

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 9:04 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2016 Time: 9:04 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 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 SWEDISH AMERICAN HOSPITAL (140228) for the cost reporting period beginning 06/01/2015 and ending 06/30/2016 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.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	207,498	-391,000	0	0	1.00
2.00 Subprovider - IPF	0	-44,140	80		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-412		0	9.00
200.00 Total	0	163,358	-391,332	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: 140228		Period: From 06/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:26 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 61104		4.00 County: WINNEBAGO						
1.00 Street: 1401 EAST STATE ST.		2.00 City: ROCKFORD										
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	SWEDI SHAMERICAN HOSPITAL	140228	40420	1	06/30/1966	0	P	0	3.00		
4.00	Subprovider - IPF	SWEI SHAMERICAN HOSPITAL PSYCH UNIT	14S228	40420	4	05/31/1986	N	P	0	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	SWEDI SHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	0	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									18.00		
19.00	Other									19.00		
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2015	06/30/2016		20.00			
21.00	Type of Control (see instructions)					2			21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		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.					15,336	4,056	0	0	2,874	0	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:26 am			
		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)	N				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)(ii)? 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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	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 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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		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)		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
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 and enter in column 4, 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 and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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 64-67. (see instructions)						Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						6.97	11.38	0.379837	65.00
		U OF I ROCKFORD SCHOOL OF MEDICINE	1350							

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.39	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	7.40	14.34	0.340386
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 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 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
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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? 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

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		V 1.00	XIX 2.00			
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		
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	
					1.00	
					2.00	
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	879,075	0	4,590,422	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 state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:26 am			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N			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.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	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			
165.00	Multi campus Is this hospital part of a Multi campus 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
				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)					0.168.00	
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)					0.25169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:26 am	
			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)		07/01/2015	09/30/2015	170.00
			1.00		
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. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 8:26 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)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	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	09/23/2016	Y	09/23/2016
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: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 8:26 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		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved 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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTI		DEWANE	41.00
42.00	Enter the employer/company name of the cost report preparer.	SWEDI SHAMERICAN HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-4009		PDEWANE@SWEDI SHAMERICAN.ORG	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	271	105,176	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)		271	105,176	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,712	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		293	113,888	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,920		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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		313				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	19,829	15,389	54,041			1.00
2.00 HMO and other (see instructions)	7,245	2,874				2.00
3.00 HMO IPF Subprovider	0	382				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,829	15,389	54,041			7.00
8.00 INTENSIVE CARE UNIT	2,789	1,787	6,276			8.00
8.01 PEDIATRIC ICU	0	0	0			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,114	7,425			13.00
14.00 Total (see instructions)	22,618	19,290	67,742	19.82	2,343.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,766	2,682	6,107	0.28	81.50	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	14,429	3,595	31,648	0.00	46.98	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				20.10	2,471.87	27.00
28.00 Observation Bed Days		394	7,136			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	102	987			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	4,702	6,466	18,867	1.00
2.00 HMO and other (see instructions)				1,484	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC ICU							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,702	6,466		18,867	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	209	573		1,035	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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 8:26 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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	198,596,176	14,166	198,610,342	5,993,981.00	33.13
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		76,925	0	76,925	343.00	224.27
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		918,160	0	918,160	20,078.00	45.73
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		58,576,237	-308,960	58,267,277	1,386,142.00	42.04
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		319,815	0	319,815	4,545.00	70.37
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,756,889	0	1,756,889	12,309.00	142.73
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		45,518,860	0	45,518,860		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		14,664,145	0	14,664,145		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		3,811	0	3,811		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		223,253	0	223,253		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,426,547	-212,327	2,214,220	72,036.00	30.74
27.00	Administrative & General	5.00	28,609,031	-708,764	27,900,267	819,319.00	34.05
28.00	Administrative & General under contract (see inst.)		2,506,789	0	2,506,789	11,704.00	214.18
29.00	Maintenance & Repairs	6.00	541,086	532,491	1,073,577	44,489.00	24.13
30.00	Operation of Plant	7.00	1,297,624	0	1,297,624	39,685.00	32.70
31.00	Laundry & Linen Service	8.00	73,854	0	73,854	6,912.00	10.68
32.00	Housekeeping	9.00	3,039,281	-13,393	3,025,888	211,009.00	14.34
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,449,922	-3,535	2,446,387	169,241.00	14.46
35.00	Dietary under contract (see instructions)		304,702	0	304,702	8,960.00	34.01
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,118,178	-1,408	2,116,770	88,777.00	23.84
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	5,559,024	-12,296	5,546,728	133,533.00	41.54

