032	0	5,631,032		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		4,734,362	0	4,734,362		55.00
55.01	03630	ULTRA SOUND		955,340	0	955,340		55.01
55.02	05501	RADIOLOGY - PET SCAN		1,383,424	0	1,383,424		55.02
57.00	05700	CT SCAN		1,239,066	0	1,239,066		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,471,389	0	2,471,389		58.00
59.00	05900	CARDIAC CATHETERIZATION		974,795	0	974,795		59.00
60.00	06000	LABORATORY		4,533,106	0	4,533,106		60.00
60.01	03020	BLANK		0	0	0		60.01
60.02	03140	CARDIOLOGY		1,691,064	0	1,691,064		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		996,802	0	996,802		63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
65.00	06500	RESPIRATORY THERAPY		1,025,567	0	1,025,567		65.00
66.00	06600	PHYSICAL THERAPY		544,581	0	544,581		66.00
67.00	06700	OCCUPATIONAL THERAPY		132,131	0	132,131		67.00
69.00	06900	ELECTROCARDIOLOGY		69,392	0	69,392		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		361,831	0	361,831		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,846,667	0	1,846,667		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		3,684,586	0	3,684,586		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		7,598,455	0	7,598,455		73.00
74.00	07400	RENAL DIALYSIS		897,510	0	897,510		74.00
76.00	03950	IVF/CULTURE LAB		162,386	0	162,386		76.00
76.01	03951	BLANK		0	0	0		76.01
76.02	03952	URODYNAMICS		59,356	0	59,356		76.02
76.03	03953	SPINE TREATMENT CENTER		72,498	0	72,498		76.03
76.04	03954	BLANK		0	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR		1,170,789	0	1,170,789		76.05
76.06	03956	RECREATION THERAPY		135,172	0	135,172		76.06
76.07	03957	CDC - REHAB		0	0	0		76.07
76.08	03958	DIABETES EDUCATION		49,882	0	49,882		76.08
76.97	07697	CARDIAC REHABILITATION		108,945	0	108,945		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		54,912	0	54,912		76.98
76.99	07699	LITHOTRIPSY		222,796	0	222,796		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		117,808	0	117,808		77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC		270,017	0	270,017		90.01
90.02	09002	DERMATOLOGY CLINIC		397,141	0	397,141		90.02
90.03	09003	ORAL SURGERY CLINIC		411,642	0	411,642		90.03
90.04	09004	INTERNAL MEDICINE CLINIC		2,533,581	0	2,533,581		90.04
90.05	09005	NEUROLOGY CLINIC		683,630	0	683,630		90.05
90.06	09006	OB-GYN CLINIC		706,261	0	706,261		90.06
90.07	09007	OPHTHALMOLOGY CLINIC		1,506,037	0	1,506,037		90.07
90.08	09008	ORTHOPAEDICS CLINIC		959,297	0	959,297		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC		1,139,827	0	1,139,827		90.09
90.10	09010	PEDIATRIC CLINIC		3,806,047	0	3,806,047		90.10
90.11	09011	SURGERY CLINIC		1,124,860	0	1,124,860		90.11
90.12	09012	UROLOGY CLINIC		529,249	0	529,249		90.12
90.13	09013	PSYCHIATRIC CLINIC		862,351	0	862,351		90.13
90.14	09014	CANCER CLINIC		1,748,447	0	1,748,447		90.14
90.15	09015	FAMILY CARE CLINIC		656,827	0	656,827		90.15
90.16	09016	ORTHO SPORTS MED CLINIC		325,795	0	325,795		90.16
90.17	09017	BLANK		0	0	0		90.17
90.18	09018	BLANK		0	0	0		90.18
90.19	09019	BURN CLINIC		19,778	0	19,778		90.19
90.20	09020	HOSPITAL BASED PROGRAMS		9,272	0	9,272		90.20
90.21	09021	BLANK		0	0	0		90.21
90.22	09022	BLANK		0	0	0		90.22
90.23	09023	BLANK		0	0	0		90.23
90.24	09024	BLANK		0	0	0		90.24
90.25	09025	BLANK		0	0	0		90.25
90.26	09026	BLANK		0	0	0		90.26
90.27	09027	BLANK		0	0	0		90.27
90.28	09028	BLANK		0	0	0		90.28
90.29	09029	BLANK		0	0	0		90.29
90.30	09030	BLANK		0	0	0		90.30
90.31	09031	BLANK		0	0	0		90.31
90.32	09032	BLANK		0	0	0		90.32
90.33	09033	BLANK		0	0	0		90.33
90.34	09034	BLANK		0	0	0		90.34
90.35	09035	BLANK		0	0	0		90.35
90.36	09036	BLANK		0	0	0		90.36
90.37	09037	BLANK		0	0	0		90.37
90.38	09038	BLANK		0	0	0		90.38
90.39	09039	BLANK		0	0	0		90.39
90.40	09040	BLANK		0	0	0		90.40
90.41	09041	BLANK		0	0	0		90.41
90.42	09042	BLANK		0	0	0		90.42
90.43	09043	BLANK		0	0	0		90.43
90.44	09044	BLANK		0	0	0		90.44
90.45	09045	BLANK		0	0	0		90.45
90.46	09046	BLANK		0	0	0		90.46
90.47	09047	BLANK		0	0	0		90.47

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
90.48	09048	BLANK		0	0	0		90.48
90.49	09049	BLANK		0	0	0		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC		342,923	0	342,923		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC		13,954	0	13,954		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC		184,391	0	184,391		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC		0	0	0		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC		388,238	0	388,238		90.54
90.55	09055	IRL - NEUROLOGY CLINIC		0	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC		288,636	0	288,636		90.56
90.57	09057	IRL-OPHTHALMOLOGY		293,389	0	293,389		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC		75,075	0	75,075		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC		127,076	0	127,076		90.59
90.60	09060	IRL-PEDIATRICS CLINIC		233,970	0	233,970		90.60
90.61	09061	IRL - SURGERY CLINIC		0	0	0		90.61
90.62	09062	IRL-UROLOGY CLINIC		244,035	0	244,035		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC		2,030	0	2,030		90.63
90.64	09064	IRL - CANCER CLINIC		0	0	0		90.64
90.65	09065	IRL - FAMILY CARE CLINIC		1,265	0	1,265		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC		0	0	0		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC		0	0	0		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC		112,583	0	112,583		90.68
90.69	09069	IRL-RADIOLOGY		0	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC		142,741	0	142,741		90.70
90.71	09071	IRL - HEART CENTER		0	0	0		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC		20,756	0	20,756		90.72
90.73	09073	BLANK		0	0	0		90.73
90.74	09074	BLANK		0	0	0		90.74
90.75	09075	BLANK		0	0	0		90.75
90.76	09076	IRL - PROCEDURE SUITES		1,010,264	0	1,010,264		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN		15,472	0	15,472		90.77
90.78	09078	BLANK		0	0	0		90.78
90.79	09079	BLANK		0	0	0		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC		432,699	0	432,699		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC		23,652	0	23,652		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC		2,375	0	2,375		90.82
90.83	09083	IRL EAST-SURGERY CLINIC		271	0	271		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC		102,745	0	102,745		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC		1,921	0	1,921		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC		0	0	0		90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC		93,885	0	93,885		90.87
90.88	09088	BLANK		0	0	0		90.88
90.89	09089	BLANK		0	0	0		90.89
90.90	09090	BLANK		0	0	0		90.90
90.91	09091	BLANK		0	0	0		90.91
90.92	09092	BLANK		0	0	0		90.92
90.93	09093	BLANK		0	0	0		90.93
90.94	09094	BLANK		0	0	0		90.94
90.95	09095	QUAD CITIES - CANCER CENTER		68,364	0	68,364		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC		77,956	0	77,956		90.96
90.97	09097	NORTH DODGE - REI CLINIC		39,883	0	39,883		90.97
91.00	09100	EMERGENCY		1,369,477	0	1,369,477		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		330,861	0	330,861		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		129,391	0	129,391		93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		88,077	0	88,077		94.00
95.00	09500	AMBULANCE SERVICES		384,820	0	384,820		95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		219,806	0	219,806		105.00
106.00	10600	HEART ACQUISITION		49,108	0	49,108		106.00
107.00	10700	LIVER ACQUISITION		58,451	0	58,451		107.00
108.00	10800	LUNG ACQUISITION		75,407	0	75,407		108.00
109.00	10900	PANCREAS ACQUISITION		16,785	0	16,785		109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	106,735,942	0	106,735,942		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		65,978	0	65,978		190.00
190.01	19001	VENDING/PATIENT ART		261,099	0	261,099		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE		0	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS		5,116,028	0	5,116,028		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING		0	0	0		190.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.08	24.00	25.00	26.00		
190.05	19005	CLINICAL RESEARCH UNIT		526,390	0	526,390		190.05
190.06	19006	PATIENT EDUCATION SERVICE		89,549	0	89,549		190.06
190.07	19007	NON-ALLOWABLE		0	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC		83,583	0	83,583		190.08
190.09	19009	CONTACT LENS CLINIC		0	0	0		190.09
190.10	19010	IRL-PHYSICIANS		0	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT		780,260	0	780,260		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT		0	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE		117,765	0	117,765		190.13
190.14	19014	EPIC REMOTE HOSTING		0	0	0		190.14
190.15	19015	RENTAL PROPERTIES		2,001	0	2,001		190.15
191.00	19100	RESEARCH		479,783	0	479,783		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
194.00	07950	UICOM		1,532,551	0	1,532,551		194.00
194.01	07951	OUTREACH		48,772	0	48,772		194.01
200.00		Cross Foot Adjustments	2,836	5,727,418	0	5,727,418		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,836	121,567,119	0	121,567,119		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	0	2,673,977				1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	9,756			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	22,412		1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	51,556	1.04
1.05	00105	CAP REL COSTS-IRL	0	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	373,465	0	0	22,029	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	36,162	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	23,993	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	16,715	0	0	0	10.00
11.00	01100	CAFETERIA	0	55,058	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,986	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,727	0	0	0	14.00
15.00	01500	PHARMACY	0	5,818	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,784	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,358	0	0	1,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	134,688	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	32,053	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	765	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,734	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	219	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	531	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	9	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	298,093	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,115	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	14,232	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	28,149	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,814	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	33,560	0	0	0	40.00
43.00	04300	NURSERY	0	26,079	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	202,549	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,235	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,019	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,778	0	1,069	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,439	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	7,804	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,130	0	0	0	55.02
57.00	05700	CT SCAN	0	9,316	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,754	0	2,195	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,640	0	0	0	59.00
60.00	06000	LABORATORY	0	69,013	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	21,908	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,394	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
65.00	06500	RESPIRATORY THERAPY	0	13,785	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,292	0	5,496	2,977	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,843	0	0	1,138	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,107	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,031	0	0	5,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,478	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	26,473	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,817	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	5,761	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	424	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,714	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	15,544	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	4,997	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,518	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	448	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,817	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	12,729	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,852	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	88,942	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	24,272	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	23,024	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	41,350	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	32,126	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	31,077	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	133,554	0	0	7,953	90.10
90.11	09011	SURGERY CLINIC	0	36,637	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,979	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	25,718	0	0	4,820	90.13
90.14	09014	CANCER CLINIC	0	52,104	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	19,464	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	13,652	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	33,999	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,500	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,628	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,232	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	750	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	254	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	37	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	87	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,570,573	0	22,412	50,175	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,728	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	8,904	0	0	1,381	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	13,182	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
190.05	19005	CLINICAL RESEARCH UNIT	0	22,828	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,269	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	31,954	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	672	9,756	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	20,867	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	47,749,069	0	244,023	178,652	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	17.856948	0.000000	10.888051	3.465203	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	138,189					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		47,788,882				2.00
2.01	00201	BLANK		0	47,788,882			2.01
2.02	00202	BLANK		0	0	47,788,882		2.02
2.03	00203	BLANK		0	0	0	47,788,882	2.03
2.04	00204	BLANK		0	0	0	0	2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		0	0	0	0	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	4,629	20,878,052	20,878,052	20,878,052	20,878,052	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	35,605	35,605	35,605	35,605	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	826	826	826	826	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	11,363	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,455	2,525	2,525	2,525	2,525	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	123,941	123,941	123,941	123,941	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	860	0	0	0	0	9.05
10.00	01000	DIETARY	1,965	150,010	150,010	150,010	150,010	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	248,436	248,436	248,436	248,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	504,830	504,830	504,830	504,830	14.00
15.00	01500	PHARMACY	9	167,340	167,340	167,340	167,340	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,425	5,425	5,425	5,425	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,718	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,250	2,250	2,250	2,250	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,754,498	1,754,498	1,754,498	1,754,498	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	178,402	178,402	178,402	178,402	31.01
32.00	03200	CORONARY CARE UNIT	0	184,213	184,213	184,213	184,213	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	66,268	66,268	66,268	66,268	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	216,988	216,988	216,988	216,988	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	286,759	286,759	286,759	286,759	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	315,464	315,464	315,464	315,464	35.01
40.00	04000	SUBPROVIDER - IPF	0	53,446	53,446	53,446	53,446	40.00
43.00	04300	NURSERY	0	192,150	192,150	192,150	192,150	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,625,157	4,625,157	4,625,157	4,625,157	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	102,618	102,618	102,618	102,618	52.00
53.00	05300	ANESTHESIOLOGY	0	517,479	517,479	517,479	517,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,080	2,549,487	2,549,487	2,549,487	2,549,487	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,482,176	3,482,176	3,482,176	3,482,176	55.00
55.01	03630	ULTRA SOUND	0	599,974	599,974	599,974	599,974	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	946,687	946,687	946,687	946,687	55.02
57.00	05700	CT SCAN	0	814,743	814,743	814,743	814,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,689,679	1,689,679	1,689,679	1,689,679	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	445,615	445,615	445,615	445,615	59.00
60.00	06000	LABORATORY	3,862	1,430,515	1,430,515	1,430,515	1,430,515	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	314	847,026	847,026	847,026	847,026	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	191,019	191,019	191,019	191,019	63.00
65.00	06500	RESPIRATORY THERAPY	24	321,261	321,261	321,261	321,261	65.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
66.00	06600	PHYSICAL THERAPY	24	18,831	18,831	18,831	18,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	25	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	16,641	16,641	16,641	16,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	116,439	116,439	116,439	116,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,680	426,609	426,609	426,609	426,609	73.00
74.00	07400	RENAL DIALYSIS	0	167,730	167,730	167,730	167,730	74.00
76.00	03950	IVF/CULTURE LAB	0	10,247	10,247	10,247	10,247	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	40,963	40,963	40,963	40,963	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	581,390	581,390	581,390	581,390	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	163	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,032	641	641	641	641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,116	6,116	6,116	6,116	76.98
76.99	07699	LITHOTRIPSY	0	164,789	164,789	164,789	164,789	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	37,093	37,093	37,093	37,093	90.01
90.02	09002	DERMATOLOGY CLINIC	0	30,906	30,906	30,906	30,906	90.02
90.03	09003	ORAL SURGERY CLINIC	0	30,446	30,446	30,446	30,446	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	56,428	56,428	56,428	56,428	90.04
90.05	09005	NEUROLOGY CLINIC	0	35,549	35,549	35,549	35,549	90.05
90.06	09006	OB-GYN CLINIC	0	22,802	22,802	22,802	22,802	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	266,257	266,257	266,257	266,257	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	12,242	12,242	12,242	12,242	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	265,672	265,672	265,672	265,672	90.09
90.10	09010	PEDIATRIC CLINIC	0	227,387	227,387	227,387	227,387	90.10
90.11	09011	SURGERY CLINIC	0	89,192	89,192	89,192	89,192	90.11
90.12	09012	UROLOGY CLINIC	0	136,338	136,338	136,338	136,338	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	89,082	89,082	89,082	89,082	90.13
90.14	09014	CANCER CLINIC	0	110,293	110,293	110,293	110,293	90.14
90.15	09015	FAMILY CARE CLINIC	0	2,622	2,622	2,622	2,622	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	73,037	73,037	73,037	73,037	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
90.50	09050	IRL-CARDIOLOGY CLINIC	4,579	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	15	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	2,769	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	5,965	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	4,270	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,098	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	591	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,375	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	4,524	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	3,543	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	3	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	2	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	2,900	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,605	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	14	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	12,787	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	35	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	10,937	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	433	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	13	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,758	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	53	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	3,187	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	86,919	86,919	86,919	86,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	19,531	19,531	19,531	19,531	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	22,060	22,060	22,060	22,060	94.00
95.00	09500	AMBULANCE SERVICES	0	117,745	117,745	117,745	117,745	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	133,659	47,212,861	47,212,861	47,212,861	47,212,861	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	4,530	88,661	88,661	88,661	88,661	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	BLANK (DOLLAR VALUE)	
			1.05	2.00	2.01	2.02	2.03	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	487,360	487,360	487,360	487,360	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,300,920	51,576,060	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.886995	1.079248	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK	47,788,882					2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	804,479				2.05
5.00	00500	ADMINISTRATIVE & GENERAL	20,878,052	0	-252,085,806	1,650,549,538		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	35,605	0	0	63,167,049	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	0	6.02
6.03	00603	BLANK	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	826	0	0	439,931	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	6,067,871	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,525	0	0	2,462,856	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	123,941	0	0	25,882,418	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	157,661	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	5,591	0	829,863	0	9.05
10.00	01000	DIETARY	150,010	0	0	15,712,133	0	10.00
11.00	01100	CAFETERIA	0	0	0	3,066,227	0	11.00
13.00	01300	NURSING ADMINISTRATION	248,436	0	0	18,610,046	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	504,830	0	0	16,600,430	0	14.00
15.00	01500	PHARMACY	167,340	0	0	7,642,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,425	0	0	13,215,402	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,162,150	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	58,715,817	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,250	0	0	18,561,437	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	131,270	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	1,933,083	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	653,611	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	167,635	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	369,478	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	126,728	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,754,498	0	0	109,662,187	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	178,402	0	0	11,571,732	0	31.01
32.00	03200	CORONARY CARE UNIT	184,213	0	0	10,295,729	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	66,268	0	0	5,880,794	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	216,988	0	0	15,091,181	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	286,759	0	0	21,423,374	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	315,464	0	0	12,537,830	0	35.01
40.00	04000	SUBPROVIDER - IPF	53,446	0	0	12,932,415	0	40.00
43.00	04300	NURSERY	192,150	0	0	10,180,188	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,625,157	0	0	124,882,570	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	102,618	0	0	6,448,109	0	52.00
53.00	05300	ANESTHESIOLOGY	517,479	0	0	8,804,115	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,549,487	144,097	0	29,347,997	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,482,176	0	0	14,172,427	0	55.00
55.01	03630	ULTRA SOUND	599,974	0	0	6,007,968	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	946,687	0	0	7,137,870	0	55.02
57.00	05700	CT SCAN	814,743	0	0	6,674,792	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,689,679	0	0	7,953,170	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	445,615	0	0	7,345,881	0	59.00
60.00	06000	LABORATORY	1,430,515	3,921	0	60,805,710	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	847,026	7,996	0	10,731,228	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	191,019	0	0	17,983,240	0	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
65.00	06500	RESPIRATORY THERAPY	321,261	0	0	16,571,972	0	65.00
66.00	06600	PHYSICAL THERAPY	18,831	0	0	8,187,103	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,827,421	0	67.00
69.00	06900	ELECTROCARDIOLOGY	16,641	0	0	847,600	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,439	0	0	4,893,299	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,528,811	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	85,615,764	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	426,609	3,230	0	254,903,398	0	73.00
74.00	07400	RENAL DIALYSIS	167,730	0	0	10,324,060	0	74.00
76.00	03950	IVF/CULTURE LAB	10,247	0	0	868,749	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	40,963	0	0	224,836	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	424,958	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	581,390	0	0	7,398,241	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	998,396	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	406,464	0	76.08
76.97	07697	CARDIAC REHABILITATION	641	1,971	0	709,039	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,116	0	0	567,131	0	76.98
76.99	07699	LITHOTRIPSY	164,789	0	0	1,482,512	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,824,442	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	37,093	0	0	959,142	0	90.01
90.02	09002	DERMATOLOGY CLINIC	30,906	0	0	2,119,514	0	90.02
90.03	09003	ORAL SURGERY CLINIC	30,446	0	0	2,707,987	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	56,428	0	0	13,574,121	0	90.04
90.05	09005	NEUROLOGY CLINIC	35,549	0	0	2,912,728	0	90.05
90.06	09006	OB-GYN CLINIC	22,802	0	0	4,568,777	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	266,257	0	0	8,882,559	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	12,242	0	0	6,179,190	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	265,672	0	0	5,031,830	0	90.09
90.10	09010	PEDIATRIC CLINIC	227,387	0	0	13,702,145	0	90.10
90.11	09011	SURGERY CLINIC	89,192	0	0	6,209,389	0	90.11
90.12	09012	UROLOGY CLINIC	136,338	0	0	2,068,333	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	89,082	0	0	4,427,907	0	90.13
90.14	09014	CANCER CLINIC	110,293	0	0	14,387,980	0	90.14
90.15	09015	FAMILY CARE CLINIC	2,622	0	0	3,628,033	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	73,037	0	0	3,208,020	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	376,315	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	323,817	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	65,143	0	1,578,119	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	2,777	0	204,888	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	35,951	0	674,788	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	46,447	0	3,233,812	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	42,233	0	2,174,078	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	46,993	0	1,331,187	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	13,523	0	764,575	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	15,154	0	765,840	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	23,315	0	1,550,375	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	41,626	0	1,252,303	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	604	0	9,683	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	352	0	8,529	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	5,520	0	625,504	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	29,558	0	917,046	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	2,590	0	611,442	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	216,758	0	4,796,857	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	4,201	0	103,576	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	25,707	0	2,172,564	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	2,213	0	189,131	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	550	0	22,376	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	70	0	2,664	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	13,039	0	605,619	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	51	0	15,304	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	886	0	147,495	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	2,417,579	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	1,846,618	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	1,548,608	0	90.97
91.00	09100	EMERGENCY	86,919	0	0	13,994,922	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,531	0	0	5,050,777	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	538,919	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	22,060	0	0	739,089	0	94.00
95.00	09500	AMBULANCE SERVICES	117,745	0	0	1,984,614	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	7,052,790	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,282,319	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,181,235	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3,224,321	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	688,063	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,212,861	802,067	-252,085,806	1,394,955,709	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,203,685	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	2,421,042	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	88,661	2,412	0	211,859,640	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			BLANK (DOLLAR VALUE)	MVBLE EQUIP-IRL (SQUARE FEET)		(ACCUM. COST)	(SQUARE FEET)	
			2.04	2.05	5A	5.00	6.00	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	407,638	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	706,299	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	4,025,204	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	570,601	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	609,095	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	96,340	0	190.15
191.00	19100	RESEARCH	0	0	0	372,621	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	487,360	0	0	30,972,898	0	194.00
194.01	07951	OUTREACH	0	0	0	2,348,766	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,854,271		252,085,806	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.304934		0.152728	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				34,272,860	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.020765	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	2,264,350					6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	9,756				6.02
6.03	00603	BLANK	0	0	804,479			6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	29,527		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	122,197	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	6,328	0	0	0	1,455	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	23,993	0	0	0	0	9.01
9.02	00902	BLANK	0	0	0	0	0	9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	5,591	0	860	9.05
10.00	01000	DIETARY	16,715	0	0	0	1,965	10.00
11.00	01100	CAFETERIA	55,058	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	51,986	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,727	0	0	0	0	14.00
15.00	01500	PHARMACY	5,818	0	0	0	9	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,784	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,358	0	0	1,247	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	134,688	0	0	0	2,718	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,053	0	0	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	765	0	0	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,734	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	219	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	531	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	9	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	298,093	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	19,060	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,115	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	14,232	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,344	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,149	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,814	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	33,560	0	0	0	0	40.00
43.00	04300	NURSERY	26,079	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	202,549	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,235	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,019	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,778	0	144,097	0	11,080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,439	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	7,804	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	9,130	0	0	0	0	55.02
57.00	05700	CT SCAN	9,316	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,754	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,640	0	0	0	0	59.00
60.00	06000	LABORATORY	69,013	0	3,921	0	3,862	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	21,908	0	7,996	0	314	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,394	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,785	0	0	0	24	65.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
66.00	06600	PHYSICAL THERAPY	9,292	0	0	2,977	24	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,843	0	0	1,138	25	67.00
69.00	06900	ELECTROCARDIOLOGY	1,107	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,031	0	0	5,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,478	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	26,473	0	3,230	0	24,680	73.00
74.00	07400	RENAL DIALYSIS	11,817	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	5,761	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	424	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	2,714	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	15,544	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	4,997	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1,518	0	0	0	163	76.08
76.97	07697	CARDIAC REHABILITATION	201	0	1,971	0	3,032	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,534	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	448	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	544	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	8,817	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	12,729	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	12,852	0	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	88,942	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	24,272	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	23,024	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	41,350	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	32,126	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	31,077	0	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	133,554	0	0	7,953	0	90.10
90.11	09011	SURGERY CLINIC	36,637	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	13,979	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	25,718	0	0	4,820	0	90.13
90.14	09014	CANCER CLINIC	52,104	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	19,464	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	65,143	0	4,579	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	2,777	0	15	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	35,951	0	2,769	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	46,447	0	5,965	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	42,233	0	4,270	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	46,993	0	5,098	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	13,523	0	591	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	15,154	0	2,375	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	23,315	0	4,524	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	41,626	0	3,543	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	604	0	3	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	352	0	2	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	5,520	0	2,900	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	29,558	0	1,605	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	2,590	0	14	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	216,758	0	12,787	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	4,201	0	35	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	25,707	0	10,937	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	2,213	0	433	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	550	0	13	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	70	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	13,039	0	1,758	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	51	0	53	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	886	0	3,187	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	33,999	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,500	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	5,101	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,011	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	8,628	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,232	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	750	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	254	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	37	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	87	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,160,946	0	802,067	28,146	117,667	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,728	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	8,904	0	0	1,381	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	13,182	0	2,412	0	4,530	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	22,828	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	3,269	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	BLANK (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	31,954	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	672	9,756	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	20,867	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	72,814,426	265,353	0	507,121	6,994,605	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.156878	27.198954	0.000000	17.174823	57.240399	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,571,585	4,780	0	11,953	397,427	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.227078	0.489955	0.000000	0.404816	3.252347	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE	13,760,857					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	3,871	0	2,234,029			9.01
9.02	00902	BLANK	0	0	0	0		9.02
9.03	00903	BLANK	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	18,364	0	16,715	0	0	10.00
11.00	01100	CAFETERIA	11,472	0	55,058	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	51,986	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	265	0	71,727	0	0	14.00
15.00	01500	PHARMACY	0	0	5,818	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	48,784	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	15,358	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	134,688	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	89,987	0	32,053	0	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	765	0	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,734	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	219	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	531	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	9	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,918,791	0	298,093	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	346,761	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	212,191	0	21,115	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	298,689	0	14,232	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	362,574	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	59,276	0	28,149	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	108,819	0	26,814	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	289,199	0	33,560	0	0	40.00
43.00	04300	NURSERY	198,582	0	26,079	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,834,328	0	202,549	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,324	0	12,235	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4	0	20,019	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,765	0	68,778	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	133,068	0	29,439	0	0	55.00
55.01	03630	ULTRA SOUND	90,142	0	7,804	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	71,445	0	9,130	0	0	55.02
57.00	05700	CT SCAN	219,766	0	9,316	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	246,196	0	19,754	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	208,933	0	11,640	0	0	59.00
60.00	06000	LABORATORY	12,123	0	69,013	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	157,328	0	21,908	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,055	0	17,394	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,083	0	13,785	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,249	0	9,292	0	0	66.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
67.00	06700	OCCUPATIONAL THERAPY	1	0	2,843	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,104	0	4,031	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	635	0	1,478	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	40,883	0	26,473	0	0	73.00
74.00	07400	RENAL DIALYSIS	91,801	0	11,817	0	0	74.00
76.00	03950	IVF/CULTURE LAB	70	0	5,761	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	9,968	0	424	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	2,306	0	2,714	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	212,726	0	15,544	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	4,997	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1	0	1,518	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	572	0	201	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,357	0	1,534	0	0	76.98
76.99	07699	LITHOTRIPSY	25,917	0	448	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	544	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	26,334	0	8,817	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	38,184	0	12,729	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	12,310	0	12,852	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	42,375	0	88,942	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	15,413	0	24,272	0	0	90.05
90.06	09006	OB-GYN CLINIC	25,508	0	23,024	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,625	0	41,350	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	24,465	0	32,126	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	14,023	0	31,077	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	29,325	0	133,554	0	0	90.10
90.11	09011	SURGERY CLINIC	14,344	0	36,637	0	0	90.11
90.12	09012	UROLOGY CLINIC	63,795	0	13,979	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,757	0	25,718	0	0	90.13
90.14	09014	CANCER CLINIC	161,416	0	52,104	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	19,231	0	19,464	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	118	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	6	0	0	0	0	90.51

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
90.52	09052	IRL-DERMATOLOGY CLINIC	35	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	32,256	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	90,211	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	46	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	5	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	9,250	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	19,162	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	1	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	1	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	1,514	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	29	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	6	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	112,627	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	10	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	53	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	436	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	1	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	30	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	86	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	30	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	7	0	0	0	0	90.97
91.00	09100	EMERGENCY	664,743	0	33,999	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	352,111	0	6,500	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	5,101	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,456	0	2,011	0	0	94.00
95.00	09500	AMBULANCE SERVICES	19,831	0	8,628	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,232	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	750	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	254	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	37	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	87	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,758,157	0	2,130,625	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,565	0	1,728	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,135	0	8,904	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	13,182	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	22,828	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,269	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	BLANK (SQUARE FEET)	BLANK (SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	31,954	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	672	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	20,867	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,125,777	0	30,607,807	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.227150	0.000000	13.700721	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	233,102	0	1,201,139	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016939	0.000000	0.537656	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD	29,527					9.04
9.05	00905	HOUSEKEEPING-IRL	0	119,882				9.05
10.00	01000	DIETARY	0	1,965	721,896			10.00
11.00	01100	CAFETERIA	0	0	0	8,421		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	143	6,733,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	194	1,999	14.00
15.00	01500	PHARMACY	0	9	0	29	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	132	10,408	16.00
17.00	01700	SOCIAL SERVICE	1,247	0	0	177	135,369	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,718	0	753	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	23	0	22.00
23.00	02300	BLANK	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	1	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	18	0	23.02
23.03	02303	BLANK	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	BLANK	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	437,629	984	1,848,732	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	30,383	91	168,261	31.01
32.00	03200	CORONARY CARE UNIT	0	0	25,712	78	154,163	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	17,882	47	93,440	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	40,139	119	223,607	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	51,532	162	274,052	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	20,575	96	168,015	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	78,174	139	257,418	40.00
43.00	04300	NURSERY	0	0	18,681	85	157,822	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	628	841,919	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	50	91,053	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	176	79,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,080	0	210	55,575	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	51	16,255	55.00
55.01	03630	ULTRA SOUND	0	0	0	32	66	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	23	3,657	55.02
57.00	05700	CT SCAN	0	0	0	28	586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	41	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34	39,583	59.00
60.00	06000	LABORATORY	0	3,862	0	231	2,206	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	314	0	63	58,266	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	57	33,921	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
65.00	06500	RESPIRATORY THERAPY	0	24	0	131	5,861	65.00
66.00	06600	PHYSICAL THERAPY	2,977	24	0	74	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138	25	0	25	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8	12,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,680	0	0	45	10,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1	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	24,680	0	245	346	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	45	40,843	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	4	8,472	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	1	2,037	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	4	5,854	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	52	95,233	76.05
76.06	03956	RECREATION THERAPY	0	0	0	9	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	163	0	4	7,176	76.08
76.97	07697	CARDIAC REHABILITATION	0	3,032	0	5	54	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	5	10,177	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	15	10,819	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	7	8,940	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	28	24,254	90.02
90.03	09003	ORAL SURGERY CLINIC	1,320	0	0	28	20,365	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	365	170,367	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	49	29,998	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	79	48,510	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	119	87,316	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	118	66,463	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,011	0	0	52	23,075	90.09
90.10	09010	PEDIATRIC CLINIC	7,953	0	0	235	168,549	90.10
90.11	09011	SURGERY CLINIC	0	0	0	107	59,925	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	40	18,794	90.12
90.13	09013	PSYCHIATRIC CLINIC	4,820	0	0	104	27,953	90.13
90.14	09014	CANCER CLINIC	0	0	0	130	199,116	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	116	55,428	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	29	17,279	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	3	5,779	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	4	6,970	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	4,579	0	13	19,969	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	15	0	2	4,428	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	2,769	0	5	10,932	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	5,965	0	33	57,869	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	4,270	0	17	28,402	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	5,098	0	11	19,679	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	591	0	8	17,184	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	2,375	0	6	8,823	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	4,524	0	16	33,523	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	3,543	0	10	21,202	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	3	0	0	220	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	2	0	0	178	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	2,900	0	6	11,519	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,605	0	10	13,160	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	14	0	3	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	12,787	0	25	38,022	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	35	0	1	1,772	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	10,937	0	23	42,981	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	433	0	2	4,641	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	13	0	0	95	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	69	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1,758	0	4	4,427	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	53	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	3,187	0	1	1,021	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	22	28,527	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	8	15,571	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	12	21,202	90.97
91.00	09100	EMERGENCY	0	0	0	172	182,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	47	93,410	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	6	6,781	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	3	10,180	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	39	45,270	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	11	16,182	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2	1,043	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	4	4,015	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	4	3,815	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1	91	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,146	115,352	720,707	7,713	6,733,506	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12	0	190.00
190.01	19001	VENDING/PATIENT ART	1,381	0	0	25	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	4,530	0	176	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.04	9.05	10.00	11.00	13.00	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	1,189	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	6	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	293	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	196	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	181,740	1,005,833	19,011,461	6,061,959	23,939,214	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.155045	8.390192	26.335457	719.862130	3.555238	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,274	53,459	920,798	1,309,368	1,860,974	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.110882	0.445930	1.275527	155.488422	0.276375	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	414,259,701					14.00
15.00	01500	PHARMACY	0	1,605,354,929				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	311,785			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	252,398		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	601	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	BLANK	0	0	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0		23.02
23.03	02303	BLANK	0	0	0	0		23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0		23.04
23.05	02305	BLANK	0	0	0	0		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	55,805	24,050	116,886	134	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	1,419	4,176	11	31.01
32.00	03200	CORONARY CARE UNIT	0	0	1,201	4,176	11	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	835	3,236	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	1,874	6,264	13	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,406	12,737	8	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	961	1,566	8	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	1,726	14,616	12	40.00
43.00	04300	NURSERY	0	0	1,671	689	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	137,238	0	347	64	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	49	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,121,528	0	261	10	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	859,352	0	261	6	55.00
55.01	03630	ULTRA SOUND	0	7,605	0	0	2	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	2,769,369	0	0	2	55.02
57.00	05700	CT SCAN	0	5,172,166	0	0	11	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,201,242	0	0	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	360,505	0	0	5	59.00
60.00	06000	LABORATORY	0	0	0	0	22	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	6,003,795	0	0	9	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,921,835	0	0	1	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	143,730,774	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	270,528,926	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,154,711,163	0	10,440	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,352,032	1,694	3,967	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	148,484	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	4	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	261	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	1,272	261	4	90.01
90.02	09002	DERMATOLOGY CLINIC	0	1,075	4,074	522	13	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	3,436	261	16	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	209,324	15,730	950	23	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	3,283	0	9	90.05
90.06	09006	OB-GYN CLINIC	0	12,609	8,259	764	8	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	10,445	12,220	261	9	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	25,700	10,406	2,088	6	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	4,190	0	6	90.09
90.10	09010	PEDIATRIC CLINIC	0	1,215,309	18,252	17,124	15	90.10
90.11	09011	SURGERY CLINIC	0	16,902	6,567	2,349	9	90.11
90.12	09012	UROLOGY CLINIC	0	172,941	2,104	261	3	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	6,576	4,176	16	90.13
90.14	09014	CANCER CLINIC	0	6,707,908	12,703	4,176	10	90.14
90.15	09015	FAMILY CARE CLINIC	0	38,382	22,930	347	7	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	767,794	4,897	0	5	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	585	2,192	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	225,917	5,517	347	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	299	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	1,624	0	1	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	28,132	4,627	2,088	4	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	1,926	3,619	0	1	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,398	2,138	0	2	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	1,270	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	1,630	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	2,510	0	5	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	3,680	0	2	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	65	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	38	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	860	605	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	1,352	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	274	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	3,509,687	8,980	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	449	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	43,714	2,472	0	1	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	239	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	57	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	8	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	1,399	1,044	1	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	5	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	95	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	1,334,006	1,395	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	2,756	7,546	0	1	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	2	90.97
91.00	09100	EMERGENCY	0	0	9,679	20,776	24	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1	370,261	1,742	2,088	1	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	1	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	28	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,527	7,308	0	105.00
106.00	10600	HEART ACQUISITION	0	0	323	1,044	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	492	1,044	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	550	1,044	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	77	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,259,701	1,212,519,165	242,632	252,398	601	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	
			14.00	15.00	16.00	17.00	21.00	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	392,835,764	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	69,153	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,571,828	9,097,781	17,602,906	24,583,533	74,580,275	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.054487	0.005667	56.458476	97.399872	124,093.635607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,919,789	674,464	1,407,388	835,988	4,458,164	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007048	0.000420	4.513970	3.312182	7,417.910150	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	601					22.00
23.00	02300	BLANK		0				23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			96			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY				393		23.02
23.03	02303	BLANK					0	23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	BLANK						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134	0	33	205	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	11	0	6	22	0	31.01
32.00	03200	CORONARY CARE UNIT	11	0	6	55	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3	5	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13	0	11	8	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8	0	2	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8	0	0	13	0	35.01
40.00	04000	SUBPROVIDER - IPF	12	0	6	13	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	2	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	2	0	0	0	0	55.02
57.00	05700	CT SCAN	11	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5	0	0	0	0	59.00
60.00	06000	LABORATORY	22	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
60.02	03140	CARDIOLOGY	9	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	4	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	4	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	13	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	16	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	23	0	0	8	0	90.04
90.05	09005	NEUROLOGY CLINIC	9	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	8	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	6	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	6	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	15	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	9	0	3	0	0	90.11
90.12	09012	UROLOGY CLINIC	3	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	16	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	10	0	0	23	0	90.14
90.15	09015	FAMILY CARE CLINIC	7	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	5	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	2	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1	0	1	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4	0	2	17	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	1	0	2	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2	0	1	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	1	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	1	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	5	0	1	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	2	0	2	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	1	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	4	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1	0	1	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1	0	1	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2	0	0	0	0	90.97
91.00	09100	EMERGENCY	24	0	0	24	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	601	0	96	393	0	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	BLANK (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,903,159	0	152,039	2,276,358	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38,108.417637	0.000000	1,583.739583	5,792.259542	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,122,374	0	2,881	60,245	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,867.510815	0.000000	30.010417	153.295165	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	BLANK						2.01
2.02	00202	BLANK						2.02
2.03	00203	BLANK						2.03
2.04	00204	BLANK						2.04
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.03	00603	BLANK						6.03
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.02	00902	BLANK						9.02
9.03	00903	BLANK						9.03
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	BLANK						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.03	02303	BLANK						23.03
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,000					23.04
23.05	02305	BLANK		0				23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH			1,000			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH				1,000		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH					1,000	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000	0	1,000	1,000	1,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/22/2021 10:15 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	BLANK (ASSIGNED TIME)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)	
			23.04	23.05	23.06	23.07	23.08	
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	832,953	0	203,280	450,258	146,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	832.953000	0.000000	203.280000	450.258000	146.495000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,798	0	8,436	19,684	2,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	52.798000	0.000000	8.436000	19.684000	2.836000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-2 | Date/Time Prepared: 11/22/2021 10:15 am

		Description	Worksheet CODE	Worksheet Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-843,774	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,986,489		173,986,489	0	173,986,489	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	16,379,526		16,379,526	0	16,379,526	31.01
32.00	03200	CORONARY CARE UNIT	14,968,654		14,968,654	0	14,968,654	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,732,456		8,732,456	0	8,732,456	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,624,274		20,624,274	0	20,624,274	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	29,827,279		29,827,279	0	29,827,279	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,197,428		17,197,428	0	17,197,428	35.01
40.00	04000	SUBPROVIDER - IPF	21,192,066		21,192,066	0	21,192,066	40.00
43.00	04300	NURSERY	14,251,723		14,251,723	0	14,251,723	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	157,367,734		157,367,734	0	157,367,734	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,405,782		8,405,782	0	8,405,782	52.00
53.00	05300	ANESTHESIOLOGY	11,477,254		11,477,254	0	11,477,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,880,335		39,880,335	0	39,880,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,841,975		17,841,975	0	17,841,975	55.00
55.01	03630	ULTRA SOUND	7,327,215		7,327,215	0	7,327,215	55.01
55.02	05501	RADIOLOGY - PET SCAN	8,708,185		8,708,185	0	8,708,185	55.02
57.00	05700	CT SCAN	8,222,899		8,222,899	0	8,222,899	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,177,291		10,177,291	0	10,177,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,216,289		9,216,289	0	9,216,289	59.00
60.00	06000	LABORATORY	73,687,565		73,687,565	156,808	73,844,373	60.00
60.01	03020	BLANK	0		0	0	0	60.01
60.02	03140	CARDIOLOGY	13,717,704		13,717,704	0	13,717,704	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,721,746		21,721,746	0	21,721,746	63.00
65.00	06500	RESPIRATORY THERAPY	19,855,036	0	19,855,036	0	19,855,036	65.00
66.00	06600	PHYSICAL THERAPY	9,993,872	0	9,993,872	0	9,993,872	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,435,807	0	3,435,807	0	3,435,807	67.00
69.00	06900	ELECTROCARDIOLOGY	1,076,804		1,076,804	0	1,076,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,032,863		6,032,863	0	6,032,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,313,340		52,313,340	0	52,313,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,432,057		113,432,057	0	113,432,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,416,431		304,416,431	0	304,416,431	73.00
74.00	07400	RENAL DIALYSIS	12,319,270		12,319,270	0	12,319,270	74.00
76.00	03950	IVF/CULTURE LAB	1,298,632		1,298,632	0	1,298,632	76.00
76.01	03951	BLANK	0		0	0	0	76.01
76.02	03952	URODYNAMICS	288,845		288,845	0	288,845	76.02
76.03	03953	SPINE TREATMENT CENTER	638,534		638,534	0	638,534	76.03
76.04	03954	BLANK	0		0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	9,666,142		9,666,142	0	9,666,142	76.05
76.06	03956	RECREATION THERAPY	1,386,509		1,386,509	0	1,386,509	76.06
76.07	03957	CDC - REHAB	0		0	0	0	76.07
76.08	03958	DIABETES EDUCATION	577,243		577,243	0	577,243	76.08
76.97	07697	CARDIAC REHABILITATION	1,029,460		1,029,460	0	1,029,460	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	755,694		755,694	0	755,694	76.98
76.99	07699	LITHOTRIPSY	1,775,145		1,775,145	0	1,775,145	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,635,477		5,635,477	0	5,635,477	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,649,997		1,649,997	0	1,649,997	90.01
90.02	09002	DERMATOLOGY CLINIC	3,422,863		3,422,863	0	3,422,863	90.02
90.03	09003	ORAL SURGERY CLINIC	4,056,496		4,056,496	0	4,056,496	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	21,632,152		21,632,152	0	21,632,152	90.04
90.05	09005	NEUROLOGY CLINIC	4,801,416		4,801,416	0	4,801,416	90.05
90.06	09006	OB-GYN CLINIC	7,098,286		7,098,286	0	7,098,286	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,249,068		13,249,068	0	13,249,068	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,713,963		9,713,963	0	9,713,963	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	7,654,909		7,654,909	0	7,654,909	90.09
90.10	09010	PEDIATRIC CLINIC	25,585,158		25,585,158	0	25,585,158	90.10
90.11	09011	SURGERY CLINIC	9,735,555		9,735,555	0	9,735,555	90.11
90.12	09012	UROLOGY CLINIC	3,280,560		3,280,560	0	3,280,560	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,348,873		7,348,873	0	7,348,873	90.13
90.14	09014	CANCER CLINIC	21,108,114		21,108,114	0	21,108,114	90.14
90.15	09015	FAMILY CARE CLINIC	6,688,248		6,688,248	0	6,688,248	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,061,109		4,061,109	0	4,061,109	90.16
90.17	09017	BLANK	0		0	0	0	90.17
90.18	09018	BLANK	0		0	0	0	90.18
90.19	09019	BURN CLINIC	703,024		703,024	0	703,024	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	400,932		400,932	0	400,932	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.21	09021	BLANK	0		0	0	0	90.21
90.22	09022	BLANK	0		0	0	0	90.22
90.23	09023	BLANK	0		0	0	0	90.23
90.24	09024	BLANK	0		0	0	0	90.24
90.25	09025	BLANK	0		0	0	0	90.25
90.26	09026	BLANK	0		0	0	0	90.26
90.27	09027	BLANK	0		0	0	0	90.27
90.28	09028	BLANK	0		0	0	0	90.28
90.29	09029	BLANK	0		0	0	0	90.29
90.30	09030	BLANK	0		0	0	0	90.30
90.31	09031	BLANK	0		0	0	0	90.31
90.32	09032	BLANK	0		0	0	0	90.32
90.33	09033	BLANK	0		0	0	0	90.33
90.34	09034	BLANK	0		0	0	0	90.34
90.35	09035	BLANK	0		0	0	0	90.35
90.36	09036	BLANK	0		0	0	0	90.36
90.37	09037	BLANK	0		0	0	0	90.37
90.38	09038	BLANK	0		0	0	0	90.38
90.39	09039	BLANK	0		0	0	0	90.39
90.40	09040	BLANK	0		0	0	0	90.40
90.41	09041	BLANK	0		0	0	0	90.41
90.42	09042	BLANK	0		0	0	0	90.42
90.43	09043	BLANK	0		0	0	0	90.43
90.44	09044	BLANK	0		0	0	0	90.44
90.45	09045	BLANK	0		0	0	0	90.45
90.46	09046	BLANK	0		0	0	0	90.46
90.47	09047	BLANK	0		0	0	0	90.47
90.48	09048	BLANK	0		0	0	0	90.48
90.49	09049	BLANK	0		0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	2,549,771		2,549,771	0	2,549,771	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	271,230		271,230	0	271,230	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,095,324		1,095,324	0	1,095,324	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0		0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,922,410		4,922,410	0	4,922,410	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,127,570		3,127,570	0	3,127,570	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,069,274		2,069,274	0	2,069,274	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,060,273		1,060,273	0	1,060,273	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,167,977		1,167,977	0	1,167,977	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,360,170		2,360,170	0	2,360,170	90.60
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	1,973,958		1,973,958	0	1,973,958	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	15,811		15,811	0	15,811	90.63
90.64	09064	IRL - CANCER CLINIC	0		0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	12,741		12,741	0	12,741	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0		0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0		0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	991,143		991,143	0	991,143	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,294,351		1,294,351	0	1,294,351	90.70
90.71	09071	IRL - HEART CENTER	0		0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	723,375		723,375	0	723,375	90.72
90.73	09073	BLANK	0		0	0	0	90.73
90.74	09074	BLANK	0		0	0	0	90.74
90.75	09075	BLANK	0		0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	7,080,667		7,080,667	0	7,080,667	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	154,064		154,064	0	154,064	90.77
90.78	09078	BLANK	0		0	0	0	90.78
90.79	09079	BLANK	0		0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	3,532,951		3,532,951	0	3,532,951	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	277,968		277,968	0	277,968	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	30,202		30,202	0	30,202	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	3,768		3,768	0	3,768	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,014,372		1,014,372	0	1,014,372	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	21,402		21,402	0	21,402	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0		0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	388,901		388,901	0	388,901	90.87
90.88	09088	BLANK	0		0	0	0	90.88
90.89	09089	BLANK	0		0	0	0	90.89
90.90	09090	BLANK	0		0	0	0	90.90

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.91	09091	BLANK	0		0	0	0	90.91
90.92	09092	BLANK	0		0	0	0	90.92
90.93	09093	BLANK	0		0	0	0	90.93
90.94	09094	BLANK	0		0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	2,990,408		2,990,408	0	2,990,408	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,615,825		2,615,825	0	2,615,825	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,869,142		1,869,142	0	1,869,142	90.97
91.00	09100	EMERGENCY	21,322,667		21,322,667	0	21,322,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,339,178		9,339,178		9,339,178	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,869,978		6,869,978	0	6,869,978	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	883,573		883,573	0	883,573	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	984,452		984,452	0	984,452	94.00
95.00	09500	AMBULANCE SERVICES	2,876,906		2,876,906	0	2,876,906	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,106,363		9,106,363		9,106,363	105.00
106.00	10600	HEART ACQUISITION	1,637,628		1,637,628		1,637,628	106.00
107.00	10700	LIVER ACQUISITION	2,672,635		2,672,635		2,672,635	107.00
108.00	10800	LUNG ACQUISITION	3,867,641		3,867,641		3,867,641	108.00
109.00	10900	PANCREAS ACQUISITION	802,530		802,530		802,530	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,507,008,352	0	1,507,008,352	156,808	1,507,165,160	200.00
201.00		Less Observation Beds	9,339,178		9,339,178		9,339,178	201.00
202.00		Total (see instructions)	1,497,669,174	0	1,497,669,174	156,808	1,497,825,982	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	478,768,379		478,768,379			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	56,453,869		56,453,869			31.01
32.00	03200	CORONARY CARE UNIT	48,595,746		48,595,746			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,599,172		21,599,172			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	75,142,759		75,142,759			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	110,017,814		110,017,814			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	41,322,257		41,322,257			35.01
40.00	04000	SUBPROVIDER - IPF	50,941,035		50,941,035			40.00
43.00	04300	NURSERY	64,871,433		64,871,433			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	361,697,616	389,353,946	751,051,562	0.209530	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,864,681	1,158,806	36,023,487	0.233342	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	46,467,986	58,553,521	105,021,507	0.109285	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,185,875	119,587,117	187,772,992	0.212386	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,669,368	138,707,548	146,376,916	0.121891	0.000000	55.00
55.01	03630	ULTRA SOUND	9,952,566	46,101,185	56,053,751	0.130718	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,211,544	43,232,837	48,444,381	0.179756	0.000000	55.02
57.00	05700	CT SCAN	83,458,943	176,694,695	260,153,638	0.031608	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44,638,885	163,512,598	208,151,483	0.048894	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,771,326	73,105,411	120,876,737	0.076245	0.000000	59.00
60.00	06000	LABORATORY	280,917,971	392,035,610	672,953,581	0.109499	0.000000	60.00
60.01	03020	BLANK	0	0	0	0.000000	0.000000	60.01
60.02	03140	CARDIOLOGY	67,943,491	64,942,844	132,886,335	0.103229	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	57,601,018	31,654,294	89,255,312	0.243366	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	111,760,003	15,246,475	127,006,478	0.156331	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,933,965	18,544,145	38,478,110	0.259729	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,653,932	3,126,951	15,780,883	0.217720	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	6,638,844	7,007,270	13,646,114	0.078909	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,868,410	14,395,367	35,263,777	0.171078	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,750,071	51,455,305	145,205,376	0.360271	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,724,547	115,714,101	271,438,648	0.417892	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	389,478,687	809,622,035	1,199,100,722	0.253871	0.000000	73.00
74.00	07400	RENAL DIALYSIS	30,693,299	47,027,029	77,720,328	0.158508	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	915	1,733,853	1,734,768	0.748591	0.000000	76.00
76.01	03951	BLANK	0	0	0	0.000000	0.000000	76.01
76.02	03952	URODYNAMICS	5,901	2,521,958	2,527,859	0.114265	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	7,483	1,929,068	1,936,551	0.329727	0.000000	76.03
76.04	03954	BLANK	0	0	0	0.000000	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	16,324,365	51,702,283	68,026,648	0.142093	0.000000	76.05
76.06	03956	RECREATION THERAPY	489	459,210	459,699	3.016124	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0.000000	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1,904	529,187	531,091	1.086900	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,185,479	1,266,429	2,451,908	0.419861	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	406,408	2,068,639	2,475,047	0.305325	0.000000	76.98
76.99	07699	LITHOTRIPSY	887,753	13,793,831	14,681,584	0.120910	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,752,128	4,196,250	14,948,378	0.376996	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	53,022	8,226,246	8,279,268	0.199293	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	66,233	16,149,011	16,215,244	0.211089	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	1,495	6,072,172	6,073,667	0.667883	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	373,095	21,302,562	21,675,657	0.997993	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	392,743	11,927,503	12,320,246	0.389718	0.000000	90.05
90.06	09006	OB-GYN CLINIC	190,379	8,543,109	8,733,488	0.812766	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	336,870	35,882,045	36,218,915	0.365805	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	64,764	13,993,003	14,057,767	0.691003	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,672,378	20,067,945	23,740,323	0.322443	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	242,027	22,688,515	22,930,542	1.115768	0.000000	90.10
90.11	09011	SURGERY CLINIC	229,055	7,871,592	8,100,647	1.201824	0.000000	90.11
90.12	09012	UROLOGY CLINIC	102,711	12,585,515	12,688,226	0.258552	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	54,719	13,368,500	13,423,219	0.547475	0.000000	90.13
90.14	09014	CANCER CLINIC	1,008,869	60,167,009	61,175,878	0.345040	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	120,290	18,865,328	18,985,618	0.352280	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	5,175	14,876,304	14,881,479	0.272897	0.000000	90.16
90.17	09017	BLANK	0	0	0	0.000000	0.000000	90.17
90.18	09018	BLANK	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	35,411	1,356,169	1,391,580	0.505198	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	79,042	1,452,707	1,531,749	0.261748	0.000000	90.20
90.21	09021	BLANK	0	0	0	0.000000	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.22	09022	BLANK	0	0	0	0.000000	0.000000	90.22
90.23	09023	BLANK	0	0	0	0.000000	0.000000	90.23
90.24	09024	BLANK	0	0	0	0.000000	0.000000	90.24
90.25	09025	BLANK	0	0	0	0.000000	0.000000	90.25
90.26	09026	BLANK	0	0	0	0.000000	0.000000	90.26
90.27	09027	BLANK	0	0	0	0.000000	0.000000	90.27
90.28	09028	BLANK	0	0	0	0.000000	0.000000	90.28
90.29	09029	BLANK	0	0	0	0.000000	0.000000	90.29
90.30	09030	BLANK	0	0	0	0.000000	0.000000	90.30
90.31	09031	BLANK	0	0	0	0.000000	0.000000	90.31
90.32	09032	BLANK	0	0	0	0.000000	0.000000	90.32
90.33	09033	BLANK	0	0	0	0.000000	0.000000	90.33
90.34	09034	BLANK	0	0	0	0.000000	0.000000	90.34
90.35	09035	BLANK	0	0	0	0.000000	0.000000	90.35
90.36	09036	BLANK	0	0	0	0.000000	0.000000	90.36
90.37	09037	BLANK	0	0	0	0.000000	0.000000	90.37
90.38	09038	BLANK	0	0	0	0.000000	0.000000	90.38
90.39	09039	BLANK	0	0	0	0.000000	0.000000	90.39
90.40	09040	BLANK	0	0	0	0.000000	0.000000	90.40
90.41	09041	BLANK	0	0	0	0.000000	0.000000	90.41
90.42	09042	BLANK	0	0	0	0.000000	0.000000	90.42
90.43	09043	BLANK	0	0	0	0.000000	0.000000	90.43
90.44	09044	BLANK	0	0	0	0.000000	0.000000	90.44
90.45	09045	BLANK	0	0	0	0.000000	0.000000	90.45
90.46	09046	BLANK	0	0	0	0.000000	0.000000	90.46
90.47	09047	BLANK	0	0	0	0.000000	0.000000	90.47
90.48	09048	BLANK	0	0	0	0.000000	0.000000	90.48
90.49	09049	BLANK	0	0	0	0.000000	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	96,618	16,209,928	16,306,546	0.156365	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	4,636	879,730	884,366	0.306694	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,351	4,765,738	4,767,089	0.229768	0.000000	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0.000000	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	66,774	13,623,545	13,690,319	0.359554	0.000000	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	125,454	10,586,740	10,712,194	0.291964	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,062	6,312,681	6,317,743	0.327534	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	7,112	3,768,017	3,775,129	0.280857	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	5,736	4,858,268	4,864,004	0.240127	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	81,034	6,860,366	6,941,400	0.340014	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	19,422	10,908,396	10,927,818	0.180636	0.000000	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	244	192,537	192,781	0.082015	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0.000000	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	112,055	112,055	0.113703	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0.000000	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	7,133	1,722,397	1,729,530	0.573071	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	4,720	3,983,690	3,988,410	0.324528	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0.000000	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	2,576	821,816	824,392	0.877465	0.000000	90.72
90.73	09073	BLANK	0	0	0	0.000000	0.000000	90.73
90.74	09074	BLANK	0	0	0	0.000000	0.000000	90.74
90.75	09075	BLANK	0	0	0	0.000000	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	44,739	26,734,968	26,779,707	0.264404	0.000000	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	1,344,492	1,344,492	0.114589	0.000000	90.77
90.78	09078	BLANK	0	0	0	0.000000	0.000000	90.78
90.79	09079	BLANK	0	0	0	0.000000	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	31,802	7,264,370	7,296,172	0.484220	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	976	701,475	702,451	0.395712	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	173,369	173,369	0.174206	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	20,008	20,008	0.188325	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	2,514	4,170,064	4,172,578	0.243104	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	16,252	16,252	1.316884	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	244	285,038	285,282	1.363216	0.000000	90.87
90.88	09088	BLANK	0	0	0	0.000000	0.000000	90.88
90.89	09089	BLANK	0	0	0	0.000000	0.000000	90.89
90.90	09090	BLANK	0	0	0	0.000000	0.000000	90.90
90.91	09091	BLANK	0	0	0	0.000000	0.000000	90.91
90.92	09092	BLANK	0	0	0	0.000000	0.000000	90.92

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.93	09093	BLANK	0	0	0	0.000000	0.000000	90.93
90.94	09094	BLANK	0	0	0	0.000000	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	22,718	11,811,730	11,834,448	0.252687	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	72,549	4,165,480	4,238,029	0.617227	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,108	901,954	903,062	2.069783	0.000000	90.97
91.00	09100	EMERGENCY	65,323,780	74,775,676	140,099,456	0.152197	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,295,202	34,176,454	39,471,656	0.236605	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,099,031	17,100,607	20,199,638	0.340104	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	116	580,931	581,047	1.520657	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,499,670	9,499,670	0.103630	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,357,110	550,832	1,907,942	1.507858	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	21,744,000	0	21,744,000			105.00
106.00	10600	HEART ACQUISITION	2,948,000	0	2,948,000			106.00
107.00	10700	LIVER ACQUISITION	5,902,000	0	5,902,000			107.00
108.00	10800	LUNG ACQUISITION	11,585,000	0	11,585,000			108.00
109.00	10900	PANCREAS ACQUISITION	737,000	0	737,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,060,792,356	3,436,254,307	6,497,046,663			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,060,792,356	3,436,254,307	6,497,046,663			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.209530	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233342	52.00
53.00	05300	ANESTHESIOLOGY	0.109285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212386	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.121891	55.00
55.01	03630	ULTRA SOUND	0.130718	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.179756	55.02
57.00	05700	CT SCAN	0.031608	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048894	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076245	59.00
60.00	06000	LABORATORY	0.109732	60.00
60.01	03020	BLANK	0.000000	60.01
60.02	03140	CARDIOLOGY	0.103229	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243366	63.00
65.00	06500	RESPIRATORY THERAPY	0.156331	65.00
66.00	06600	PHYSICAL THERAPY	0.259729	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217720	67.00
69.00	06900	ELECTROCARDIOLOGY	0.078909	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.360271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253871	73.00
74.00	07400	RENAL DIALYSIS	0.158508	74.00
76.00	03950	IVF/CULTURE LAB	0.748591	76.00
76.01	03951	BLANK	0.000000	76.01
76.02	03952	URODYNAMICS	0.114265	76.02
76.03	03953	SPINE TREATMENT CENTER	0.329727	76.03
76.04	03954	BLANK	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.142093	76.05
76.06	03956	RECREATION THERAPY	3.016124	76.06
76.07	03957	CDC - REHAB	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1.086900	76.08
76.97	07697	CARDIAC REHABILITATION	0.419861	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305325	76.98
76.99	07699	LITHOTRIPSY	0.120910	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.376996	77.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.199293	90.01
90.02	09002	DERMATOLOGY CLINIC	0.211089	90.02
90.03	09003	ORAL SURGERY CLINIC	0.667883	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.997993	90.04
90.05	09005	NEUROLOGY CLINIC	0.389718	90.05
90.06	09006	OB-GYN CLINIC	0.812766	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.365805	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.691003	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.322443	90.09
90.10	09010	PEDIATRIC CLINIC	1.115768	90.10
90.11	09011	SURGERY CLINIC	1.201824	90.11
90.12	09012	UROLOGY CLINIC	0.258552	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.547475	90.13
90.14	09014	CANCER CLINIC	0.345040	90.14
90.15	09015	FAMILY CARE CLINIC	0.352280	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.272897	90.16
90.17	09017	BLANK	0.000000	90.17
90.18	09018	BLANK	0.000000	90.18
90.19	09019	BURN CLINIC	0.505198	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.261748	90.20
90.21	09021	BLANK	0.000000	90.21
90.22	09022	BLANK	0.000000	90.22
90.23	09023	BLANK	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.24	09024	BLANK	0.000000		90.24
90.25	09025	BLANK	0.000000		90.25
90.26	09026	BLANK	0.000000		90.26
90.27	09027	BLANK	0.000000		90.27
90.28	09028	BLANK	0.000000		90.28
90.29	09029	BLANK	0.000000		90.29
90.30	09030	BLANK	0.000000		90.30
90.31	09031	BLANK	0.000000		90.31
90.32	09032	BLANK	0.000000		90.32
90.33	09033	BLANK	0.000000		90.33
90.34	09034	BLANK	0.000000		90.34
90.35	09035	BLANK	0.000000		90.35
90.36	09036	BLANK	0.000000		90.36
90.37	09037	BLANK	0.000000		90.37
90.38	09038	BLANK	0.000000		90.38
90.39	09039	BLANK	0.000000		90.39
90.40	09040	BLANK	0.000000		90.40
90.41	09041	BLANK	0.000000		90.41
90.42	09042	BLANK	0.000000		90.42
90.43	09043	BLANK	0.000000		90.43
90.44	09044	BLANK	0.000000		90.44
90.45	09045	BLANK	0.000000		90.45
90.46	09046	BLANK	0.000000		90.46
90.47	09047	BLANK	0.000000		90.47
90.48	09048	BLANK	0.000000		90.48
90.49	09049	BLANK	0.000000		90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.156365		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.306694		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.229768		90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000		90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.359554		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000		90.55
90.56	09056	IRL-OB/GYN CLINIC	0.291964		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.327534		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.280857		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.240127		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.340014		90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000		90.61
90.62	09062	IRL-UROLOGY CLINIC	0.180636		90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.082015		90.63
90.64	09064	IRL - CANCER CLINIC	0.000000		90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.113703		90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000		90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000		90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.573071		90.68
90.69	09069	IRL-RADIOLOGY	0.000000		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.324528		90.70
90.71	09071	IRL - HEART CENTER	0.000000		90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.877465		90.72
90.73	09073	BLANK	0.000000		90.73
90.74	09074	BLANK	0.000000		90.74
90.75	09075	BLANK	0.000000		90.75
90.76	09076	IRL - PROCEDURE SUITES	0.264404		90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.114589		90.77
90.78	09078	BLANK	0.000000		90.78
90.79	09079	BLANK	0.000000		90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.484220		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.395712		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.174206		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.188325		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.243104		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.316884		90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000		90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	1.363216		90.87
90.88	09088	BLANK	0.000000		90.88
90.89	09089	BLANK	0.000000		90.89
90.90	09090	BLANK	0.000000		90.90
90.91	09091	BLANK	0.000000		90.91
90.92	09092	BLANK	0.000000		90.92
90.93	09093	BLANK	0.000000		90.93
90.94	09094	BLANK	0.000000		90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.252687		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.617227		90.96

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.97	09097	NORTH DODGE - REI CLINIC	2.069783		90.97
91.00	09100	EMERGENCY	0.152197		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.236605		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.340104		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.520657		93.99
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.103630		94.00
95.00	09500	AMBULANCE SERVICES	1.507858		95.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,986,489		173,986,489	0	173,986,489	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	16,379,526		16,379,526	0	16,379,526	31.01
32.00	03200	CORONARY CARE UNIT	14,968,654		14,968,654	0	14,968,654	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,732,456		8,732,456	0	8,732,456	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,624,274		20,624,274	0	20,624,274	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	29,827,279		29,827,279	0	29,827,279	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,197,428		17,197,428	0	17,197,428	35.01
40.00	04000	SUBPROVIDER - IPF	21,192,066		21,192,066	0	21,192,066	40.00
43.00	04300	NURSERY	14,251,723		14,251,723	0	14,251,723	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	157,367,734		157,367,734	0	157,367,734	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,405,782		8,405,782	0	8,405,782	52.00
53.00	05300	ANESTHESIOLOGY	11,477,254		11,477,254	0	11,477,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,880,335		39,880,335	0	39,880,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,841,975		17,841,975	0	17,841,975	55.00
55.01	03630	ULTRA SOUND	7,327,215		7,327,215	0	7,327,215	55.01
55.02	05501	RADIOLOGY - PET SCAN	8,708,185		8,708,185	0	8,708,185	55.02
57.00	05700	CT SCAN	8,222,899		8,222,899	0	8,222,899	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,177,291		10,177,291	0	10,177,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,216,289		9,216,289	0	9,216,289	59.00
60.00	06000	LABORATORY	73,687,565		73,687,565	156,808	73,844,373	60.00
60.01	03020	BLANK	0		0	0	0	60.01
60.02	03140	CARDIOLOGY	13,717,704		13,717,704	0	13,717,704	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,721,746		21,721,746	0	21,721,746	63.00
65.00	06500	RESPIRATORY THERAPY	19,855,036	0	19,855,036	0	19,855,036	65.00
66.00	06600	PHYSICAL THERAPY	9,993,872	0	9,993,872	0	9,993,872	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,435,807	0	3,435,807	0	3,435,807	67.00
69.00	06900	ELECTROCARDIOLOGY	1,076,804		1,076,804	0	1,076,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,032,863		6,032,863	0	6,032,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,313,340		52,313,340	0	52,313,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,432,057		113,432,057	0	113,432,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,416,431		304,416,431	0	304,416,431	73.00
74.00	07400	RENAL DIALYSIS	12,319,270		12,319,270	0	12,319,270	74.00
76.00	03950	IVF/CULTURE LAB	1,298,632		1,298,632	0	1,298,632	76.00
76.01	03951	BLANK	0		0	0	0	76.01
76.02	03952	URODYNAMICS	288,845		288,845	0	288,845	76.02
76.03	03953	SPINE TREATMENT CENTER	638,534		638,534	0	638,534	76.03
76.04	03954	BLANK	0		0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	9,666,142		9,666,142	0	9,666,142	76.05
76.06	03956	RECREATION THERAPY	1,386,509		1,386,509	0	1,386,509	76.06
76.07	03957	CDC - REHAB	0		0	0	0	76.07
76.08	03958	DIABETES EDUCATION	577,243		577,243	0	577,243	76.08
76.97	07697	CARDIAC REHABILITATION	1,029,460		1,029,460	0	1,029,460	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	755,694		755,694	0	755,694	76.98
76.99	07699	LITHOTRIPSY	1,775,145		1,775,145	0	1,775,145	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,635,477		5,635,477	0	5,635,477	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,649,997		1,649,997	0	1,649,997	90.01
90.02	09002	DERMATOLOGY CLINIC	3,422,863		3,422,863	0	3,422,863	90.02
90.03	09003	ORAL SURGERY CLINIC	4,056,496		4,056,496	0	4,056,496	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	21,632,152		21,632,152	0	21,632,152	90.04
90.05	09005	NEUROLOGY CLINIC	4,801,416		4,801,416	0	4,801,416	90.05
90.06	09006	OB-GYN CLINIC	7,098,286		7,098,286	0	7,098,286	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,249,068		13,249,068	0	13,249,068	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,713,963		9,713,963	0	9,713,963	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	7,654,909		7,654,909	0	7,654,909	90.09
90.10	09010	PEDIATRIC CLINIC	25,585,158		25,585,158	0	25,585,158	90.10
90.11	09011	SURGERY CLINIC	9,735,555		9,735,555	0	9,735,555	90.11
90.12	09012	UROLOGY CLINIC	3,280,560		3,280,560	0	3,280,560	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,348,873		7,348,873	0	7,348,873	90.13
90.14	09014	CANCER CLINIC	21,108,114		21,108,114	0	21,108,114	90.14
90.15	09015	FAMILY CARE CLINIC	6,688,248		6,688,248	0	6,688,248	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,061,109		4,061,109	0	4,061,109	90.16
90.17	09017	BLANK	0		0	0	0	90.17
90.18	09018	BLANK	0		0	0	0	90.18
90.19	09019	BURN CLINIC	703,024		703,024	0	703,024	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	400,932		400,932	0	400,932	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.21	09021	BLANK	0		0	0	0	90.21
90.22	09022	BLANK	0		0	0	0	90.22
90.23	09023	BLANK	0		0	0	0	90.23
90.24	09024	BLANK	0		0	0	0	90.24
90.25	09025	BLANK	0		0	0	0	90.25
90.26	09026	BLANK	0		0	0	0	90.26
90.27	09027	BLANK	0		0	0	0	90.27
90.28	09028	BLANK	0		0	0	0	90.28
90.29	09029	BLANK	0		0	0	0	90.29
90.30	09030	BLANK	0		0	0	0	90.30
90.31	09031	BLANK	0		0	0	0	90.31
90.32	09032	BLANK	0		0	0	0	90.32
90.33	09033	BLANK	0		0	0	0	90.33
90.34	09034	BLANK	0		0	0	0	90.34
90.35	09035	BLANK	0		0	0	0	90.35
90.36	09036	BLANK	0		0	0	0	90.36
90.37	09037	BLANK	0		0	0	0	90.37
90.38	09038	BLANK	0		0	0	0	90.38
90.39	09039	BLANK	0		0	0	0	90.39
90.40	09040	BLANK	0		0	0	0	90.40
90.41	09041	BLANK	0		0	0	0	90.41
90.42	09042	BLANK	0		0	0	0	90.42
90.43	09043	BLANK	0		0	0	0	90.43
90.44	09044	BLANK	0		0	0	0	90.44
90.45	09045	BLANK	0		0	0	0	90.45
90.46	09046	BLANK	0		0	0	0	90.46
90.47	09047	BLANK	0		0	0	0	90.47
90.48	09048	BLANK	0		0	0	0	90.48
90.49	09049	BLANK	0		0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	2,549,771		2,549,771	0	2,549,771	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	271,230		271,230	0	271,230	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,095,324		1,095,324	0	1,095,324	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0		0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,922,410		4,922,410	0	4,922,410	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,127,570		3,127,570	0	3,127,570	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,069,274		2,069,274	0	2,069,274	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,060,273		1,060,273	0	1,060,273	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,167,977		1,167,977	0	1,167,977	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,360,170		2,360,170	0	2,360,170	90.60
90.61	09061	IRL - SURGERY CLINIC	0		0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	1,973,958		1,973,958	0	1,973,958	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	15,811		15,811	0	15,811	90.63
90.64	09064	IRL - CANCER CLINIC	0		0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	12,741		12,741	0	12,741	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0		0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0		0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	991,143		991,143	0	991,143	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,294,351		1,294,351	0	1,294,351	90.70
90.71	09071	IRL - HEART CENTER	0		0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	723,375		723,375	0	723,375	90.72
90.73	09073	BLANK	0		0	0	0	90.73
90.74	09074	BLANK	0		0	0	0	90.74
90.75	09075	BLANK	0		0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	7,080,667		7,080,667	0	7,080,667	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	154,064		154,064	0	154,064	90.77
90.78	09078	BLANK	0		0	0	0	90.78
90.79	09079	BLANK	0		0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	3,532,951		3,532,951	0	3,532,951	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	277,968		277,968	0	277,968	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	30,202		30,202	0	30,202	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	3,768		3,768	0	3,768	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,014,372		1,014,372	0	1,014,372	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	21,402		21,402	0	21,402	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0		0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	388,901		388,901	0	388,901	90.87
90.88	09088	BLANK	0		0	0	0	90.88
90.89	09089	BLANK	0		0	0	0	90.89
90.90	09090	BLANK	0		0	0	0	90.90

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.91	09091	BLANK	0		0	0	0	90.91
90.92	09092	BLANK	0		0	0	0	90.92
90.93	09093	BLANK	0		0	0	0	90.93
90.94	09094	BLANK	0		0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	2,990,408		2,990,408	0	2,990,408	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,615,825		2,615,825	0	2,615,825	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,869,142		1,869,142	0	1,869,142	90.97
91.00	09100	EMERGENCY	21,322,667		21,322,667	0	21,322,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,339,178		9,339,178		9,339,178	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,869,978		6,869,978	0	6,869,978	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	883,573		883,573	0	883,573	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	984,452		984,452	0	984,452	94.00
95.00	09500	AMBULANCE SERVICES	2,876,906		2,876,906	0	2,876,906	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,106,363		9,106,363		9,106,363	105.00
106.00	10600	HEART ACQUISITION	1,637,628		1,637,628		1,637,628	106.00
107.00	10700	LIVER ACQUISITION	2,672,635		2,672,635		2,672,635	107.00
108.00	10800	LUNG ACQUISITION	3,867,641		3,867,641		3,867,641	108.00
109.00	10900	PANCREAS ACQUISITION	802,530		802,530		802,530	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,507,008,352	0	1,507,008,352	156,808	1,507,165,160	200.00
201.00		Less Observation Beds	9,339,178		9,339,178		9,339,178	201.00
202.00		Total (see instructions)	1,497,669,174	0	1,497,669,174	156,808	1,497,825,982	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	478,768,379		478,768,379			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	56,453,869		56,453,869			31.01
32.00	03200	CORONARY CARE UNIT	48,595,746		48,595,746			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,599,172		21,599,172			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	75,142,759		75,142,759			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	110,017,814		110,017,814			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	41,322,257		41,322,257			35.01
40.00	04000	SUBPROVIDER - IPF	50,941,035		50,941,035			40.00
43.00	04300	NURSERY	64,871,433		64,871,433			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	361,697,616	389,353,946	751,051,562	0.209530	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,864,681	1,158,806	36,023,487	0.233342	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	46,467,986	58,553,521	105,021,507	0.109285	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,185,875	119,587,117	187,772,992	0.212386	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,669,368	138,707,548	146,376,916	0.121891	0.000000	55.00
55.01	03630	ULTRA SOUND	9,952,566	46,101,185	56,053,751	0.130718	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,211,544	43,232,837	48,444,381	0.179756	0.000000	55.02
57.00	05700	CT SCAN	83,458,943	176,694,695	260,153,638	0.031608	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44,638,885	163,512,598	208,151,483	0.048894	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,771,326	73,105,411	120,876,737	0.076245	0.000000	59.00
60.00	06000	LABORATORY	280,917,971	392,035,610	672,953,581	0.109499	0.000000	60.00
60.01	03020	BLANK	0	0	0	0.000000	0.000000	60.01
60.02	03140	CARDIOLOGY	67,943,491	64,942,844	132,886,335	0.103229	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	57,601,018	31,654,294	89,255,312	0.243366	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	111,760,003	15,246,475	127,006,478	0.156331	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,933,965	18,544,145	38,478,110	0.259729	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,653,932	3,126,951	15,780,883	0.217720	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	6,638,844	7,007,270	13,646,114	0.078909	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,868,410	14,395,367	35,263,777	0.171078	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,750,071	51,455,305	145,205,376	0.360271	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,724,547	115,714,101	271,438,648	0.417892	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	389,478,687	809,622,035	1,199,100,722	0.253871	0.000000	73.00
74.00	07400	RENAL DIALYSIS	30,693,299	47,027,029	77,720,328	0.158508	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	915	1,733,853	1,734,768	0.748591	0.000000	76.00
76.01	03951	BLANK	0	0	0	0.000000	0.000000	76.01
76.02	03952	URODYNAMICS	5,901	2,521,958	2,527,859	0.114265	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	7,483	1,929,068	1,936,551	0.329727	0.000000	76.03
76.04	03954	BLANK	0	0	0	0.000000	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	16,324,365	51,702,283	68,026,648	0.142093	0.000000	76.05
76.06	03956	RECREATION THERAPY	489	459,210	459,699	3.016124	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0.000000	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1,904	529,187	531,091	1.086900	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,185,479	1,266,429	2,451,908	0.419861	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	406,408	2,068,639	2,475,047	0.305325	0.000000	76.98
76.99	07699	LITHOTRIPSY	887,753	13,793,831	14,681,584	0.120910	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,752,128	4,196,250	14,948,378	0.376996	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	53,022	8,226,246	8,279,268	0.199293	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	66,233	16,149,011	16,215,244	0.211089	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	1,495	6,072,172	6,073,667	0.667883	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	373,095	21,302,562	21,675,657	0.997993	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	392,743	11,927,503	12,320,246	0.389718	0.000000	90.05
90.06	09006	OB-GYN CLINIC	190,379	8,543,109	8,733,488	0.812766	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	336,870	35,882,045	36,218,915	0.365805	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	64,764	13,993,003	14,057,767	0.691003	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,672,378	20,067,945	23,740,323	0.322443	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	242,027	22,688,515	22,930,542	1.115768	0.000000	90.10
90.11	09011	SURGERY CLINIC	229,055	7,871,592	8,100,647	1.201824	0.000000	90.11
90.12	09012	UROLOGY CLINIC	102,711	12,585,515	12,688,226	0.258552	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	54,719	13,368,500	13,423,219	0.547475	0.000000	90.13
90.14	09014	CANCER CLINIC	1,008,869	60,167,009	61,175,878	0.345040	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	120,290	18,865,328	18,985,618	0.352280	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	5,175	14,876,304	14,881,479	0.272897	0.000000	90.16
90.17	09017	BLANK	0	0	0	0.000000	0.000000	90.17
90.18	09018	BLANK	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	35,411	1,356,169	1,391,580	0.505198	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	79,042	1,452,707	1,531,749	0.261748	0.000000	90.20
90.21	09021	BLANK	0	0	0	0.000000	0.000000	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.22	09022	BLANK	0	0	0	0.000000	0.000000	90.22
90.23	09023	BLANK	0	0	0	0.000000	0.000000	90.23
90.24	09024	BLANK	0	0	0	0.000000	0.000000	90.24
90.25	09025	BLANK	0	0	0	0.000000	0.000000	90.25
90.26	09026	BLANK	0	0	0	0.000000	0.000000	90.26
90.27	09027	BLANK	0	0	0	0.000000	0.000000	90.27
90.28	09028	BLANK	0	0	0	0.000000	0.000000	90.28
90.29	09029	BLANK	0	0	0	0.000000	0.000000	90.29
90.30	09030	BLANK	0	0	0	0.000000	0.000000	90.30
90.31	09031	BLANK	0	0	0	0.000000	0.000000	90.31
90.32	09032	BLANK	0	0	0	0.000000	0.000000	90.32
90.33	09033	BLANK	0	0	0	0.000000	0.000000	90.33
90.34	09034	BLANK	0	0	0	0.000000	0.000000	90.34
90.35	09035	BLANK	0	0	0	0.000000	0.000000	90.35
90.36	09036	BLANK	0	0	0	0.000000	0.000000	90.36
90.37	09037	BLANK	0	0	0	0.000000	0.000000	90.37
90.38	09038	BLANK	0	0	0	0.000000	0.000000	90.38
90.39	09039	BLANK	0	0	0	0.000000	0.000000	90.39
90.40	09040	BLANK	0	0	0	0.000000	0.000000	90.40
90.41	09041	BLANK	0	0	0	0.000000	0.000000	90.41
90.42	09042	BLANK	0	0	0	0.000000	0.000000	90.42
90.43	09043	BLANK	0	0	0	0.000000	0.000000	90.43
90.44	09044	BLANK	0	0	0	0.000000	0.000000	90.44
90.45	09045	BLANK	0	0	0	0.000000	0.000000	90.45
90.46	09046	BLANK	0	0	0	0.000000	0.000000	90.46
90.47	09047	BLANK	0	0	0	0.000000	0.000000	90.47
90.48	09048	BLANK	0	0	0	0.000000	0.000000	90.48
90.49	09049	BLANK	0	0	0	0.000000	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	96,618	16,209,928	16,306,546	0.156365	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	4,636	879,730	884,366	0.306694	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,351	4,765,738	4,767,089	0.229768	0.000000	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0.000000	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	66,774	13,623,545	13,690,319	0.359554	0.000000	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	125,454	10,586,740	10,712,194	0.291964	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	5,062	6,312,681	6,317,743	0.327534	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	7,112	3,768,017	3,775,129	0.280857	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	5,736	4,858,268	4,864,004	0.240127	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	81,034	6,860,366	6,941,400	0.340014	0.000000	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0.000000	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	19,422	10,908,396	10,927,818	0.180636	0.000000	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	244	192,537	192,781	0.082015	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0.000000	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	112,055	112,055	0.113703	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0.000000	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	7,133	1,722,397	1,729,530	0.573071	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	4,720	3,983,690	3,988,410	0.324528	0.000000	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0.000000	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	2,576	821,816	824,392	0.877465	0.000000	90.72
90.73	09073	BLANK	0	0	0	0.000000	0.000000	90.73
90.74	09074	BLANK	0	0	0	0.000000	0.000000	90.74
90.75	09075	BLANK	0	0	0	0.000000	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	44,739	26,734,968	26,779,707	0.264404	0.000000	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	1,344,492	1,344,492	0.114589	0.000000	90.77
90.78	09078	BLANK	0	0	0	0.000000	0.000000	90.78
90.79	09079	BLANK	0	0	0	0.000000	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	31,802	7,264,370	7,296,172	0.484220	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	976	701,475	702,451	0.395712	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	173,369	173,369	0.174206	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	20,008	20,008	0.188325	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	2,514	4,170,064	4,172,578	0.243104	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	16,252	16,252	1.316884	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	244	285,038	285,282	1.363216	0.000000	90.87
90.88	09088	BLANK	0	0	0	0.000000	0.000000	90.88
90.89	09089	BLANK	0	0	0	0.000000	0.000000	90.89
90.90	09090	BLANK	0	0	0	0.000000	0.000000	90.90
90.91	09091	BLANK	0	0	0	0.000000	0.000000	90.91
90.92	09092	BLANK	0	0	0	0.000000	0.000000	90.92

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.93	09093	BLANK	0	0	0	0.000000	0.000000	90.93
90.94	09094	BLANK	0	0	0	0.000000	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	22,718	11,811,730	11,834,448	0.252687	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	72,549	4,165,480	4,238,029	0.617227	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	1,108	901,954	903,062	2.069783	0.000000	90.97
91.00	09100	EMERGENCY	65,323,780	74,775,676	140,099,456	0.152197	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,295,202	34,176,454	39,471,656	0.236605	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,099,031	17,100,607	20,199,638	0.340104	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	116	580,931	581,047	1.520657	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,499,670	9,499,670	0.103630	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,357,110	550,832	1,907,942	1.507858	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	21,744,000	0	21,744,000			105.00
106.00	10600	HEART ACQUISITION	2,948,000	0	2,948,000			106.00
107.00	10700	LIVER ACQUISITION	5,902,000	0	5,902,000			107.00
108.00	10800	LUNG ACQUISITION	11,585,000	0	11,585,000			108.00
109.00	10900	PANCREAS ACQUISITION	737,000	0	737,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,060,792,356	3,436,254,307	6,497,046,663			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,060,792,356	3,436,254,307	6,497,046,663			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	03630	ULTRA SOUND	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	55.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	03020	BLANK	0.000000	60.01
60.02	03140	CARDIOLOGY	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	76.00
76.01	03951	BLANK	0.000000	76.01
76.02	03952	URODYNAMICS	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	76.03
76.04	03954	BLANK	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	76.05
76.06	03956	RECREATION THERAPY	0.000000	76.06
76.07	03957	CDC - REHAB	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	90.10
90.11	09011	SURGERY CLINIC	0.000000	90.11
90.12	09012	UROLOGY CLINIC	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	90.13
90.14	09014	CANCER CLINIC	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	90.16
90.17	09017	BLANK	0.000000	90.17
90.18	09018	BLANK	0.000000	90.18
90.19	09019	BURN CLINIC	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	90.20
90.21	09021	BLANK	0.000000	90.21
90.22	09022	BLANK	0.000000	90.22
90.23	09023	BLANK	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XIX | Hospital | Cost

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,246,238	0	13,246,238	156,546	84.62	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	1,010,127		1,010,127	8,723	115.80	31.01
32.00	CORONARY CARE UNIT	1,040,771		1,040,771	7,382	140.99	32.00
33.00	BURN INTENSIVE CARE UNIT	667,239		667,239	5,134	129.96	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,000,770		1,000,770	11,524	86.84	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,611,829		1,611,829	14,795	108.94	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,327,221		1,327,221	5,907	224.69	35.01
40.00	SUBPROVIDER - IPF	1,361,223	0	1,361,223	26,058	52.24	40.00
43.00	NURSERY	1,102,573		1,102,573	16,090	68.53	43.00
200.00	Total (lines 30 through 199)	22,367,991		22,367,991	252,159		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	44,919	3,801,046		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	MEDICAL INTENSIVE CARE UNIT	2,659	307,912		31.01
32.00	CORONARY CARE UNIT	3,011	424,521		32.00
33.00	BURN INTENSIVE CARE UNIT	968	125,801		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,848	334,160		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	20	4,494		35.01
40.00	SUBPROVIDER - IPF	4,697	245,371		40.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30 through 199)	60,122	5,243,305		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,887,571	751,051,562	0.019822	93,359,980	1,850,582	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,245	36,023,487	0.015497	287,473	4,455	52.00
53.00	05300	ANESTHESIOLOGY	1,243,700	105,021,507	0.011842	11,163,876	132,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,631,032	187,772,992	0.029989	18,217,999	546,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,734,362	146,376,916	0.032344	2,376,009	76,850	55.00
55.01	03630	ULTRA SOUND	955,340	56,053,751	0.017043	2,039,466	34,759	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,383,424	48,444,381	0.028557	1,545,647	44,139	55.02
57.00	05700	CT SCAN	1,239,066	260,153,638	0.004763	28,547,999	135,974	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,471,389	208,151,483	0.011873	12,375,285	146,932	58.00
59.00	05900	CARDIAC CATHETERIZATION	974,795	120,876,737	0.008064	19,402,496	156,462	59.00
60.00	06000	LABORATORY	4,533,106	672,953,581	0.006736	79,357,376	534,551	60.00
60.01	03020	BLANK	0	0	0.000000	0	0	60.01
60.02	03140	CARDIOLOGY	1,691,064	132,886,335	0.012726	15,627,412	198,874	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	996,802	89,255,312	0.011168	14,870,925	166,078	63.00
65.00	06500	RESPIRATORY THERAPY	1,025,567	127,006,478	0.008075	20,736,472	167,447	65.00
66.00	06600	PHYSICAL THERAPY	544,581	38,478,110	0.014153	6,063,861	85,822	66.00
67.00	06700	OCCUPATIONAL THERAPY	132,131	15,780,883	0.008373	3,065,991	25,672	67.00
69.00	06900	ELECTROCARDIOLOGY	69,392	13,646,114	0.005085	2,416,624	12,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,831	35,263,777	0.010261	4,877,427	50,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,846,667	145,205,376	0.012718	23,267,405	295,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,684,586	271,438,648	0.013574	52,672,683	714,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,598,455	1,199,100,722	0.006337	109,190,553	691,941	73.00
74.00	07400	RENAL DIALYSIS	897,510	77,720,328	0.011548	12,469,795	144,001	74.00
76.00	03950	IVF/CULTURE LAB	162,386	1,734,768	0.093607	0	0	76.00
76.01	03951	BLANK	0	0	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	59,356	2,527,859	0.023481	2,136	50	76.02
76.03	03953	SPINE TREATMENT CENTER	72,498	1,936,551	0.037437	2,471	93	76.03
76.04	03954	BLANK	0	0	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	1,170,789	68,026,648	0.017211	6,445,345	110,931	76.05
76.06	03956	RECREATION THERAPY	135,172	459,699	0.294045	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	49,882	531,091	0.093924	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	108,945	2,451,908	0.044433	473,086	21,021	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,912	2,475,047	0.022186	39,686	880	76.98
76.99	07699	LITHOTRIPSY	222,796	14,681,584	0.015175	10,448	159	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	117,808	14,948,378	0.007881	2,103,872	16,581	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	270,017	8,279,268	0.032614	22,281	727	90.01
90.02	09002	DERMATOLOGY CLINIC	397,141	16,215,244	0.024492	41,978	1,028	90.02
90.03	09003	ORAL SURGERY CLINIC	411,642	6,073,667	0.067775	367	25	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,533,581	21,675,657	0.116886	128,765	15,051	90.04
90.05	09005	NEUROLOGY CLINIC	683,630	12,320,246	0.055488	122,316	6,787	90.05
90.06	09006	OB-GYN CLINIC	706,261	8,733,488	0.080868	2,898	234	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,506,037	36,218,915	0.041582	84,556	3,516	90.07
90.08	09008	ORTHOPAEDICS CLINIC	959,297	14,057,767	0.068240	14,808	1,010	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,139,827	23,740,323	0.048012	1,178,387	56,577	90.09
90.10	09010	PEDIATRIC CLINIC	3,806,047	22,930,542	0.165982	1,354	225	90.10
90.11	09011	SURGERY CLINIC	1,124,860	8,100,647	0.138861	88,653	12,310	90.11
90.12	09012	UROLOGY CLINIC	529,249	12,688,226	0.041712	60,745	2,534	90.12
90.13	09013	PSYCHIATRIC CLINIC	862,351	13,423,219	0.064243	9,177	590	90.13
90.14	09014	CANCER CLINIC	1,748,447	61,175,878	0.028581	318,224	9,095	90.14
90.15	09015	FAMILY CARE CLINIC	656,827	18,985,618	0.034596	24,567	850	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	325,795	14,881,479	0.021893	236	5	90.16
90.17	09017	BLANK	0	0	0.000000	0	0	90.17
90.18	09018	BLANK	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	19,778	1,391,580	0.014213	1,864	26	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	9,272	1,531,749	0.006053	27,425	166	90.20
90.21	09021	BLANK	0	0	0.000000	0	0	90.21
90.22	09022	BLANK	0	0	0.000000	0	0	90.22
90.23	09023	BLANK	0	0	0.000000	0	0	90.23
90.24	09024	BLANK	0	0	0.000000	0	0	90.24
90.25	09025	BLANK	0	0	0.000000	0	0	90.25
90.26	09026	BLANK	0	0	0.000000	0	0	90.26
90.27	09027	BLANK	0	0	0.000000	0	0	90.27
90.28	09028	BLANK	0	0	0.000000	0	0	90.28
90.29	09029	BLANK	0	0	0.000000	0	0	90.29
90.30	09030	BLANK	0	0	0.000000	0	0	90.30
90.31	09031	BLANK	0	0	0.000000	0	0	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.32	09032	BLANK	0	0	0.000000	0	0	90.32
90.33	09033	BLANK	0	0	0.000000	0	0	90.33
90.34	09034	BLANK	0	0	0.000000	0	0	90.34
90.35	09035	BLANK	0	0	0.000000	0	0	90.35
90.36	09036	BLANK	0	0	0.000000	0	0	90.36
90.37	09037	BLANK	0	0	0.000000	0	0	90.37
90.38	09038	BLANK	0	0	0.000000	0	0	90.38
90.39	09039	BLANK	0	0	0.000000	0	0	90.39
90.40	09040	BLANK	0	0	0.000000	0	0	90.40
90.41	09041	BLANK	0	0	0.000000	0	0	90.41
90.42	09042	BLANK	0	0	0.000000	0	0	90.42
90.43	09043	BLANK	0	0	0.000000	0	0	90.43
90.44	09044	BLANK	0	0	0.000000	0	0	90.44
90.45	09045	BLANK	0	0	0.000000	0	0	90.45
90.46	09046	BLANK	0	0	0.000000	0	0	90.46
90.47	09047	BLANK	0	0	0.000000	0	0	90.47
90.48	09048	BLANK	0	0	0.000000	0	0	90.48
90.49	09049	BLANK	0	0	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	342,923	16,306,546	0.021030	40,403	850	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	13,954	884,366	0.015779	942	15	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	184,391	4,767,089	0.038680	617	24	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	388,238	13,690,319	0.028359	27,653	784	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	288,636	10,712,194	0.026945	2,629	71	90.56
90.57	09057	IRL-OPHTHALMOLOGY	293,389	6,317,743	0.046439	2,985	139	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	75,075	3,775,129	0.019887	3,328	66	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	127,076	4,864,004	0.026126	641	17	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	233,970	6,941,400	0.033706	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	244,035	10,927,818	0.022332	3,348	75	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	2,030	192,781	0.010530	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	1,265	112,055	0.011289	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	112,583	1,729,530	0.065095	7,133	464	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	142,741	3,988,410	0.035789	2,754	99	90.70
90.71	09071	IRL - HEART CENTER	0	0	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	20,756	824,392	0.025177	859	22	90.72
90.73	09073	BLANK	0	0	0.000000	0	0	90.73
90.74	09074	BLANK	0	0	0.000000	0	0	90.74
90.75	09075	BLANK	0	0	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,010,264	26,779,707	0.037725	4,539	171	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	15,472	1,344,492	0.011508	0	0	90.77
90.78	09078	BLANK	0	0	0.000000	0	0	90.78
90.79	09079	BLANK	0	0	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	432,699	7,296,172	0.059305	7,998	474	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	23,652	702,451	0.033671	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	2,375	173,369	0.013699	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	271	20,008	0.013545	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	102,745	4,172,578	0.024624	1,608	40	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1,921	16,252	0.118201	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0.000000	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	93,885	285,282	0.329095	0	0	90.87
90.88	09088	BLANK	0	0	0.000000	0	0	90.88
90.89	09089	BLANK	0	0	0.000000	0	0	90.89
90.90	09090	BLANK	0	0	0.000000	0	0	90.90
90.91	09091	BLANK	0	0	0.000000	0	0	90.91
90.92	09092	BLANK	0	0	0.000000	0	0	90.92
90.93	09093	BLANK	0	0	0.000000	0	0	90.93
90.94	09094	BLANK	0	0	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	68,364	11,834,448	0.005777	5,725	33	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	77,956	4,238,029	0.018394	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	39,883	903,062	0.044164	0	0	90.97
91.00	09100	EMERGENCY	1,369,477	140,099,456	0.009775	20,031,972	195,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	711,029	39,471,656	0.018014	857,406	15,445	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	330,861	20,199,638	0.016380	480,318	7,868	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	129,391	581,047	0.222686	0	0	93.99

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	88,077	9,499,670	0.009272	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	84,274,603	5,504,510,257		566,621,257	6,699,253	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part III Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,239,681	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	136,932	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	328,076	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33,712	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	63,759	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	3,167	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	75,299	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	84,801	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,965,427	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,239,681	156,546	7.92	44,919	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		136,932	8,723	15.70	2,659	31.01
32.00	03200	CORONARY CARE UNIT		328,076	7,382	44.44	3,011	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33,712	5,134	6.57	968	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		63,759	11,524	5.53	3,848	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		3,167	14,795	0.21	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		75,299	5,907	12.75	20	35.01
40.00	04000	SUBPROVIDER - IPF	0	84,801	26,058	3.25	4,697	40.00
43.00	04300	NURSERY		0	16,090	0.00	0	43.00
200.00		Total (lines 30 through 199)		1,965,427	252,159		60,122	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	355,758	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	41,746	31.01
32.00	03200	CORONARY CARE UNIT	133,809	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,360	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,279	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	255	35.01
40.00	04000	SUBPROVIDER - IPF	15,265	40.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	574,472	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,632,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	9,502	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	46,338	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	4,751	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	133,222	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32
90.33	09033	BLANK	0	0	0	0	0	90.33

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	3,167	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	1,584	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	101,635	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	3,167	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	1,584	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	1,584	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	1,584	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	1,584	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	3,167	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	1,584	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	6,335	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,584	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	1,584	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	139,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		66,542	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,162,498	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/22/2021 10:15 am

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	751,051,562	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	36,023,487	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	105,021,507	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,632,986	1,632,986	187,772,992	0.008697	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	146,376,916	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	56,053,751	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	48,444,381	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	260,153,638	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	208,151,483	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	120,876,737	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	672,953,581	0.000000	60.00
60.01	03020	BLANK	0	0	0	0	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	132,886,335	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	89,255,312	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	127,006,478	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,478,110	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,780,883	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,646,114	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	35,263,777	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	145,205,376	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	271,438,648	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,199,100,722	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	9,502	9,502	77,720,328	0.000122	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	1,734,768	0.000000	76.00
76.01	03951	BLANK	0	0	0	0	0.000000	76.01
76.02	03952	URODYNAMICS	0	0	0	2,527,859	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	1,936,551	0.000000	76.03
76.04	03954	BLANK	0	0	0	0	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	68,026,648	0.000000	76.05
76.06	03956	RECREATION THERAPY	0	0	0	459,699	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	531,091	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,451,908	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,475,047	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	14,681,584	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	14,948,378	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	8,279,268	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	16,215,244	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	6,073,667	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	46,338	46,338	21,675,657	0.002138	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	12,320,246	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	8,733,488	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	36,218,915	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	14,057,767	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	23,740,323	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	22,930,542	0.000000	90.10
90.11	09011	SURGERY CLINIC	0	4,751	4,751	8,100,647	0.000586	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	12,688,226	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	13,423,219	0.000000	90.13
90.14	09014	CANCER CLINIC	0	133,222	133,222	61,175,878	0.002178	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	18,985,618	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	14,881,479	0.000000	90.16
90.17	09017	BLANK	0	0	0	0	0.000000	90.17
90.18	09018	BLANK	0	0	0	0	0.000000	90.18
90.19	09019	BURN CLINIC	0	0	0	1,391,580	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	1,531,749	0.000000	90.20
90.21	09021	BLANK	0	0	0	0	0.000000	90.21
90.22	09022	BLANK	0	0	0	0	0.000000	90.22
90.23	09023	BLANK	0	0	0	0	0.000000	90.23
90.24	09024	BLANK	0	0	0	0	0.000000	90.24
90.25	09025	BLANK	0	0	0	0	0.000000	90.25
90.26	09026	BLANK	0	0	0	0	0.000000	90.26
90.27	09027	BLANK	0	0	0	0	0.000000	90.27
90.28	09028	BLANK	0	0	0	0	0.000000	90.28
90.29	09029	BLANK	0	0	0	0	0.000000	90.29
90.30	09030	BLANK	0	0	0	0	0.000000	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/22/2021 10:15 am

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	
90.31	09031	BLANK	0	0	0	0	0.000000	90.31
90.32	09032	BLANK	0	0	0	0	0.000000	90.32
90.33	09033	BLANK	0	0	0	0	0.000000	90.33
90.34	09034	BLANK	0	0	0	0	0.000000	90.34
90.35	09035	BLANK	0	0	0	0	0.000000	90.35
90.36	09036	BLANK	0	0	0	0	0.000000	90.36
90.37	09037	BLANK	0	0	0	0	0.000000	90.37
90.38	09038	BLANK	0	0	0	0	0.000000	90.38
90.39	09039	BLANK	0	0	0	0	0.000000	90.39
90.40	09040	BLANK	0	0	0	0	0.000000	90.40
90.41	09041	BLANK	0	0	0	0	0.000000	90.41
90.42	09042	BLANK	0	0	0	0	0.000000	90.42
90.43	09043	BLANK	0	0	0	0	0.000000	90.43
90.44	09044	BLANK	0	0	0	0	0.000000	90.44
90.45	09045	BLANK	0	0	0	0	0.000000	90.45
90.46	09046	BLANK	0	0	0	0	0.000000	90.46
90.47	09047	BLANK	0	0	0	0	0.000000	90.47
90.48	09048	BLANK	0	0	0	0	0.000000	90.48
90.49	09049	BLANK	0	0	0	0	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	3,167	3,167	16,306,546	0.000194	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	884,366	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,584	1,584	4,767,089	0.000332	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	101,635	101,635	13,690,319	0.007424	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	3,167	3,167	10,712,194	0.000296	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,584	1,584	6,317,743	0.000251	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	1,584	1,584	3,775,129	0.000420	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,584	1,584	4,864,004	0.000326	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,584	1,584	6,941,400	0.000228	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	3,167	3,167	10,927,818	0.000290	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	192,781	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	112,055	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	1,729,530	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,584	1,584	3,988,410	0.000397	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	824,392	0.000000	90.72
90.73	09073	BLANK	0	0	0	0	0.000000	90.73
90.74	09074	BLANK	0	0	0	0	0.000000	90.74
90.75	09075	BLANK	0	0	0	0	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	6,335	6,335	26,779,707	0.000237	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	1,344,492	0.000000	90.77
90.78	09078	BLANK	0	0	0	0	0.000000	90.78
90.79	09079	BLANK	0	0	0	0	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,584	1,584	7,296,172	0.000217	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	702,451	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	173,369	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	20,008	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1,584	1,584	4,172,578	0.000380	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	16,252	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0.000000	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	285,282	0.000000	90.87
90.88	09088	BLANK	0	0	0	0	0.000000	90.88
90.89	09089	BLANK	0	0	0	0	0.000000	90.89
90.90	09090	BLANK	0	0	0	0	0.000000	90.90
90.91	09091	BLANK	0	0	0	0	0.000000	90.91
90.92	09092	BLANK	0	0	0	0	0.000000	90.92
90.93	09093	BLANK	0	0	0	0	0.000000	90.93
90.94	09094	BLANK	0	0	0	0	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	11,834,448	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	4,238,029	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	903,062	0.000000	90.97
91.00	09100	EMERGENCY	0	139,014	139,014	140,099,456	0.000992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	66,542	66,542	39,471,656	0.001686	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

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	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	20,199,638	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	581,047	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	9,499,670	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,162,498	2,162,498	5,504,510,257		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	93,359,980	0	74,008,979	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	287,473	0	5,110	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,163,876	0	9,534,916	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.008697	18,217,999	158,442	32,608,199	283,594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,376,009	0	42,670,560	0	55.00
55.01	03630	ULTRA SOUND	0.000000	2,039,466	0	5,164,097	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	1,545,647	0	15,053,948	0	55.02
57.00	05700	CT SCAN	0.000000	28,547,999	0	57,280,425	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,375,285	0	33,384,715	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	19,402,496	0	21,070,455	0	59.00
60.00	06000	LABORATORY	0.000000	79,357,376	0	64,342,929	0	60.00
60.01	03020	BLANK	0.000000	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.000000	15,627,412	0	13,891,088	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	14,870,925	0	7,234,071	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	20,736,472	0	3,444,003	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,063,861	0	301,842	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,065,991	0	154,678	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,416,624	0	1,904,294	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,877,427	0	1,735,920	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	23,267,405	0	11,459,116	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	52,672,683	0	33,236,302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	109,190,553	0	237,989,588	0	73.00
74.00	07400	RENAL DIALYSIS	0.000122	12,469,795	1,521	34,148	4	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.000000	2,136	0	734,152	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	2,471	0	514,713	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	6,445,345	0	14,401,651	0	76.05
76.06	03956	RECREATION THERAPY	0.000000	0	0	26,569	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0.000000	0	0	5,314	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	473,086	0	406,102	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	39,686	0	411,409	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	10,448	0	242,094	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	2,103,872	0	366,124	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	22,281	0	2,077,109	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	41,978	0	5,944,286	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	367	0	613,548	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.002138	128,765	275	5,713,167	12,215	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	122,316	0	3,109,106	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	2,898	0	413,023	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	84,556	0	12,697,898	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	14,808	0	2,331,985	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	1,178,387	0	3,377,439	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	1,354	0	133,118	0	90.10
90.11	09011	SURGERY CLINIC	0.000586	88,653	52	1,475,252	864	90.11
90.12	09012	UROLOGY CLINIC	0.000000	60,745	0	4,508,484	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	9,177	0	825,820	0	90.13
90.14	09014	CANCER CLINIC	0.002178	318,224	693	19,883,074	43,305	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	24,567	0	1,029,732	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	236	0	1,835,563	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.000000	1,864	0	168,896	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	27,425	0	443,714	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000194	40,403	8	5,757,262	1,117	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	942	0	208,797	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000332	617	0	1,018,950	338	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.007424	27,653	205	3,990,998	29,629	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000296	2,629	1	968,082	287	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000251	2,985	1	2,400,868	603	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000420	3,328	1	1,265,913	532	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000326	641	0	557,075	182	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000228	0	0	948	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000290	3,348	1	1,287,082	373	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.000000	0	0	15,876	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	11,093	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.000000	7,133	0	390,528	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000397	2,754	1	990,444	393	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000	859	0	411,608	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.000237	4,539	1	5,757,222	1,364	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.000000	0	0	187,923	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000217	7,998	2	1,005,978	218	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	6,761	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	5,508	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	946	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000380	1,608	1	553,863	210	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0.000000	0	0	68,197	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	5,725	0	3,865,610	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	0	0	54,363	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	14,416	0	90.97
91.00	09100	EMERGENCY	0.000992	20,031,972	19,872	11,627,183	11,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001686	857,406	1,446	4,884,138	8,235	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	480,318	0	2,862,068	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	16,592	0	93.99

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		566,621,257	182,523	800,385,017	394,997	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.209530	74,008,979	1,690,374	0	15,507,101	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233342	5,110	0	0	1,192	52.00
53.00	05300	ANESTHESIOLOGY	0.109285	9,534,916	0	0	1,042,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212386	32,608,199	0	0	6,925,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.121891	42,670,560	0	0	5,201,157	55.00
55.01	03630	ULTRA SOUND	0.130718	5,164,097	0	0	675,040	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.179756	15,053,948	0	0	2,706,037	55.02
57.00	05700	CT SCAN	0.031608	57,280,425	0	0	1,810,520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048894	33,384,715	0	0	1,632,312	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076245	21,070,455	0	0	1,606,517	59.00
60.00	06000	LABORATORY	0.109499	64,342,929	1,140	0	7,045,486	60.00
60.01	03020	BLANK	0.000000	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.103229	13,891,088	0	0	1,433,963	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243366	7,234,071	8,520	0	1,760,527	63.00
65.00	06500	RESPIRATORY THERAPY	0.156331	3,444,003	0	0	538,404	65.00
66.00	06600	PHYSICAL THERAPY	0.259729	301,842	0	0	78,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217720	154,678	0	0	33,676	67.00
69.00	06900	ELECTROCARDIOLOGY	0.078909	1,904,294	0	0	150,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171078	1,735,920	0	0	296,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.360271	11,459,116	24,945	0	4,128,387	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417892	33,236,302	0	0	13,889,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253871	237,989,588	1,288,258	0	60,418,655	73.00
74.00	07400	RENAL DIALYSIS	0.158508	34,148	0	0	5,413	74.00
76.00	03950	IVF/CULTURE LAB	0.748591	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.114265	734,152	0	0	83,888	76.02
76.03	03953	SPINE TREATMENT CENTER	0.329727	514,713	0	0	169,715	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.142093	14,401,651	0	0	2,046,374	76.05
76.06	03956	RECREATION THERAPY	3.016124	26,569	0	0	80,135	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.086900	5,314	0	0	5,776	76.08
76.97	07697	CARDIAC REHABILITATION	0.419861	406,102	0	0	170,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305325	411,409	0	0	125,613	76.98
76.99	07699	LITHOTRIPSY	0.120910	242,094	0	0	29,272	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.376996	366,124	0	0	138,027	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.199293	2,077,109	0	0	413,953	90.01
90.02	09002	DERMATOLOGY CLINIC	0.211089	5,944,286	0	0	1,254,773	90.02
90.03	09003	ORAL SURGERY CLINIC	0.667883	613,548	0	0	409,778	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.997993	5,713,167	0	0	5,701,701	90.04
90.05	09005	NEUROLOGY CLINIC	0.389718	3,109,106	0	0	1,211,675	90.05
90.06	09006	OB-GYN CLINIC	0.812766	413,023	0	0	335,691	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.365805	12,697,898	0	0	4,644,955	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.691003	2,331,985	0	0	1,611,409	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.322443	3,377,439	0	0	1,089,032	90.09
90.10	09010	PEDIATRIC CLINIC	1.115768	133,118	0	0	148,529	90.10
90.11	09011	SURGERY CLINIC	1.201824	1,475,252	0	0	1,772,993	90.11
90.12	09012	UROLOGY CLINIC	0.258552	4,508,484	0	0	1,165,678	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.547475	825,820	0	0	452,116	90.13
90.14	09014	CANCER CLINIC	0.345040	19,883,074	0	0	6,860,456	90.14
90.15	09015	FAMILY CARE CLINIC	0.352280	1,029,732	0	0	362,754	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.272897	1,835,563	0	0	500,920	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.505198	168,896	0	0	85,326	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.261748	443,714	0	0	116,141	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.156365	5,757,262	0	0	900,234	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.306694	208,797	0	0	64,037	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.229768	1,018,950	486	0	234,122	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.359554	3,990,998	0	0	1,434,979	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.291964	968,082	0	0	282,645	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.327534	2,400,868	0	0	786,366	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.280857	1,265,913	0	0	355,541	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.240127	557,075	0	0	133,769	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.340014	948	0	0	322	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.180636	1,287,082	0	0	232,493	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.082015	15,876	0	0	1,302	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.113703	11,093	0	0	1,261	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.573071	390,528	0	0	223,800	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.324528	990,444	0	0	321,427	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.877465	411,608	0	0	361,172	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.264404	5,757,222	0	0	1,522,233	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.114589	187,923	0	0	21,534	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.484220	1,005,978	0	0	487,115	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.395712	6,761	0	0	2,675	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.174206	5,508	0	0	960	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.188325	946	0	0	178	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.243104	553,863	0	0	134,646	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.316884	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	1.363216	68,197	0	0	92,967	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.252687	3,865,610	0	0	976,789	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.617227	54,363	0	0	33,554	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.069783	14,416	0	0	29,838	90.97

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0.152197	11,627,183	0	0	1,769,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.236605	4,884,138	0	0	1,155,611	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.340104	2,862,068	0	0	973,401	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.520657	16,592	0	0	25,231	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.103630		0	0		94.00
95.00	09500	AMBULANCE SERVICES	1.507858		0			95.00
200.00		Subtotal (see instructions)		800,385,017	3,013,723	0	170,433,771	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		800,385,017	3,013,723	0	170,433,771	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	354,184	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	55.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	125	0	60.00
60.01	03020	BLANK	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,073	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,987	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,051	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	76.00
76.01	03951	BLANK	0	0	76.01
76.02	03952	URODYNAMICS	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	76.03
76.04	03954	BLANK	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	76.06
76.07	03957	CDC - REHAB	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	90.16
90.17	09017	BLANK	0	0	90.17
90.18	09018	BLANK	0	0	90.18
90.19	09019	BURN CLINIC	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	90.20
90.21	09021	BLANK	0	0	90.21
90.22	09022	BLANK	0	0	90.22
90.23	09023	BLANK	0	0	90.23
90.24	09024	BLANK	0	0	90.24
90.25	09025	BLANK	0	0	90.25
90.26	09026	BLANK	0	0	90.26
90.27	09027	BLANK	0	0	90.27
90.28	09028	BLANK	0	0	90.28
90.29	09029	BLANK	0	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
90.30	09030	BLANK	0	0	90.30
90.31	09031	BLANK	0	0	90.31
90.32	09032	BLANK	0	0	90.32
90.33	09033	BLANK	0	0	90.33
90.34	09034	BLANK	0	0	90.34
90.35	09035	BLANK	0	0	90.35
90.36	09036	BLANK	0	0	90.36
90.37	09037	BLANK	0	0	90.37
90.38	09038	BLANK	0	0	90.38
90.39	09039	BLANK	0	0	90.39
90.40	09040	BLANK	0	0	90.40
90.41	09041	BLANK	0	0	90.41
90.42	09042	BLANK	0	0	90.42
90.43	09043	BLANK	0	0	90.43
90.44	09044	BLANK	0	0	90.44
90.45	09045	BLANK	0	0	90.45
90.46	09046	BLANK	0	0	90.46
90.47	09047	BLANK	0	0	90.47
90.48	09048	BLANK	0	0	90.48
90.49	09049	BLANK	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	112	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	90.72
90.73	09073	BLANK	0	0	90.73
90.74	09074	BLANK	0	0	90.74
90.75	09075	BLANK	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	90.77
90.78	09078	BLANK	0	0	90.78
90.79	09079	BLANK	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	90.87
90.88	09088	BLANK	0	0	90.88
90.89	09089	BLANK	0	0	90.89
90.90	09090	BLANK	0	0	90.90
90.91	09091	BLANK	0	0	90.91
90.92	09092	BLANK	0	0	90.92
90.93	09093	BLANK	0	0	90.93
90.94	09094	BLANK	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	90.97

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	692,532	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	692,532	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,887,571	751,051,562	0.019822	453,325	8,986	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,245	36,023,487	0.015497	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,243,700	105,021,507	0.011842	163,778	1,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,631,032	187,772,992	0.029989	16,256	488	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,734,362	146,376,916	0.032344	49,545	1,602	55.00
55.01	03630	ULTRA SOUND	955,340	56,053,751	0.017043	11,889	203	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,383,424	48,444,381	0.028557	0	0	55.02
57.00	05700	CT SCAN	1,239,066	260,153,638	0.004763	147,967	705	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,471,389	208,151,483	0.011873	33,486	398	58.00
59.00	05900	CARDIAC CATHETERIZATION	974,795	120,876,737	0.008064	0	0	59.00
60.00	06000	LABORATORY	4,533,106	672,953,581	0.006736	945,395	6,368	60.00
60.01	03020	BLANK	0	0	0.000000	0	0	60.01
60.02	03140	CARDIOLOGY	1,691,064	132,886,335	0.012726	12,616	161	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	996,802	89,255,312	0.011168	165,329	1,846	63.00
65.00	06500	RESPIRATORY THERAPY	1,025,567	127,006,478	0.008075	31,540	255	65.00
66.00	06600	PHYSICAL THERAPY	544,581	38,478,110	0.014153	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	132,131	15,780,883	0.008373	370,156	3,099	67.00
69.00	06900	ELECTROCARDIOLOGY	69,392	13,646,114	0.005085	41,535	211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,831	35,263,777	0.010261	8,466	87	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,846,667	145,205,376	0.012718	10,681	136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,684,586	271,438,648	0.013574	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,598,455	1,199,100,722	0.006337	557,729	3,534	73.00
74.00	07400	RENAL DIALYSIS	897,510	77,720,328	0.011548	0	0	74.00
76.00	03950	IVF/CULTURE LAB	162,386	1,734,768	0.093607	0	0	76.00
76.01	03951	BLANK	0	0	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	59,356	2,527,859	0.023481	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	72,498	1,936,551	0.037437	0	0	76.03
76.04	03954	BLANK	0	0	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	1,170,789	68,026,648	0.017211	3,468	60	76.05
76.06	03956	RECREATION THERAPY	135,172	459,699	0.294045	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	49,882	531,091	0.093924	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	108,945	2,451,908	0.044433	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,912	2,475,047	0.022186	0	0	76.98
76.99	07699	LITHOTRIPSY	222,796	14,681,584	0.015175	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	117,808	14,948,378	0.007881	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	270,017	8,279,268	0.032614	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	397,141	16,215,244	0.024492	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	411,642	6,073,667	0.067775	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,533,581	21,675,657	0.116886	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	683,630	12,320,246	0.055488	0	0	90.05
90.06	09006	OB-GYN CLINIC	706,261	8,733,488	0.080868	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,506,037	36,218,915	0.041582	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	959,297	14,057,767	0.068240	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,139,827	23,740,323	0.048012	23,006	1,105	90.09
90.10	09010	PEDIATRIC CLINIC	3,806,047	22,930,542	0.165982	0	0	90.10
90.11	09011	SURGERY CLINIC	1,124,860	8,100,647	0.138861	0	0	90.11
90.12	09012	UROLOGY CLINIC	529,249	12,688,226	0.041712	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	862,351	13,423,219	0.064243	12,165	782	90.13
90.14	09014	CANCER CLINIC	1,748,447	61,175,878	0.028581	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	656,827	18,985,618	0.034596	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	325,795	14,881,479	0.021893	0	0	90.16
90.17	09017	BLANK	0	0	0.000000	0	0	90.17
90.18	09018	BLANK	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	19,778	1,391,580	0.014213	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	9,272	1,531,749	0.006053	0	0	90.20
90.21	09021	BLANK	0	0	0.000000	0	0	90.21
90.22	09022	BLANK	0	0	0.000000	0	0	90.22
90.23	09023	BLANK	0	0	0.000000	0	0	90.23
90.24	09024	BLANK	0	0	0.000000	0	0	90.24
90.25	09025	BLANK	0	0	0.000000	0	0	90.25
90.26	09026	BLANK	0	0	0.000000	0	0	90.26
90.27	09027	BLANK	0	0	0.000000	0	0	90.27
90.28	09028	BLANK	0	0	0.000000	0	0	90.28
90.29	09029	BLANK	0	0	0.000000	0	0	90.29
90.30	09030	BLANK	0	0	0.000000	0	0	90.30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.31	09031	BLANK	0	0	0.000000	0	0	90.31
90.32	09032	BLANK	0	0	0.000000	0	0	90.32
90.33	09033	BLANK	0	0	0.000000	0	0	90.33
90.34	09034	BLANK	0	0	0.000000	0	0	90.34
90.35	09035	BLANK	0	0	0.000000	0	0	90.35
90.36	09036	BLANK	0	0	0.000000	0	0	90.36
90.37	09037	BLANK	0	0	0.000000	0	0	90.37
90.38	09038	BLANK	0	0	0.000000	0	0	90.38
90.39	09039	BLANK	0	0	0.000000	0	0	90.39
90.40	09040	BLANK	0	0	0.000000	0	0	90.40
90.41	09041	BLANK	0	0	0.000000	0	0	90.41
90.42	09042	BLANK	0	0	0.000000	0	0	90.42
90.43	09043	BLANK	0	0	0.000000	0	0	90.43
90.44	09044	BLANK	0	0	0.000000	0	0	90.44
90.45	09045	BLANK	0	0	0.000000	0	0	90.45
90.46	09046	BLANK	0	0	0.000000	0	0	90.46
90.47	09047	BLANK	0	0	0.000000	0	0	90.47
90.48	09048	BLANK	0	0	0.000000	0	0	90.48
90.49	09049	BLANK	0	0	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	342,923	16,306,546	0.021030	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	13,954	884,366	0.015779	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	184,391	4,767,089	0.038680	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	388,238	13,690,319	0.028359	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	288,636	10,712,194	0.026945	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	293,389	6,317,743	0.046439	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	75,075	3,775,129	0.019887	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	127,076	4,864,004	0.026126	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	233,970	6,941,400	0.033706	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	244,035	10,927,818	0.022332	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	2,030	192,781	0.010530	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	1,265	112,055	0.011289	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	112,583	1,729,530	0.065095	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	142,741	3,988,410	0.035789	0	0	90.70
90.71	09071	IRL - HEART CENTER	0	0	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	20,756	824,392	0.025177	0	0	90.72
90.73	09073	BLANK	0	0	0.000000	0	0	90.73
90.74	09074	BLANK	0	0	0.000000	0	0	90.74
90.75	09075	BLANK	0	0	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	1,010,264	26,779,707	0.037725	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	15,472	1,344,492	0.011508	0	0	90.77
90.78	09078	BLANK	0	0	0.000000	0	0	90.78
90.79	09079	BLANK	0	0	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	432,699	7,296,172	0.059305	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	23,652	702,451	0.033671	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	2,375	173,369	0.013699	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	271	20,008	0.013545	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	102,745	4,172,578	0.024624	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1,921	16,252	0.118201	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0.000000	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	93,885	285,282	0.329095	0	0	90.87
90.88	09088	BLANK	0	0	0.000000	0	0	90.88
90.89	09089	BLANK	0	0	0.000000	0	0	90.89
90.90	09090	BLANK	0	0	0.000000	0	0	90.90
90.91	09091	BLANK	0	0	0.000000	0	0	90.91
90.92	09092	BLANK	0	0	0.000000	0	0	90.92
90.93	09093	BLANK	0	0	0.000000	0	0	90.93
90.94	09094	BLANK	0	0	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	68,364	11,834,448	0.005777	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	77,956	4,238,029	0.018394	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	39,883	903,062	0.044164	0	0	90.97
91.00	09100	EMERGENCY	1,369,477	140,099,456	0.009775	639,112	6,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	39,471,656	0.000000	0	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	330,861	20,199,638	0.016380	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	129,391	581,047	0.222686	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	88,077	9,499,670	0.009272	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	83,563,574	5,504,510,257		3,697,444	38,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,632,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03020	BLANK	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	9,502	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.01	03951	BLANK	0	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03954	BLANK	0	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	46,338	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	4,751	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	133,222	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	BLANK	0	0	0	0	0	90.17
90.18	09018	BLANK	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	0	0	90.20
90.21	09021	BLANK	0	0	0	0	0	90.21
90.22	09022	BLANK	0	0	0	0	0	90.22
90.23	09023	BLANK	0	0	0	0	0	90.23
90.24	09024	BLANK	0	0	0	0	0	90.24
90.25	09025	BLANK	0	0	0	0	0	90.25
90.26	09026	BLANK	0	0	0	0	0	90.26
90.27	09027	BLANK	0	0	0	0	0	90.27
90.28	09028	BLANK	0	0	0	0	0	90.28
90.29	09029	BLANK	0	0	0	0	0	90.29
90.30	09030	BLANK	0	0	0	0	0	90.30
90.31	09031	BLANK	0	0	0	0	0	90.31
90.32	09032	BLANK	0	0	0	0	0	90.32

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.33	09033	BLANK	0	0	0	0	0	90.33
90.34	09034	BLANK	0	0	0	0	0	90.34
90.35	09035	BLANK	0	0	0	0	0	90.35
90.36	09036	BLANK	0	0	0	0	0	90.36
90.37	09037	BLANK	0	0	0	0	0	90.37
90.38	09038	BLANK	0	0	0	0	0	90.38
90.39	09039	BLANK	0	0	0	0	0	90.39
90.40	09040	BLANK	0	0	0	0	0	90.40
90.41	09041	BLANK	0	0	0	0	0	90.41
90.42	09042	BLANK	0	0	0	0	0	90.42
90.43	09043	BLANK	0	0	0	0	0	90.43
90.44	09044	BLANK	0	0	0	0	0	90.44
90.45	09045	BLANK	0	0	0	0	0	90.45
90.46	09046	BLANK	0	0	0	0	0	90.46
90.47	09047	BLANK	0	0	0	0	0	90.47
90.48	09048	BLANK	0	0	0	0	0	90.48
90.49	09049	BLANK	0	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	3,167	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	1,584	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	101,635	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	3,167	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	1,584	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	1,584	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	1,584	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	1,584	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	3,167	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	1,584	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	0	0	90.72
90.73	09073	BLANK	0	0	0	0	0	90.73
90.74	09074	BLANK	0	0	0	0	0	90.74
90.75	09075	BLANK	0	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	6,335	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	0	0	90.77
90.78	09078	BLANK	0	0	0	0	0	90.78
90.79	09079	BLANK	0	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,584	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	1,584	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.87
90.88	09088	BLANK	0	0	0	0	0	90.88
90.89	09089	BLANK	0	0	0	0	0	90.89
90.90	09090	BLANK	0	0	0	0	0	90.90
90.91	09091	BLANK	0	0	0	0	0	90.91
90.92	09092	BLANK	0	0	0	0	0	90.92
90.93	09093	BLANK	0	0	0	0	0	90.93
90.94	09094	BLANK	0	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	139,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2021 10:15 am

Title XVIII

Subprovider - IPF

PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,095,956	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	751,051,562	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	36,023,487	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	105,021,507	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,632,986	1,632,986	187,772,992	0.008697	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	146,376,916	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	56,053,751	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	48,444,381	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	260,153,638	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	208,151,483	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	120,876,737	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	672,953,581	0.000000	60.00
60.01	03020	BLANK	0	0	0	0	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	132,886,335	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	89,255,312	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	127,006,478	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,478,110	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,780,883	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,646,114	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	35,263,777	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	145,205,376	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	271,438,648	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,199,100,722	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	9,502	9,502	77,720,328	0.000122	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	1,734,768	0.000000	76.00
76.01	03951	BLANK	0	0	0	0	0.000000	76.01
76.02	03952	URODYNAMICS	0	0	0	2,527,859	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	1,936,551	0.000000	76.03
76.04	03954	BLANK	0	0	0	0	0.000000	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0	0	68,026,648	0.000000	76.05
76.06	03956	RECREATION THERAPY	0	0	0	459,699	0.000000	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0.000000	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	531,091	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,451,908	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,475,047	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	14,681,584	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	14,948,378	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	8,279,268	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	16,215,244	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	6,073,667	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	46,338	46,338	21,675,657	0.002138	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	12,320,246	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	8,733,488	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	36,218,915	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	14,057,767	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	23,740,323	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	22,930,542	0.000000	90.10
90.11	09011	SURGERY CLINIC	0	4,751	4,751	8,100,647	0.000586	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	12,688,226	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	13,423,219	0.000000	90.13
90.14	09014	CANCER CLINIC	0	133,222	133,222	61,175,878	0.002178	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	18,985,618	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	14,881,479	0.000000	90.16
90.17	09017	BLANK	0	0	0	0	0.000000	90.17
90.18	09018	BLANK	0	0	0	0	0.000000	90.18
90.19	09019	BURN CLINIC	0	0	0	1,391,580	0.000000	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0	0	1,531,749	0.000000	90.20
90.21	09021	BLANK	0	0	0	0	0.000000	90.21
90.22	09022	BLANK	0	0	0	0	0.000000	90.22
90.23	09023	BLANK	0	0	0	0	0.000000	90.23
90.24	09024	BLANK	0	0	0	0	0.000000	90.24
90.25	09025	BLANK	0	0	0	0	0.000000	90.25
90.26	09026	BLANK	0	0	0	0	0.000000	90.26
90.27	09027	BLANK	0	0	0	0	0.000000	90.27
90.28	09028	BLANK	0	0	0	0	0.000000	90.28
90.29	09029	BLANK	0	0	0	0	0.000000	90.29

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
90.30	09030	BLANK	0	0	0	0	0.000000	90.30
90.31	09031	BLANK	0	0	0	0	0.000000	90.31
90.32	09032	BLANK	0	0	0	0	0.000000	90.32
90.33	09033	BLANK	0	0	0	0	0.000000	90.33
90.34	09034	BLANK	0	0	0	0	0.000000	90.34
90.35	09035	BLANK	0	0	0	0	0.000000	90.35
90.36	09036	BLANK	0	0	0	0	0.000000	90.36
90.37	09037	BLANK	0	0	0	0	0.000000	90.37
90.38	09038	BLANK	0	0	0	0	0.000000	90.38
90.39	09039	BLANK	0	0	0	0	0.000000	90.39
90.40	09040	BLANK	0	0	0	0	0.000000	90.40
90.41	09041	BLANK	0	0	0	0	0.000000	90.41
90.42	09042	BLANK	0	0	0	0	0.000000	90.42
90.43	09043	BLANK	0	0	0	0	0.000000	90.43
90.44	09044	BLANK	0	0	0	0	0.000000	90.44
90.45	09045	BLANK	0	0	0	0	0.000000	90.45
90.46	09046	BLANK	0	0	0	0	0.000000	90.46
90.47	09047	BLANK	0	0	0	0	0.000000	90.47
90.48	09048	BLANK	0	0	0	0	0.000000	90.48
90.49	09049	BLANK	0	0	0	0	0.000000	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0	3,167	3,167	16,306,546	0.000194	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	884,366	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,584	1,584	4,767,089	0.000332	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	101,635	101,635	13,690,319	0.007424	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	3,167	3,167	10,712,194	0.000296	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,584	1,584	6,317,743	0.000251	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	1,584	1,584	3,775,129	0.000420	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,584	1,584	4,864,004	0.000326	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,584	1,584	6,941,400	0.000228	90.60
90.61	09061	IRL - SURGERY CLINIC	0	0	0	0	0.000000	90.61
90.62	09062	IRL-UROLOGY CLINIC	0	3,167	3,167	10,927,818	0.000290	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0	0	0	192,781	0.000000	90.63
90.64	09064	IRL - CANCER CLINIC	0	0	0	0	0.000000	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	112,055	0.000000	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0	0	0	0	0.000000	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0	0	0	1,729,530	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	1,584	1,584	3,988,410	0.000397	90.70
90.71	09071	IRL - HEART CENTER	0	0	0	0	0.000000	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0	0	0	824,392	0.000000	90.72
90.73	09073	BLANK	0	0	0	0	0.000000	90.73
90.74	09074	BLANK	0	0	0	0	0.000000	90.74
90.75	09075	BLANK	0	0	0	0	0.000000	90.75
90.76	09076	IRL - PROCEDURE SUITES	0	6,335	6,335	26,779,707	0.000237	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0	0	0	1,344,492	0.000000	90.77
90.78	09078	BLANK	0	0	0	0	0.000000	90.78
90.79	09079	BLANK	0	0	0	0	0.000000	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,584	1,584	7,296,172	0.000217	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	702,451	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	173,369	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	20,008	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1,584	1,584	4,172,578	0.000380	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	16,252	0.000000	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0	0	0	0	0.000000	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0	0	0	285,282	0.000000	90.87
90.88	09088	BLANK	0	0	0	0	0.000000	90.88
90.89	09089	BLANK	0	0	0	0	0.000000	90.89
90.90	09090	BLANK	0	0	0	0	0.000000	90.90
90.91	09091	BLANK	0	0	0	0	0.000000	90.91
90.92	09092	BLANK	0	0	0	0	0.000000	90.92
90.93	09093	BLANK	0	0	0	0	0.000000	90.93
90.94	09094	BLANK	0	0	0	0	0.000000	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	11,834,448	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	4,238,029	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	903,062	0.000000	90.97

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	139,014	139,014	140,099,456	0.000992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	39,471,656	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	20,199,638	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	581,047	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	9,499,670	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,095,956	2,095,956	5,504,510,257		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	453,325	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	163,778	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.008697	16,256	141	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	49,545	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.000000	11,889	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	0	0	0	0	55.02
57.00	05700	CT SCAN	0.000000	147,967	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	33,486	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	945,395	0	1,429	0	60.00
60.01	03020	BLANK	0.000000	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.000000	12,616	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	165,329	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	31,540	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	370,156	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	41,535	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,466	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,681	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	557,729	0	2,819	0	73.00
74.00	07400	RENAL DIALYSIS	0.000122	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.000000	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	0	0	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.000000	3,468	0	0	0	76.05
76.06	03956	RECREATION THERAPY	0.000000	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.002138	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	23,006	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0.000586	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	12,165	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.002178	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.000000	0	0	0	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000194	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000332	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.007424	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000296	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000251	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000420	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000326	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000228	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.000290	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.000000	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000397	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.000000	0	0	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.000237	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.000000	0	0	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000217	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000380	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.000992	639,112	634	15,022	15	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		3,697,444	775	19,270	15	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.209530	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233342	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109285	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212386	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.121891	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.130718	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.179756	0	0	0	0	55.02
57.00	05700	CT SCAN	0.031608	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048894	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076245	0	0	0	0	59.00
60.00	06000	LABORATORY	0.109499	1,429	0	0	156	60.00
60.01	03020	BLANK	0.000000	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.103229	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243366	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.156331	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.259729	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217720	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.078909	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171078	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.360271	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417892	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253871	2,819	1,288	0	716	73.00
74.00	07400	RENAL DIALYSIS	0.158508	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.748591	0	0	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	0	0	76.01
76.02	03952	URODYNAMICS	0.114265	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.329727	0	0	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.142093	0	0	0	0	76.05
76.06	03956	RECREATION THERAPY	3.016124	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.086900	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.419861	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305325	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.120910	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.376996	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.199293	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.211089	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.667883	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.997993	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.389718	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.812766	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.365805	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.691003	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.322443	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1.115768	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1.201824	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.258552	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.547475	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.345040	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.352280	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.272897	0	0	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.505198	0	0	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.261748	0	0	0	0	90.20
90.21	09021	BLANK	0.000000	0	0	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	0	0	90.28

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.29	09029	BLANK	0.000000	0	0	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.156365	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.306694	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.229768	0	0	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.359554	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.291964	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.327534	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.280857	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.240127	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.340014	0	0	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.180636	0	0	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.082015	0	0	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.113703	0	0	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.573071	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.324528	0	0	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.877465	0	0	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.264404	0	0	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.114589	0	0	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.484220	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.395712	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.174206	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.188325	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.243104	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.316884	0	0	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	1.363216	0	0	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.252687	0	0	0	0	90.95

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.617227	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.069783	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.152197	15,022	0	0	2,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.236605	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.340104	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.520657	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.103630		0	0		94.00
95.00	09500	AMBULANCE SERVICES	1.507858		0			95.00
200.00		Subtotal (see instructions)		19,270	1,288	0	3,158	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		19,270	1,288	0	3,158	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	03020	BLANK	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.01	03951	BLANK	0	0		76.01
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.04	03954	BLANK	0	0		76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0	0		76.05
76.06	03956	RECREATION THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	BLANK	0	0		90.17
90.18	09018	BLANK	0	0		90.18
90.19	09019	BURN CLINIC	0	0		90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0	0		90.20
90.21	09021	BLANK	0	0		90.21
90.22	09022	BLANK	0	0		90.22
90.23	09023	BLANK	0	0		90.23
90.24	09024	BLANK	0	0		90.24
90.25	09025	BLANK	0	0		90.25
90.26	09026	BLANK	0	0		90.26
90.27	09027	BLANK	0	0		90.27
90.28	09028	BLANK	0	0		90.28

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	327	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	327	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	156,546	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	156,546	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)	148,143	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)	44,919	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)	173,986,489	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)	173,986,489	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)	173,986,489	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)	1,111.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	49,923,426	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)	49,923,426	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	16,379,526	8,723	1,877.74	2,659	4,992,911	43.01
44.00	CORONARY CARE UNIT	14,968,654	7,382	2,027.72	3,011	6,105,465	44.00
45.00	BURN INTENSIVE CARE UNIT	8,732,456	5,134	1,700.91	968	1,646,481	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	20,624,274	11,524	1,789.68	3,848	6,886,689	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	29,827,279	14,795	2,016.04	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	17,197,428	5,907	2,911.36	20	58,227	47.01

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	115,318,017	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	184,931,216	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,557,141	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,881,776	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	12,438,917	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	172,492,299	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)	8,403	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,111.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	9,339,178	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,246,238	173,986,489	0.076134	9,339,178	711,029	90.00
91.00	Nursing School cost	0	173,986,489	0.000000	9,339,178	0	91.00
92.00	Allied health cost	1,239,681	173,986,489	0.007125	9,339,178	66,542	92.00
93.00	All other Medical Education	0	173,986,489	0.000000	9,339,178	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	26,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	26,058	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	26,058	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)	4,697	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)	21,192,066	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)	21,192,066	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)	21,192,066	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)	813.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,819,929	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)	3,819,929	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	623,047	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,442,976	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)	260,636	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	38,987	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	299,623	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,143,353	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,361,223	21,192,066	0.064233	0	0	90.00
91.00	Nursing School cost	0	21,192,066	0.000000	0	0	91.00
92.00	Allied health cost	84,801	21,192,066	0.004002	0	0	92.00
93.00	All other Medical Education	0	21,192,066	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		144,666,914		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		17,129,947		31.01
32.00	03200	CORONARY CARE UNIT		19,817,315		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,113,066		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		24,049,499		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		140,410		35.01
40.00	04000	SUBPROVIDER - IPF		895,832		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.209530	93,359,980	19,561,717	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233342	287,473	67,080	52.00
53.00	05300	ANESTHESIOLOGY	0.109285	11,163,876	1,220,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212386	18,217,999	3,869,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.121891	2,376,009	289,614	55.00
55.01	03630	ULTRA SOUND	0.130718	2,039,466	266,595	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.179756	1,545,647	277,839	55.02
57.00	05700	CT SCAN	0.031608	28,547,999	902,345	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048894	12,375,285	605,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076245	19,402,496	1,479,343	59.00
60.00	06000	LABORATORY	0.109732	79,357,376	8,708,044	60.00
60.01	03020	BLANK	0.000000	0	0	60.01
60.02	03140	CARDIOLOGY	0.103229	15,627,412	1,613,202	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243366	14,870,925	3,619,078	63.00
65.00	06500	RESPIRATORY THERAPY	0.156331	20,736,472	3,241,753	65.00
66.00	06600	PHYSICAL THERAPY	0.259729	6,063,861	1,574,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217720	3,065,991	667,528	67.00
69.00	06900	ELECTROCARDIOLOGY	0.078909	2,416,624	190,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171078	4,877,427	834,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.360271	23,267,405	8,382,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417892	52,672,683	22,011,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253871	109,190,553	27,720,315	73.00
74.00	07400	RENAL DIALYSIS	0.158508	12,469,795	1,976,562	74.00
76.00	03950	IVF/CULTURE LAB	0.748591	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	0.114265	2,136	244	76.02
76.03	03953	SPINE TREATMENT CENTER	0.329727	2,471	815	76.03
76.04	03954	BLANK	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.142093	6,445,345	915,838	76.05
76.06	03956	RECREATION THERAPY	3.016124	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.086900	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.419861	473,086	198,630	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305325	39,686	12,117	76.98
76.99	07699	LITHOTRIPSY	0.120910	10,448	1,263	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.376996	2,103,872	793,151	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.199293	22,281	4,440	90.01
90.02	09002	DERMATOLOGY CLINIC	0.211089	41,978	8,861	90.02
90.03	09003	ORAL SURGERY CLINIC	0.667883	367	245	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.997993	128,765	128,507	90.04
90.05	09005	NEUROLOGY CLINIC	0.389718	122,316	47,669	90.05
90.06	09006	OB-GYN CLINIC	0.812766	2,898	2,355	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.365805	84,556	30,931	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.691003	14,808	10,232	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.322443	1,178,387	379,963	90.09
90.10	09010	PEDIATRIC CLINIC	1.115768	1,354	1,511	90.10
90.11	09011	SURGERY CLINIC	1.201824	88,653	106,545	90.11
90.12	09012	UROLOGY CLINIC	0.258552	60,745	15,706	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.547475	9,177	5,024	90.13
90.14	09014	CANCER CLINIC	0.345040	318,224	109,800	90.14
90.15	09015	FAMILY CARE CLINIC	0.352280	24,567	8,654	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.272897	236	64	90.16
90.17	09017	BLANK	0.000000	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.505198	1,864	942	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.261748	27,425	7,178	90.20
90.21	09021	BLANK	0.000000	0	0	90.21

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.22	09022	BLANK	0.000000	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.156365	40,403	6,318	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.306694	942	289	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.229768	617	142	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.359554	27,653	9,943	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.291964	2,629	768	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.327534	2,985	978	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.280857	3,328	935	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.240127	641	154	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.340014	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.180636	3,348	605	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.082015	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.113703	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.573071	7,133	4,088	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.324528	2,754	894	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.877465	859	754	90.72
90.73	09073	BLANK	0.000000	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.264404	4,539	1,200	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.114589	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.484220	7,998	3,873	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.395712	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.174206	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.188325	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.243104	1,608	391	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.316884	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	1.363216	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	90.90
90.91	09091	BLANK	0.000000	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	90.92

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.93	09093	BLANK	0.000000	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.252687	5,725	1,447	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.617227	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.069783	0	0	90.97
91.00	09100	EMERGENCY	0.152197	20,031,972	3,048,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.236605	857,406	202,867	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.340104	480,318	163,358	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.520657	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.103630	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		566,621,257	115,318,017	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)		566,621,257		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
40.00	04000	SUBPROVIDER - IPF		7,929,581		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.209530	453,325	94,985	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233342	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109285	163,778	17,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212386	16,256	3,453	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.121891	49,545	6,039	55.00
55.01	03630	ULTRA SOUND	0.130718	11,889	1,554	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.179756	0	0	55.02
57.00	05700	CT SCAN	0.031608	147,967	4,677	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.048894	33,486	1,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076245	0	0	59.00
60.00	06000	LABORATORY	0.109732	945,395	103,740	60.00
60.01	03020	BLANK	0.000000	0	0	60.01
60.02	03140	CARDIOLOGY	0.103229	12,616	1,302	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243366	165,329	40,235	63.00
65.00	06500	RESPIRATORY THERAPY	0.156331	31,540	4,931	65.00
66.00	06600	PHYSICAL THERAPY	0.259729	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217720	370,156	80,590	67.00
69.00	06900	ELECTROCARDIOLOGY	0.078909	41,535	3,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171078	8,466	1,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.360271	10,681	3,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417892	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253871	557,729	141,591	73.00
74.00	07400	RENAL DIALYSIS	0.158508	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.748591	0	0	76.00
76.01	03951	BLANK	0.000000	0	0	76.01
76.02	03952	URODYNAMICS	0.114265	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.329727	0	0	76.03
76.04	03954	BLANK	0.000000	0	0	76.04
76.05	03955	DIGESTIVE DISEASE CNTR	0.142093	3,468	493	76.05
76.06	03956	RECREATION THERAPY	3.016124	0	0	76.06
76.07	03957	CDC - REHAB	0.000000	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.086900	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.419861	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305325	0	0	76.98
76.99	07699	LITHOTRIPSY	0.120910	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.376996	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.199293	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.211089	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.667883	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.997993	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.389718	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.812766	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.365805	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.691003	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.322443	23,006	7,418	90.09
90.10	09010	PEDIATRIC CLINIC	1.115768	0	0	90.10
90.11	09011	SURGERY CLINIC	1.201824	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.258552	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.547475	12,165	6,660	90.13
90.14	09014	CANCER CLINIC	0.345040	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.352280	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.272897	0	0	90.16
90.17	09017	BLANK	0.000000	0	0	90.17
90.18	09018	BLANK	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.505198	0	0	90.19
90.20	09020	HOSPITAL BASED PROGRAMS	0.261748	0	0	90.20

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.21	09021	BLANK	0.000000	0	0	90.21
90.22	09022	BLANK	0.000000	0	0	90.22
90.23	09023	BLANK	0.000000	0	0	90.23
90.24	09024	BLANK	0.000000	0	0	90.24
90.25	09025	BLANK	0.000000	0	0	90.25
90.26	09026	BLANK	0.000000	0	0	90.26
90.27	09027	BLANK	0.000000	0	0	90.27
90.28	09028	BLANK	0.000000	0	0	90.28
90.29	09029	BLANK	0.000000	0	0	90.29
90.30	09030	BLANK	0.000000	0	0	90.30
90.31	09031	BLANK	0.000000	0	0	90.31
90.32	09032	BLANK	0.000000	0	0	90.32
90.33	09033	BLANK	0.000000	0	0	90.33
90.34	09034	BLANK	0.000000	0	0	90.34
90.35	09035	BLANK	0.000000	0	0	90.35
90.36	09036	BLANK	0.000000	0	0	90.36
90.37	09037	BLANK	0.000000	0	0	90.37
90.38	09038	BLANK	0.000000	0	0	90.38
90.39	09039	BLANK	0.000000	0	0	90.39
90.40	09040	BLANK	0.000000	0	0	90.40
90.41	09041	BLANK	0.000000	0	0	90.41
90.42	09042	BLANK	0.000000	0	0	90.42
90.43	09043	BLANK	0.000000	0	0	90.43
90.44	09044	BLANK	0.000000	0	0	90.44
90.45	09045	BLANK	0.000000	0	0	90.45
90.46	09046	BLANK	0.000000	0	0	90.46
90.47	09047	BLANK	0.000000	0	0	90.47
90.48	09048	BLANK	0.000000	0	0	90.48
90.49	09049	BLANK	0.000000	0	0	90.49
90.50	09050	IRL-CARDIOLOGY CLINIC	0.156365	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.306694	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.229768	0	0	90.52
90.53	09053	IRL - ORAL SURGERY CLINIC	0.000000	0	0	90.53
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.359554	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.291964	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.327534	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.280857	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.240127	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.340014	0	0	90.60
90.61	09061	IRL - SURGERY CLINIC	0.000000	0	0	90.61
90.62	09062	IRL-UROLOGY CLINIC	0.180636	0	0	90.62
90.63	09063	IRL - PSYCHIATRIC CLINIC	0.082015	0	0	90.63
90.64	09064	IRL - CANCER CLINIC	0.000000	0	0	90.64
90.65	09065	IRL - FAMILY CARE CLINIC	0.113703	0	0	90.65
90.66	09066	IRL - ORTHO SPORTS MED CLINIC	0.000000	0	0	90.66
90.67	09067	IRL - FAMILY PRACTICE CLINIC	0.000000	0	0	90.67
90.68	09068	IRL EAST - GASTROENTEROLOGY CLINIC	0.573071	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.324528	0	0	90.70
90.71	09071	IRL - HEART CENTER	0.000000	0	0	90.71
90.72	09072	IRL-ANTICOAGULATION CLINIC	0.877465	0	0	90.72
90.73	09073	BLANK	0.000000	0	0	90.73
90.74	09074	BLANK	0.000000	0	0	90.74
90.75	09075	BLANK	0.000000	0	0	90.75
90.76	09076	IRL - PROCEDURE SUITES	0.264404	0	0	90.76
90.77	09077	IRL- GASTROENTERGOLOGY BREATH TESTIN	0.114589	0	0	90.77
90.78	09078	BLANK	0.000000	0	0	90.78
90.79	09079	BLANK	0.000000	0	0	90.79
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.484220	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.395712	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.174206	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.188325	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.243104	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1.316884	0	0	90.85
90.86	09086	IRL EAST-GASTROENTEROLOGY CLINIC	0.000000	0	0	90.86
90.87	09087	IRL EAST - ANESTHESIA PAIN CLINIC	1.363216	0	0	90.87
90.88	09088	BLANK	0.000000	0	0	90.88
90.89	09089	BLANK	0.000000	0	0	90.89
90.90	09090	BLANK	0.000000	0	0	90.90

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Component CCN: 16-S058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.91	09091	BLANK	0.000000	0	0	90.91
90.92	09092	BLANK	0.000000	0	0	90.92
90.93	09093	BLANK	0.000000	0	0	90.93
90.94	09094	BLANK	0.000000	0	0	90.94
90.95	09095	QUAD CITIES - CANCER CENTER	0.252687	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.617227	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	2.069783	0	0	90.97
91.00	09100	EMERGENCY	0.152197	639,112	97,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.236605	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.340104	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.520657	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.103630	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,697,444	623,047	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)		3,697,444		202.00

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	202,221	1,111.41	76	84,467	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	56,241	1,877.74	8	15,022	2.01
3.00	CORONARY CARE UNIT	44.00	31,094	2,027.72	4	8,111	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,700.91	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	262,704	1,789.68	38	68,008	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,016.04	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	51,748	2,911.36	7	20,380	6.01
7.00	TOTAL (sum of lines 1 through 6)		604,008		133	195,988	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.209530	2,291,729	480,186	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233342	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109285	368,774	40,301	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.212386	358,022	76,039	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121891	0	0	13.00
13.01	ULTRA SOUND	55.01	0.130718	28,282	3,697	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.179756	182,172	32,747	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031608	1,426,407	45,086	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.048894	40,988	2,004	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.076245	227,495	17,345	17.00
18.00	LABORATORY	60.00	0.109499	2,652,431	290,439	18.00
18.01	BLANK	60.01	0.000000	0	0	18.01
18.02	CARDIOLOGY	60.02	0.103229	1,733,841	178,983	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.243366	234,219	57,001	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.156331	233,512	36,505	23.00
24.00	PHYSICAL THERAPY	66.00	0.259729	265	69	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.217720	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078909	79,447	6,269	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.171078	12,075	2,066	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.360271	245,794	88,552	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.417892	21,880	9,143	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253871	862,245	218,899	31.00
32.00	RENAL DIALYSIS	74.00	0.158508	21,307	3,377	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.748591	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.114265	7,430	849	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.329727	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.142093	15,677	2,228	34.05
34.06	RECREATION THERAPY	76.06	3.016124	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.086900	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.419861	1,786	750	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305325	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.120910	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.199293	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.211089	1,780	376	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.667883	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	0.997993	13,855	13,827	37.04
37.05	NEUROLOGY CLINIC	90.05	0.389718	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.812766	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.365805	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.691003	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.322443	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.115768	6,893	7,691	37.10

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.11	SURGERY CLINIC	90.11	1.201824	344,657	414,217	37.11
37.12	UROLOGY CLINIC	90.12	0.258552	8,562	2,214	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.547475	6,433	3,522	37.13
37.14	CANCER CLINIC	90.14	0.345040	3,930	1,356	37.14
37.15	FAMILY CARE CLINIC	90.15	0.352280	835	294	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.272897	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.505198	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.261748	7,808	2,044	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.156365	65,626	10,262	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.306694	488	150	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.229768	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.359554	29,392	10,568	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.291964	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.327534	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.280857	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.240127	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.340014	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.180636	11,701	2,114	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.082015	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.113703	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.573071	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.324528	0	0	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.877465	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.264404	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.114589	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.484220	2,510	1,215	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.395712	0	0	37.81

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.174206	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.188325	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.243104	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.316884	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	1.363216	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.252687	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.617227	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.069783	0	0	37.97
38.00	EMERGENCY	91.00	0.152197	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.236605	46,149	10,919	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.340104	7,615	2,590	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.520657	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			11,604,012	2,075,894	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	76	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	8	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	4	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	38	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	7	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			133	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	1,780	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	13,855	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	6,893	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	344,657	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	8,562	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	6,433	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	3,930	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	835	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	7,808	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21
51.22	BLANK	23.22	0	0.000000	0	51.22

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	65,626	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	488	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	29,392	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	11,701	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	2,510	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	IRL EAST - ANESTHESIA PAIN CLINIC	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91
51.92	BLANK	23.92	0	0.000000	0	51.92

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	46,149	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	7,615	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		558,234		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	2,271,882		12,208,020		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	9,106,363		21,744,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	11,378,245		33,952,020		61.00
62.00	Total Usable Organs (see instructions)		223			62.00
63.00	Medicare Usable Organs (see instructions)		159			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.713004			64.00
65.00	Medicare Cost/Charges (see instructions)	8,112,734		24,207,926		65.00
66.00	Revenue for Organs Sold	820,571		820,571		66.00
67.00	Subtotal (line 65 minus line 66)	7,292,163		23,387,355		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	7,292,163	0	23,387,355	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	40	96		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	5	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	87		73.00
74.00	Total (sum of lines 70 through 73)	45	183		74.00
75.00	Organs Transplanted	35	87	21,744,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	90	679,772	77.00
78.00	Organs Sold to Transplant Hospitals	10	0	140,798	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	1		82.00
83.00	Unusable/Discarded Organs	0	5		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	45	183		84.00

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,131	1,111.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	14,205	1,877.74	2	3,755	2.01
3.00	CORONARY CARE UNIT	44.00	15,547	2,027.72	3	6,083	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,700.91	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	130,163	1,789.68	19	34,004	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,016.04	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	31,288	2,911.36	4	11,645	6.01
7.00	TOTAL (sum of lines 1 through 6)		192,334		28	55,487	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.209530	322,299	67,531	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233342	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109285	36,708	4,012	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.212386	82,570	17,537	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121891	0	0	13.00
13.01	ULTRA SOUND	55.01	0.130718	15,500	2,026	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.179756	42,864	7,705	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031608	210,869	6,665	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.048894	92,918	4,543	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.076245	157,539	12,012	17.00
18.00	LABORATORY	60.00	0.109499	699,146	76,556	18.00
18.01	BLANK	60.01	0.000000	0	0	18.01
18.02	CARDIOLOGY	60.02	0.103229	406,078	41,919	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.243366	47,327	11,518	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.156331	121,383	18,976	23.00
24.00	PHYSICAL THERAPY	66.00	0.259729	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.217720	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078909	9,679	764	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.171078	2,504	428	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.360271	20,857	7,514	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.417892	2,642	1,104	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253871	217,825	55,299	31.00
32.00	RENAL DIALYSIS	74.00	0.158508	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.748591	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.114265	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.329727	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.142093	6,664	947	34.05
34.06	RECREATION THERAPY	76.06	3.016124	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.086900	146	159	34.08
34.97	CARDIAC REHABILITATION	76.97	0.419861	877	368	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305325	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.120910	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.199293	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.211089	503	106	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.667883	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	0.997993	5,848	5,836	37.04
37.05	NEUROLOGY CLINIC	90.05	0.389718	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.812766	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.365805	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.691003	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.322443	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.115768	244	272	37.10

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.11	SURGERY CLINIC	90.11	1.201824	29,446	35,389	37.11
37.12	UROLOGY CLINIC	90.12	0.258552	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.547475	465	255	37.13
37.14	CANCER CLINIC	90.14	0.345040	1,187	410	37.14
37.15	FAMILY CARE CLINIC	90.15	0.352280	34	12	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.272897	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.505198	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.261748	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.156365	6,336	991	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.306694	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.229768	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.359554	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.291964	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.327534	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.280857	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.240127	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.340014	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.180636	244	44	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.082015	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.113703	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.573071	488	280	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.324528	1,140	370	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.877465	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.264404	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.114589	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.484220	244	118	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.395712	0	0	37.81

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.174206	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.188325	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.243104	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.316884	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	1.363216	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.252687	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.617227	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.069783	0	0	37.97
38.00	EMERGENCY	91.00	0.152197	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.236605	2,742	649	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.340104	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.520657	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			2,545,316	382,315	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	2	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	3	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	19	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	4	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			28	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	503	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	5,848	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	244	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	29,446	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	465	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,187	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	34	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21
51.22	BLANK	23.22	0	0.000000	0	51.22

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	6,336	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	244	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	488	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	1,140	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	244	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	IRL EAST - ANESTHESIA PAIN CLINIC	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91
51.92	BLANK	23.92	0	0.000000	0	51.92

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	2,742	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		48,921		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	437,802		2,737,650		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,672,635		5,902,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,110,437		8,639,650		61.00
62.00	Total Usable Organs (see instructions)		62			62.00
63.00	Medicare Usable Organs (see instructions)		42			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.677419			64.00
65.00	Medicare Cost/Charges (see instructions)	2,107,069		5,852,663		65.00
66.00	Revenue for Organs Sold	285,029		285,029		66.00
67.00	Subtotal (line 65 minus line 66)	1,822,040		5,567,634		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,822,040	0	5,567,634	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	38		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	26		73.00
74.00	Total (sum of lines 70 through 73)	0	64		74.00
75.00	Organs Transplanted	0	26	5,902,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	36	285,029	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	64		84.00

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,023	1,111.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	5,862	1,877.74	1	1,878	2.01
3.00	CORONARY CARE UNIT	44.00	2,684	2,027.72	1	2,028	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,700.91	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	53,175	1,789.68	8	14,317	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,016.04	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	18,655	2,911.36	3	8,734	6.01
7.00	TOTAL (sum of lines 1 through 6)		81,399		13	26,957	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.209530	121,216	25,398	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233342	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109285	14,891	1,627	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.212386	19,797	4,205	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121891	0	0	13.00
13.01	ULTRA SOUND	55.01	0.130718	17,312	2,263	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.179756	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031608	36,970	1,169	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.048894	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.076245	264,841	20,193	17.00
18.00	LABORATORY	60.00	0.109499	276,651	30,293	18.00
18.01	BLANK	60.01	0.000000	0	0	18.01
18.02	CARDIOLOGY	60.02	0.103229	101,824	10,511	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.243366	15,690	3,818	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.156331	74,233	11,605	23.00
24.00	PHYSICAL THERAPY	66.00	0.259729	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.217720	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078909	5,002	395	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.171078	3,839	657	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.360271	195,233	70,337	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.417892	4,522	1,890	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253871	145,731	36,997	31.00
32.00	RENAL DIALYSIS	74.00	0.158508	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.748591	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.114265	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.329727	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.142093	3,322	472	34.05
34.06	RECREATION THERAPY	76.06	3.016124	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.086900	340	370	34.08
34.97	CARDIAC REHABILITATION	76.97	0.419861	3,705	1,556	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305325	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.120910	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.199293	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.211089	3,392	716	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.667883	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	0.997993	23,979	23,931	37.04
37.05	NEUROLOGY CLINIC	90.05	0.389718	280	109	37.05
37.06	OB-GYN CLINIC	90.06	0.812766	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.365805	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.691003	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.322443	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.115768	3,550	3,961	37.10

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.11	SURGERY CLINIC	90.11	1.201824	2,950	3,545	37.11
37.12	UROLOGY CLINIC	90.12	0.258552	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.547475	0	0	37.13
37.14	CANCER CLINIC	90.14	0.345040	1,713	591	37.14
37.15	FAMILY CARE CLINIC	90.15	0.352280	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.272897	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.505198	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.261748	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.156365	6,564	1,026	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.306694	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.229768	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.359554	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.291964	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.327534	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.280857	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.240127	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.340014	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.180636	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.082015	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.113703	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.573071	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.324528	0	0	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.877465	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.264404	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.114589	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.484220	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.395712	0	0	37.81

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.174206	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.188325	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.243104	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.316884	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	1.363216	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.252687	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.617227	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.069783	0	0	37.97
38.00	EMERGENCY	91.00	0.152197	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.236605	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.340104	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.520657	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,347,547	257,635	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	8	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	3	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			13	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	3,392	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	23,979	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	280	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	3,550	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	2,950	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,713	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21
51.22	BLANK	23.22	0	0.000000	0	51.22

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	6,564	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	IRL EAST - ANESTHESIA PAIN CLINIC	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91
51.92	BLANK	23.92	0	0.000000	0	51.92

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		42,428		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	284,592		1,428,946		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,637,628		2,948,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,922,220		4,376,946		61.00
62.00	Total Usable Organs (see instructions)		28			62.00
63.00	Medicare Usable Organs (see instructions)		17			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.607143			64.00
65.00	Medicare Cost/Charges (see instructions)	1,167,062		2,657,432		65.00
66.00	Revenue for Organs Sold	149,702		149,702		66.00
67.00	Subtotal (line 65 minus line 66)	1,017,360		2,507,730		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,017,360	0	2,507,730	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	11		73.00
74.00	Total (sum of lines 70 through 73)	0	29		74.00
75.00	Organs Transplanted	0	11	2,948,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	16	149,702	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	1		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	29		84.00

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	2,135	1,111.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	22,080	1,877.74	3	5,633	2.01
3.00	CORONARY CARE UNIT	44.00	11,179	2,027.72	2	4,055	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,700.91	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	127,321	1,789.68	19	34,004	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,016.04	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	22,265	2,911.36	3	8,734	6.01
7.00	TOTAL (sum of lines 1 through 6)		184,980		27	52,426	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.209530	405,558	84,977	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233342	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109285	47,747	5,218	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.212386	126,965	26,966	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121891	0	0	13.00
13.01	ULTRA SOUND	55.01	0.130718	33,653	4,399	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.179756	9,887	1,777	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031608	214,294	6,773	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.048894	10,431	510	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.076245	447,569	34,125	17.00
18.00	LABORATORY	60.00	0.109499	539,374	59,061	18.00
18.01	BLANK	60.01	0.000000	0	0	18.01
18.02	CARDIOLOGY	60.02	0.103229	270,197	27,892	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.243366	61,937	15,073	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.156331	293,224	45,840	23.00
24.00	PHYSICAL THERAPY	66.00	0.259729	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.217720	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078909	4,112	324	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.171078	6,776	1,159	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.360271	41,453	14,934	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.417892	2,127	889	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253871	225,250	57,184	31.00
32.00	RENAL DIALYSIS	74.00	0.158508	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.748591	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.114265	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.329727	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.142093	22,597	3,211	34.05
34.06	RECREATION THERAPY	76.06	3.016124	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.086900	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.419861	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305325	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.120910	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.199293	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.211089	4,310	910	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.667883	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	0.997993	29,249	29,190	37.04
37.05	NEUROLOGY CLINIC	90.05	0.389718	2,688	1,048	37.05
37.06	OB-GYN CLINIC	90.06	0.812766	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.365805	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.691003	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.322443	27,616	8,905	37.09
37.10	PEDIATRIC CLINIC	90.10	1.115768	1,169	1,304	37.10

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.11	SURGERY CLINIC	90.11	1.201824	1,513	1,818	37.11
37.12	UROLOGY CLINIC	90.12	0.258552	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.547475	465	255	37.13
37.14	CANCER CLINIC	90.14	0.345040	3,455	1,192	37.14
37.15	FAMILY CARE CLINIC	90.15	0.352280	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.272897	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.505198	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.261748	244	64	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.156365	9,832	1,537	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.306694	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.229768	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.359554	1,795	645	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.291964	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.327534	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.280857	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.240127	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.340014	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.180636	244	44	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.082015	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.113703	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.573071	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.324528	518	168	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.877465	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.264404	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.114589	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.484220	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.395712	0	0	37.81

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.174206	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.188325	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.243104	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.316884	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	1.363216	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.252687	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.617227	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.069783	0	0	37.97
38.00	EMERGENCY	91.00	0.152197	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.236605	5,580	1,320	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.340104	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.520657	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			2,851,829	438,712	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	3	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	19	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	3	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			27	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	4,310	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	29,249	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	2,688	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	27,616	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	1,169	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	1,513	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	465	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	3,455	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	244	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21
51.22	BLANK	23.22	0	0.000000	0	51.22

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	9,832	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	1,795	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	244	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	518	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	IRL EAST - ANESTHESIA PAIN CLINIC	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91
51.92	BLANK	23.92	0	0.000000	0	51.92

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	5,580	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		88,678		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	491,138		3,036,809		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,867,641		11,585,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	4,358,779		14,621,809		61.00
62.00	Total Usable Organs (see instructions)		72			62.00
63.00	Medicare Usable Organs (see instructions)		18			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,089,695		3,655,452		65.00
66.00	Revenue for Organs Sold	62,348		62,348		66.00
67.00	Subtotal (line 65 minus line 66)	1,027,347		3,593,104		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,027,347	0	3,593,104	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	42		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	31		73.00
74.00	Total (sum of lines 70 through 73)	0	73		74.00
75.00	Organs Transplanted	0	31	11,585,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	7	62,348	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	34		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	73		84.00

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	994	1,111.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	2,461	1,877.74	1	1,878	2.01
3.00	CORONARY CARE UNIT	44.00	0	2,027.72	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,700.91	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	36,016	1,789.68	5	8,948	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,016.04	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	6,022	2,911.36	1	2,911	6.01
7.00	TOTAL (sum of lines 1 through 6)		45,493		7	13,737	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.209530	58,814	12,323	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.233342	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109285	6,775	740	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.212386	6,534	1,388	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121891	0	0	13.00
13.01	ULTRA SOUND	55.01	0.130718	795	104	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.179756	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031608	18,535	586	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.048894	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.076245	8,696	663	17.00
18.00	LABORATORY	60.00	0.109499	71,221	7,799	18.00
18.01	BLANK	60.01	0.000000	0	0	18.01
18.02	CARDIOLOGY	60.02	0.103229	26,179	2,702	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.243366	7,546	1,836	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.156331	24,217	3,786	23.00
24.00	PHYSICAL THERAPY	66.00	0.259729	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.217720	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078909	1,475	116	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.171078	716	122	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.360271	7,527	2,712	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.417892	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253871	48,193	12,235	31.00
32.00	RENAL DIALYSIS	74.00	0.158508	1,836	291	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.748591	0	0	34.00
34.01	BLANK	76.01	0.000000	0	0	34.01
34.02	URODYNAMICS	76.02	0.114265	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.329727	0	0	34.03
34.04	BLANK	76.04	0.000000	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.142093	0	0	34.05
34.06	RECREATION THERAPY	76.06	3.016124	0	0	34.06
34.07	CDC - REHAB	76.07	0.000000	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.086900	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.419861	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305325	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.120910	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.199293	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.211089	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.667883	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	0.997993	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	0.389718	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.812766	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.365805	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.691003	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.322443	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.115768	0	0	37.10

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.11	SURGERY CLINIC	90.11	1.201824	4,514	5,425	37.11
37.12	UROLOGY CLINIC	90.12	0.258552	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.547475	0	0	37.13
37.14	CANCER CLINIC	90.14	0.345040	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.352280	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.272897	0	0	37.16
37.17	BLANK	90.17	0.000000	0	0	37.17
37.18	BLANK	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.505198	0	0	37.19
37.20	HOSPITAL BASED PROGRAMS	90.20	0.261748	0	0	37.20
37.21	BLANK	90.21	0.000000	0	0	37.21
37.22	BLANK	90.22	0.000000	0	0	37.22
37.23	BLANK	90.23	0.000000	0	0	37.23
37.24	BLANK	90.24	0.000000	0	0	37.24
37.25	BLANK	90.25	0.000000	0	0	37.25
37.26	BLANK	90.26	0.000000	0	0	37.26
37.27	BLANK	90.27	0.000000	0	0	37.27
37.28	BLANK	90.28	0.000000	0	0	37.28
37.29	BLANK	90.29	0.000000	0	0	37.29
37.30	BLANK	90.30	0.000000	0	0	37.30
37.31	BLANK	90.31	0.000000	0	0	37.31
37.32	BLANK	90.32	0.000000	0	0	37.32
37.33	BLANK	90.33	0.000000	0	0	37.33
37.34	BLANK	90.34	0.000000	0	0	37.34
37.35	BLANK	90.35	0.000000	0	0	37.35
37.36	BLANK	90.36	0.000000	0	0	37.36
37.37	BLANK	90.37	0.000000	0	0	37.37
37.38	BLANK	90.38	0.000000	0	0	37.38
37.39	BLANK	90.39	0.000000	0	0	37.39
37.40	BLANK	90.40	0.000000	0	0	37.40
37.41	BLANK	90.41	0.000000	0	0	37.41
37.42	BLANK	90.42	0.000000	0	0	37.42
37.43	BLANK	90.43	0.000000	0	0	37.43
37.44	BLANK	90.44	0.000000	0	0	37.44
37.45	BLANK	90.45	0.000000	0	0	37.45
37.46	BLANK	90.46	0.000000	0	0	37.46
37.47	BLANK	90.47	0.000000	0	0	37.47
37.48	BLANK	90.48	0.000000	0	0	37.48
37.49	BLANK	90.49	0.000000	0	0	37.49
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.156365	0	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.306694	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.229768	0	0	37.52
37.53	IRL - ORAL SURGERY CLINIC	90.53	0.000000	0	0	37.53
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.359554	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.291964	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.327534	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.280857	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.240127	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.340014	0	0	37.60
37.61	IRL - SURGERY CLINIC	90.61	0.000000	0	0	37.61
37.62	IRL-UROLOGY CLINIC	90.62	0.180636	0	0	37.62
37.63	IRL - PSYCHIATRIC CLINIC	90.63	0.082015	0	0	37.63
37.64	IRL - CANCER CLINIC	90.64	0.000000	0	0	37.64
37.65	IRL - FAMILY CARE CLINIC	90.65	0.113703	0	0	37.65
37.66	IRL - ORTHO SPORTS MED CLINIC	90.66	0.000000	0	0	37.66
37.67	IRL - FAMILY PRACTICE CLINIC	90.67	0.000000	0	0	37.67
37.68	IRL EAST - GASTROENTEROLOGY CLINIC	90.68	0.573071	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.324528	0	0	37.70
37.71	IRL - HEART CENTER	90.71	0.000000	0	0	37.71
37.72	IRL-ANTICOAGULATION CLINIC	90.72	0.877465	0	0	37.72
37.73	BLANK	90.73	0.000000	0	0	37.73
37.74	BLANK	90.74	0.000000	0	0	37.74
37.75	BLANK	90.75	0.000000	0	0	37.75
37.76	IRL - PROCEDURE SUITES	90.76	0.264404	0	0	37.76
37.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	90.77	0.114589	0	0	37.77
37.78	BLANK	90.78	0.000000	0	0	37.78
37.79	BLANK	90.79	0.000000	0	0	37.79
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.484220	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.395712	0	0	37.81

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.174206	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.188325	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.243104	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	1.316884	0	0	37.85
37.86	IRL EAST-GASTROENTEROLOGY CLINIC	90.86	0.000000	0	0	37.86
37.87	IRL EAST - ANESTHESIA PAIN CLINIC	90.87	1.363216	0	0	37.87
37.88	BLANK	90.88	0.000000	0	0	37.88
37.89	BLANK	90.89	0.000000	0	0	37.89
37.90	BLANK	90.90	0.000000	0	0	37.90
37.91	BLANK	90.91	0.000000	0	0	37.91
37.92	BLANK	90.92	0.000000	0	0	37.92
37.93	BLANK	90.93	0.000000	0	0	37.93
37.94	BLANK	90.94	0.000000	0	0	37.94
37.95	QUAD CITIES - CANCER CENTER	90.95	0.252687	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.617227	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	2.069783	0	0	37.97
38.00	EMERGENCY	91.00	0.152197	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.236605	6,462	1,529	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.340104	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.520657	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			300,035	54,357	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	5	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	4,514	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	BLANK	23.17	0	0.000000	0	51.17
51.18	BLANK	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.20	HOSPITAL BASED PROGRAMS	23.20	0	0.000000	0	51.20
51.21	BLANK	23.21	0	0.000000	0	51.21
51.22	BLANK	23.22	0	0.000000	0	51.22

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.23	BLANK	23.23	0	0.000000	0	51.23
51.24	BLANK	23.24	0	0.000000	0	51.24
51.25	BLANK	23.25	0	0.000000	0	51.25
51.26	BLANK	23.26	0	0.000000	0	51.26
51.27	BLANK	23.27	0	0.000000	0	51.27
51.28	BLANK	23.28	0	0.000000	0	51.28
51.29	BLANK	23.29	0	0.000000	0	51.29
51.30	BLANK	23.30	0	0.000000	0	51.30
51.31	BLANK	23.31	0	0.000000	0	51.31
51.32	BLANK	23.32	0	0.000000	0	51.32
51.33	BLANK	23.33	0	0.000000	0	51.33
51.34	BLANK	23.34	0	0.000000	0	51.34
51.35	BLANK	23.35	0	0.000000	0	51.35
51.36	BLANK	23.36	0	0.000000	0	51.36
51.37	BLANK	23.37	0	0.000000	0	51.37
51.38	BLANK	23.38	0	0.000000	0	51.38
51.39	BLANK	23.39	0	0.000000	0	51.39
51.40	BLANK	23.40	0	0.000000	0	51.40
51.41	BLANK	23.41	0	0.000000	0	51.41
51.42	BLANK	23.42	0	0.000000	0	51.42
51.43	BLANK	23.43	0	0.000000	0	51.43
51.44	BLANK	23.44	0	0.000000	0	51.44
51.45	BLANK	23.45	0	0.000000	0	51.45
51.46	BLANK	23.46	0	0.000000	0	51.46
51.47	BLANK	23.47	0	0.000000	0	51.47
51.48	BLANK	23.48	0	0.000000	0	51.48
51.49	BLANK	23.49	0	0.000000	0	51.49
51.50	IRL-CARDIOLOGY CLINIC	23.50	0	0.000000	0	51.50
51.51	IRL - ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.53	IRL - ORAL SURGERY CLINIC	23.53	0	0.000000	0	51.53
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.61	IRL - SURGERY CLINIC	23.61	0	0.000000	0	51.61
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL - PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.64	IRL - CANCER CLINIC	23.64	0	0.000000	0	51.64
51.65	IRL - FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.66	IRL - ORTHO SPORTS MED CLINIC	23.66	0	0.000000	0	51.66
51.67	IRL - FAMILY PRACTICE CLINIC	23.67	0	0.000000	0	51.67
51.68	IRL EAST - GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.71	IRL - HEART CENTER	23.71	0	0.000000	0	51.71
51.72	IRL-ANTICOAGULATION CLINIC	23.72	0	0.000000	0	51.72
51.73	BLANK	23.73	0	0.000000	0	51.73
51.74	BLANK	23.74	0	0.000000	0	51.74
51.75	BLANK	23.75	0	0.000000	0	51.75
51.76	IRL - PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.77	IRL- GASTROENTERGOLOGY BREATH TESTIN	23.77	0	0.000000	0	51.77
51.78	BLANK	23.78	0	0.000000	0	51.78
51.79	BLANK	23.79	0	0.000000	0	51.79
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST- PEDIATRICS CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.86	IRL EAST-GASTROENTEROLOGY CLINIC	23.86	0	0.000000	0	51.86
51.87	IRL EAST - ANESTHESIA PAIN CLINIC	23.87	0	0.000000	0	51.87
51.88	BLANK	23.88	0	0.000000	0	51.88
51.89	BLANK	23.89	0	0.000000	0	51.89
51.90	BLANK	23.90	0	0.000000	0	51.90
51.91	BLANK	23.91	0	0.000000	0	51.91
51.92	BLANK	23.92	0	0.000000	0	51.92

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

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

Provider CCN: 16-0058 | Component CCN: | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-4 | Date/Time Prepared: 11/22/2021 10:15 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.93	BLANK	23.93	0	0.000000	0	51.93
51.94	BLANK	23.94	0	0.000000	0	51.94
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	6,462	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		10,976		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	68,094		345,528		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	802,530		737,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	870,624		1,082,528		61.00
62.00	Total Usable Organs (see instructions)		19			62.00
63.00	Medicare Usable Organs (see instructions)		11			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.578947			64.00
65.00	Medicare Cost/Charges (see instructions)	504,045		626,726		65.00
66.00	Revenue for Organs Sold	59,848		59,848		66.00
67.00	Subtotal (line 65 minus line 66)	444,197		566,878		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	444,197	0	566,878	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	10		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	11		73.00
74.00	Total (sum of lines 70 through 73)	0	21		74.00
75.00	Organs Transplanted	0	11	737,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	59,848	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	2		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	21		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	29,164,627	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	87,881,548	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)	3,416,224	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	9,075,499	2.04
3.00	Managed Care Simulated Payments	48,458,391	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	707.76	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	346.30	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.88	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	353.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	562.69	10.00
11.00	FTE count for residents in dental and podiatric programs.	25.09	11.00
12.00	Current year allowable FTE (see instructions)	378.27	12.00
13.00	Total allowable FTE count for the prior year.	377.36	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	377.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.	377.66	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	1.84	17.00
18.00	Adjusted rolling average FTE count	379.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.536199	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.538309	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.536199	21.00
22.00	IME payment adjustment (see instructions)	30,006,894	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	12,423,181	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	209.51	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.035323	26.00
27.00	IME payments adjustment factor. (see instructions)	0.009344	27.00
28.00	IME add-on adjustment amount (see instructions)	1,093,679	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	452,795	28.01
29.00	Total IME payment (sum of lines 22 and 28)	31,100,573	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	12,875,976	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)	34.21	31.00
32.00	Sum of lines 30 and 31	39.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.16	33.00
34.00	Disproportionate share adjustment (see instructions)	6,484,358	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000605135	0.000761190	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,053,240	6,310,277	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,270,213	4,719,740	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,989,953		36.00
	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		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	173,112,782		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		185,988,758	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,789,673	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		6,849,418	52.00
53.00	Nursing and Allied Health Managed Care payment		160,278	53.00
54.00	Special add-on payments for new technologies		631,917	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		11,603,107	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		559,207	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		182,523	58.00
59.00	Total (sum of amounts on lines 49 through 58)		218,764,881	59.00
60.00	Primary payer payments		570,260	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		218,194,621	61.00
62.00	Deductibles billed to program beneficiaries		7,464,724	62.00
63.00	Coinsurance billed to program beneficiaries		757,128	63.00
64.00	Allowable bad debts (see instructions)		1,871,469	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,216,455	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,360,552	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		211,189,224	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-213,626	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,991,967	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		208,983,631	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		1,023,324	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		204,386,091	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		3,574,216	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,732,079	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,164,627	29,164,627		29,164,627	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	87,881,548		87,881,548	87,881,548	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	3,416,224	3,416,224		3,416,224	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	9,075,499		9,075,499	9,075,499	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	48,458,391	11,120,581	37,337,810	48,458,391	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.536199	0.536199	0.536199		5.00
6.00	IME payment adjustment (see instructions)	22.00	30,006,894	7,476,877	22,530,017	30,006,894	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,423,181	2,850,961	9,572,220	12,423,181	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	0.009344	0.009344	0.009344		7.00
8.00	IME adjustment (see instructions)	28.00	1,093,679	272,514	821,165	1,093,679	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	452,795	103,911	348,884	452,795	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	31,100,573	7,749,391	23,351,182	31,100,573	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,875,976	2,954,872	9,921,104	12,875,976	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2216	0.2216	0.2216		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,484,358	1,615,720	4,868,638	6,484,358	11.00
11.01	Uncompensated care payments	36.00	5,989,953	1,270,213	4,719,740	5,989,953	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	173,112,782	43,216,175	129,896,607	173,112,782	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	185,988,758	46,171,047	139,817,711	185,988,758	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,789,673	3,269,214	9,520,459	12,789,673	16.00
17.00	Special add-on payments for new technologies	54.00	631,917	269,616	362,301	631,917	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			49,709,877	149,700,471	199,410,348	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	9,103,634	2,310,438	6,793,196	9,103,634	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	852,078	239,537	612,541	852,078	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	0.2270	0.2270	0.2270		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,066,525	524,469	1,542,056	2,066,525	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0843	0.0843	0.0843		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	767,436	194,770	572,666	767,436	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,789,673	3,269,214	9,520,459	12,789,673	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	-213,626	-147,103	-66,523	-213,626	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	0	0	0	0	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		495,628	1,496,339	1,991,967	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	692,532	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	170,038,774	2.00
3.00	OPPS payments	150,829,492	3.00
4.00	Outlier payment (see instructions)	886,848	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	394,997	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	692,532	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,013,723	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)	3,013,723	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	3,013,723	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,321,191	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)	692,532	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)	152,111,337	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	345,411	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	24,614,044	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)	127,844,414	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,845,504	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	649	29.00
30.00	Subtotal (sum of lines 27 through 29)	133,690,567	30.00
31.00	Primary payer payments	132,404	31.00
32.00	Subtotal (line 30 minus line 31)	133,558,163	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	2,151,930	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,398,755	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,437,885	36.00
37.00	Subtotal (see instructions)	134,956,918	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	134,956,918	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	1,655,111	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	133,167,998	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	133,809	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,985,824	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	327	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,143	2.00
3.00	OPPS payments	0	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	15	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	327	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,288	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)	1,288	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,288	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	961	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)	327	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)	15	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	342	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)	342	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	342	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)	342	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	342	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		40.03
41.00	Interim payments	6,951	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-6,609	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-1 Part I Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		204,386,091		132,325,098	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	02/17/2021	842,900	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		842,900	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)		204,386,091		133,167,998	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		3,574,216		133,809	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		207,960,307		133,301,807	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2021 10:15 am

Title XVIII

Subprovider - IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,547,232		6,951	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	02/17/2021	70,400		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)		70,400		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)		3,617,632		6,951	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		64,334		6,609	6.02
7.00	Total Medicare program liability (see instructions)		3,553,298		342	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	3,725,720	1.00
2.00	Net IPF PPS Outlier Payments	61,109	2.00
3.00	Net IPF PPS ECT Payments	78,151	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	9.49	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	20.60	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	9.49	8.00
9.00	Average Daily Census (see instructions)	71.391781	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.066385	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	247,332	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,112,312	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	4,112,312	16.00
17.00	Primary payer payments	42,661	17.00
18.00	Subtotal (line 16 less line 17).	4,069,651	18.00
19.00	Deductibles	125,048	19.00
20.00	Subtotal (line 18 minus line 19)	3,944,603	20.00
21.00	Coinsurance	500,549	21.00
22.00	Subtotal (line 20 minus line 21)	3,444,054	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	203,534	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	132,297	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	177,377	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,576,351	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	16,040	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)	3,592,391	31.00
31.01	Sequestration adjustment (see instructions)	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	39,093	31.02
32.00	Interim payments	3,617,632	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)	-64,334	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	61,109	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-4 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.	383.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)	7.95	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA	0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)	0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts	391.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	666.50	6.00
7.00	Enter the lesser of line 5 or line 6	391.65	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	148.69	435.24	583.93	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.	87.37	255.76	343.13	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.77		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	87.37	280.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	91.31	274.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	90.60	273.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	89.76	276.20		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	1.96		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	2.00		16.01
17.00	Adjusted rolling average FTE count	89.76	278.16		17.00
18.00	Per resident amount	88,313.90	88,313.90		18.00
19.00	Approved amount for resident costs	7,927,056	24,565,394	32,492,450	19.00

		1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)	25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)	274.85	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)	21.90	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)	103,898.70	23.00
24.00	Multiply line 22 time line 23	2,275,382	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)	34,767,832	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)	60,122	12,060	12,699		26.00
27.00	Total Inpatient Days (see instructions)	229,706	229,706	229,706		27.00
28.00	Ratio of inpatient days to total inpatient days	0.261735	0.052502	0.055284		28.00
29.00	Program direct GME amount	9,099,959	1,825,381	1,922,105	12,847,445	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		74,293	78,230	152,523	30.00
31.00	Net Program direct GME amount				12,694,922	31.00

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

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-4 | Date/Time Prepared: 11/22/2021 10:15 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	9,502	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	87,219,998	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000109	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	5,951,845	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	649	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	189,374,192	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	11,603,107	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	612,921	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	200,364,378	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	171,129,788	42.00
43.00	Primary payer payments (see instructions)	132,404	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	170,997,384	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	371,361,762	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.539540	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.460460	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	12,694,922	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	6,849,418	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,845,504	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G | Date/Time Prepared: 11/22/2021 10:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	6,978,034	0	0	0	1.00
2.00	Temporary investments	108,747,023	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	312,763,417	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-32,649,372	0	0	0	6.00
7.00	Inventory	61,836,912	0	0	0	7.00
8.00	Prepaid expenses	14,990,038	0	0	0	8.00
9.00	Other current assets	5,020,038	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	477,686,090	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	22,430,609	0	0	0	12.00
13.00	Land improvements	70,110,330	0	0	0	13.00
14.00	Accumulated depreciation	-56,008,466	0	0	0	14.00
15.00	Buildings	1,700,490,518	0	0	0	15.00
16.00	Accumulated depreciation	-826,141,122	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	598,160,500	0	0	0	23.00
24.00	Accumulated depreciation	-421,406,904	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,087,635,465	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,294,199,703	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,574,384	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,295,774,087	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,861,095,642	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	63,686,084	0	0	0	37.00
38.00	Salaries, wages, and fees payable	126,625,265	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	163,395,273	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	353,706,622	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	338,663,102	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	218,418,783	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	557,081,885	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	910,788,507	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,950,307,135				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,950,307,135	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,861,095,642	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-1 | Date/Time Prepared: 11/22/2021 10:15 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,749,088,180		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		225,490,913				2.00
3.00	Total (sum of line 1 and line 2)		1,974,579,093		0		3.00
4.00	RESTRICTED FUND TRANSACTIONS*	1,161,665		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)		1,161,665		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,975,740,758		0		11.00
12.00	TRANSFER TO UNIVERSITY*	25,267,134		0		0	12.00
13.00	RESTRICTED FUND TRANSACTIONS*	161,834		0		0	13.00
14.00	ROUNDING	4,655		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)		25,433,623		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,950,307,135		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	RESTRICTED FUND TRANSACTIONS*		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER TO UNIVERSITY*		0			12.00
13.00	RESTRICTED FUND TRANSACTIONS*		0			13.00
14.00	ROUNDING		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/22/2021 10:15 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	543,639,812		543,639,812	1.00
2.00	SUBPROVIDER - IPF	50,941,035		50,941,035	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	594,580,847		594,580,847	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSIVE CARE UNIT	56,453,869		56,453,869	11.01
12.00	CORONARY CARE UNIT	48,595,746		48,595,746	12.00
13.00	BURN INTENSIVE CARE UNIT	21,599,172		21,599,172	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	75,142,759		75,142,759	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	110,017,814		110,017,814	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	41,322,257		41,322,257	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	353,131,617		353,131,617	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	947,712,464		947,712,464	17.00
18.00	Ancillary services	1,987,455,814	2,860,939,138	4,848,394,952	18.00
19.00	Outpatient services	81,347,942	565,226,989	646,574,931	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	1,357,110	550,832	1,907,942	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME PROGRAM DIALYSIS	0	9,499,670	9,499,670	27.00
27.01	TRANSPLANT CHARGES	42,916,000	0	42,916,000	27.01
27.02	NON ALLOWABLE CHARGES	165,968	409,666,241	409,832,209	27.02
27.03	FAMILY CARE PHYSICIANS	0	0	0	27.03
27.04	EMER ROOM PHYSICIANS	107,815	30,582,308	30,690,123	27.04
27.05	IOWA CARE PHYSICIANS	0	0	0	27.05
27.06	IRL PHYSICIANS	0	107,765,050	107,765,050	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,061,063,113	3,984,230,228	7,045,293,341	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,086,063,331		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	1,522,598			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,522,598		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)		2,087,585,929		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-3 | Date/Time Prepared: 11/22/2021 10:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,045,293,341	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,934,183,010	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,111,110,331	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,087,585,929	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,524,402	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	50,714	6.00
7.00	Income from investments	116,428,273	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	7,366,755	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	747,632	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUSINESS OFFICE	2,242,154	24.00
24.01	RADIOLOGY	24,801	24.01
24.02	PLANT OPERATIONS	268,925	24.02
24.03	DIETARY	142,468	24.03
24.04	SOCIAL SERVICE	0	24.04
24.05	LAB	1,623	24.05
24.06	ORAL SURGERY CLINIC	0	24.06
24.07	FAMILY CARE CLINIC	0	24.07
24.08	EMERGENCY	8,749	24.08
24.09	NON- ALLOWABLE DIATARY- DIET-CAF	747,940	24.09
24.10	CARDIOLOGY	0	24.10
24.11	DERMATOLOGY CLINIC	0	24.11
24.12	NURSING ADMIN	0	24.12
24.13	CENTRAL SERVICES	0	24.13
24.14	NON-ALLOWABLE	0	24.14
24.15	NOT OFFSET	0	24.15
24.16	HOUSEKEEPING	0	24.16
24.17	OPERATING ROOM	80,214	24.17
24.18	BONE MARROW TRANSPLANT	0	24.18
24.19	PHYSICAL THERAPY	23,940	24.19
24.20	ELECTROCARDIOLOGY	25,234	24.20
24.21	CARDIAC REHABILITATION	0	24.21
24.22	BLOOD STORAGE	0	24.22
24.23	AMBULANCE SERVICE	3,618,772	24.23
24.24	CANCER CLINIC	0	24.24
24.25	CARDIAC CATHETERIZATION	0	24.25
24.26	INTERNAL MEDICINE	0	24.26
24.27	OPHTHALMOLOGY CLINIC	0	24.27
24.28	ANESTHESIOLOGY	0	24.28
24.29	RESPIRATORY THERAPY	7,449	24.29
24.30	ELECTROENCEPHALOGRAPHY	0	24.30
24.31	NEUROLOGY CLINIC	0	24.31
24.32	PEDIATRIC CLINIC	0	24.32
24.33	UROLOGY CLINIC	0	24.33
24.34	ALLOGENIC STEM CELL ACQUISITION	34,340	24.34
24.35	QUAD CITY - HEM ONC CLINIC	27,050	24.35
24.36	RECREATION THERAPY	623	24.36
24.37	OTOLARYNGOLOGY CLINIC	1,828	24.37
24.38	REIMB RESEARCH OVERHEAD (COST OFFSET	2,101,088	24.38
24.39	FUND 165 IRL	253,841	24.39
24.40	FUND 240 CONT EDUCATION REVENUE	778,631	24.40
24.41	FUND 261 INCOME FOR BIOENGINEERING	-526,743	24.41
24.42	FUND 285 INCOME FOR PHONE SERVICE	11,327,520	24.42
24.43	FUND 450 AUXILLARY - NOT OFFSET	2,782,353	24.43
24.44	FUND 500/510 RESTICTED FUNDS	5,708,525	24.44
24.45	FUND 990 IRL PHYSICIANS	431,722	24.45
24.46	FUND 175/260 OTHER CENTRAL SERVICES	11,808,862	24.46
24.47	OTHER (SPECIFY)	0	24.47
24.48	OTHER (SPECIFY)	0	24.48
24.49	OTHER (SPECIFY)	0	24.49
24.50	COVID-19 PHE Funding	35,451,228	24.50

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 11/22/2021 10:15 am

		1.00	
25.00	Total other income (sum of lines 6-24)	201,966,511	25.00
26.00	Total (line 5 plus line 25)	225,490,913	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	225,490,913	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

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

Worksheet I-1

Date/Time Prepared: 11/22/2021 10:15 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,680,202	HOURS OF SERVICE	44,218.98	21.26	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	823,048	HOURS OF SERVICE	34,350.04	16.51	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	592,720	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,095,970				9.00
10.00	EMPLOYEE BENEFITS	1,263,476	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	445,278	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,511,025	REQUISITIONS			14.00
15.00	DRUGS	843,774	REQUISITIONS			15.00
16.00	OTHER	2,772,499	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	9,932,022				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	211,016	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	181,022	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,576,773	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	541,899	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	9,502				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	30,330	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	680,480	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,163,044				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.01	BLANK	0	CHARGES	0		30.01
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	BLANK	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATION THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,163,044				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0058
Component CCN: 16-2306
Period: From 07/01/2020 To 06/30/2021
Worksheet I-2
Date/Time Prepared: 11/22/2021 10:15 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,198,193	181,022	1,680,202	823,048	1,263,476	30,330	1.00
	MAINTENANCE							
2.00	Hemodialysis	499,189	68,327	1,115,153	737,469	925,634	12,819	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
	TRAINING							
4.00	Hemodialysis	4,098	4,667	24,850	5,412	17,569	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	1,299	1,446	7,713	1,678	5,444	0	6.00
7.00	CCPD	11,595	13,241	63,987	13,935	45,256	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	682,012	93,341	468,499	64,554	269,573	17,511	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						19,851	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,198,193	181,022	1,680,202	823,048	1,263,476	30,330	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,511,025	0	6,687,296	5,622,472	12,309,768		1.00
	MAINTENANCE							
2.00	Hemodialysis	730,426	0	4,089,017	3,437,920	7,526,937		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
	TRAINING							
4.00	Hemodialysis	81,273	0	137,869	115,916	253,785		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	25,182	0	42,762	35,953	78,715		6.00
7.00	CCPD	209,357	0	357,371	300,466	657,837		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	464,787	0	2,060,277	1,732,217	3,792,494		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,511,025	0	6,687,296	5,622,472	12,309,768		17.00
18.00	Medical Educational Program Costs					9,502		18.00
19.00	Total Renal Costs (line 17 + line 18)					12,319,270		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058 | Component CCN: 16-2306 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-3 | Date/Time Prepared: 11/22/2021 10:15 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,198,193	181,022	1,680,202	823,048	1,263,476	1.00
	MAINTENANCE							
2.00	Hemodialysis		4,994	77,879.46	29,348.19	39,109.71	2,268,135	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
	TRAINING							
4.00	Hemodialysis		41	5,320.00	654.00	287.00	43,051	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		13	1,648.00	203.00	89.00	13,339	6.00
7.00	CCPD		116	15,092.00	1,684.00	739.00	110,893	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	6,210	6,823	106,389.47	12,329.79	3,423.45	660,552	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		11,987	206,328.93	44,218.98	43,648.16	3,095,970	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		99.957704	0.877347	37.997303	18.856419	0.408103	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	30,330	1,511,025	0	6,687,296	5,622,472		1.00
	MAINTENANCE							
2.00	Hemodialysis	369,477	730,426	46,264,957				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
	TRAINING							
4.00	Hemodialysis	0	81,273	96,292				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	25,182	29,836				6.00
7.00	CCPD	0	209,357	273,156				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	504,734	464,787	30,577,137				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	874,211	1,511,025	77,241,378		6,687,296		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.034694	1.000000	0.000000		0.840769		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058 | Component CCN: 16-2306 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-4 | Date/Time Prepared: 11/22/2021 10:15 am

Rate 0 | Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	21,584	7,526,937	348.73	15,155	5,285,003	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	38	253,785	6,678.55	32	213,714	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	12	78,715	6,559.58	8	52,477	5.00
6.00	Training - CCPD	95	657,837	6,924.60	44	304,682	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	21,729	8,517,274		15,239	5,855,876	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	21,729					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	4,584,264	302.49		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	11,432	357.25		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - CAPD	2,308	288.50		5.00
6.00	Training - CCPD	17,074	388.05		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - CAPD	0	0.00		9.00
10.00	Home Program - CCPD	0	0.00		10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	4,615,078			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)				12.00
	ADDITIONAL RENAL FACILITY NUMBERS				
20.00	UIHC MUSCATINE DIALYSIS CENTER				20.00
20.01	UIHC GRINNELL DIALYSIS CENTER				20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER				20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER				20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-1 | Date/Time Prepared: 11/22/2021 10:15 am

Home Program Dialysis | PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	208,289	HOURS OF SERVICE	5,102.22	2.45	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	-1,430	HOURS OF SERVICE	1,563.93	0.75	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	35,462	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	242,321				9.00
10.00	EMPLOYEE BENEFITS	91,048	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	1,613	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	360,218	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	-15,829	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	679,371				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,910	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	23,808	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	112,880	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	92,219	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	40,264	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	984,452				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.01	BLANK	0	CHARGES	0		30.01
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	BLANK	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATION THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	984,452				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-2 | Date/Time Prepared: 11/22/2021 10:15 am

Home Program Dialysis | PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	129,742	23,808	208,289	-1,430	91,048	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	37,032	6,800	34,087	-373	16,900	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	8,839	1,619	8,124	-89	4,023	0	10.00
11.00	CCPD	83,871	15,389	166,078	-968	70,125	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	129,742	23,808	208,289	-1,430	91,048	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	360,218	0	811,675	172,777	984,452		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	103,777	0	198,223	42,195	240,418		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	24,702	0	47,218	10,051	57,269		10.00
11.00	CCPD	231,739	0	566,234	120,531	686,765		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	360,218	0	811,675	172,777	984,452		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					984,452		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-3 | Date/Time Prepared: 11/22/2021 10:15 am

Home Program Dialysis | PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		129,742	23,808	208,289	-1,430	91,048	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		574	6,301.00	835.00	676.00	44,980	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		137	1,500.00	199.00	161.00	10,707	10.00
11.00	CCPD		1,300	14,260.00	4,068.22	1,751.93	186,634	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,011	22,061.00	5,102.22	2,588.93	242,321	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		64.516161	1.079190	40.823210	-0.552352	0.375733	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	360,218	0	811,675	172,777		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	103,777	2,867,274				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	24,702	682,507				10.00
11.00	CCPD	0	231,739	6,489,300				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	360,218	10,039,081		811,675		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.212865		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-4 | Date/Time Prepared: 11/22/2021 10:15 am

Rate 0 | Home Program Dialysis | PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	1,273	240,418	188.86	551	104,062	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	124	57,269	461.85	0	0	9.00
10.00	Home Program - CCPD	1,174	686,765	584.98	672	393,107	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,273	984,452		551	497,169	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,167					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

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

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 16-0058 | Period: From 07/01/2020 To 06/30/2021 | Worksheet I-5 | Date/Time Prepared: 11/22/2021 10:15 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	6,353,045		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	5,326,556	4,892,122	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	5,326,556	4,892,122	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	364	334	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	364	334	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,082,173	993,911	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	1,082,173	993,911	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	994,245	8.00
9.00	Program payment (see instructions)	0	3,913,430	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	10,345,500		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	9,501,726		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.918440		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0058	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/22/2021 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	9,103,634	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	852,078	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)	557.94	3.00
4.00	Number of interns & residents (see instructions)	404.50	4.00
5.00	Indirect medical education percentage (see instructions)	22.70	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,066,525	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.72	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	34.21	8.00
9.00	Sum of lines 7 and 8	39.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.43	10.00
11.00	Disproportionate share adjustment (see instructions)	767,436	11.00
12.00	Total prospective capital payments (see instructions)	12,789,673	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