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 8:26 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	
41.00	Medical Records & Medical Records Library	16.00 1,681,166	-3,322	1,677,844	73,503.00	22.83	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2016 8:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	200,489,507	14,166	200,503,673	5,994,567.00	33.45	1.00
2.00	Excluded area salaries (see instructions)	58,576,237	-308,960	58,267,277	1,386,142.00	42.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	141,913,270	323,126	142,236,396	4,608,425.00	30.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,076,704	0	2,076,704	16,854.00	123.22	4.00
5.00	Subtotal wage-related costs (see inst.)	45,522,671	0	45,522,671	0.00	32.00	5.00
6.00	Total (sum of lines 3 thru 5)	189,512,645	323,126	189,835,771	4,625,279.00	41.04	6.00
7.00	Total overhead cost (see instructions)	50,607,204	-422,554	50,184,650	1,679,168.00	29.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2016 8:26 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		8,667,353	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		2,627,718	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)		32,964,087	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		412,083	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,637,149	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		97,632	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		12,220,396	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		162,635	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		698,435	22.00
23.00	Tuition Reimbursement		922,581	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		60,410,069	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2016 8:26 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	319,815	60,410,070	1.00
2.00	Hospital	319,815	60,410,070	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-4
		Component CCN: 147448		Date/Time Prepared: 11/29/2016 8:26 am
			Home Health Agency I	PPS

					1.00		
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0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,304	189	197	3,690	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,106.00	201.00	464.00	1,771.00	2.00

		Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			23.27	0.00	23.27	5.00
6.00	Direct Nursing Service			13.89	0.00	13.89	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.22	0.00	5.22	8.00
9.00	Physical Therapy Supervisor			0.40	0.00	0.40	9.00
10.00	Occupational Therapy Service			2.04	0.00	2.04	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.01	0.00	0.01	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	PHARMACY TECH			0.14	0.00	0.14	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	40420					20.00
20.01		99914					20.01
20.02		16974					20.02
20.03		50184					20.03
20.04		20994					20.04

		Full Episodes				
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,783	192	274	73	8,322	21.00
22.00	Skilled Nursing Visit Charges	1,222,170	29,550	45,075	11,580	1,308,375	22.00
23.00	Physical Therapy Visits	3,840	46	81	34	4,001	23.00
24.00	Physical Therapy Visit Charges	603,570	7,140	15,105	5,400	631,215	24.00
25.00	Occupational Therapy Visits	1,126	13	19	11	1,169	25.00
26.00	Occupational Therapy Visit Charges	179,040	2,100	3,240	1,740	186,120	26.00
27.00	Speech Pathology Visits	157	0	0	0	157	27.00
28.00	Speech Pathology Visit Charges	24,810	0	0	0	24,810	28.00
29.00	Medical Social Service Visits	135	9	5	2	151	29.00
30.00	Medical Social Service Visit Charges	24,300	1,620	900	360	27,180	30.00
31.00	Home Health Aide Visits	580	44	3	2	629	31.00
32.00	Home Health Aide Visit Charges	52,200	3,960	270	180	56,610	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,621	304	382	122	14,429	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,106,090	44,370	64,590	19,260	2,234,310	35.00
36.00	Total Number of Episodes (standard/non outlier)	987		139	11	1,137	36.00
37.00	Total Number of Outlier Episodes		8		0	8	37.00
38.00	Total Non-Routine Medical Supply Charges	767,594	27,461	28,690	9,643	833,388	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 8:26 am
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			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)		0.164519	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		45,438,271	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 or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		30,073,394	5.00	
6.00	Medicaid charges		489,061,285	6.00	
7.00	Medicaid cost (line 1 times line 6)		80,459,874	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,948,209	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (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, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,948,209	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,100,365	5,451,048	15,551,413	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,661,702	896,801	2,558,503	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,661,702	896,801	2,558,503	23.00
			1.00		
24.00	Does the amount in 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," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		31,024,372	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,289,246	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		29,735,126	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,891,993	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,450,496	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,398,705	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		7,150,356		0	7,150,356	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,953,584		4,931,066	22,884,650	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,426,547	2,728,012	5,154,559	-7,861	5,146,698	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,609,031	55,479,093	84,088,124	-6,383,029	77,705,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	541,086	818,169	1,359,255	901,682	2,260,937	6.00
7.00	00700	OPERATION OF PLANT	1,297,624	4,518,572	5,816,196	-9,851	5,806,345	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73,854	1,531,103	1,604,957	-16,151	1,588,806	8.00
9.00	00900	HOUSEKEEPING	3,039,281	1,875,953	4,915,234	-6,567	4,908,667	9.00
10.00	01000	DIETARY	2,449,922	3,105,640	5,555,562	-141,704	5,413,858	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,118,178	955,411	3,073,589	-2,787	3,070,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,794,512	4,794,512	-3,164,863	1,629,649	14.00
15.00	01500	PHARMACY	5,559,024	17,169,469	22,728,493	-9,713,170	13,015,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,681,166	2,445,749	4,126,915	-39,311	4,087,604	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,169,730	5,169,730	-59	5,169,671	22.00
23.00	02300	PARAMED ED PRGM	163,661	60,093	223,754	0	223,754	23.00
23.01	02304	PHARMACY RESIDENCY	86,347	56,453	142,800	0	142,800	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	181,814	97,721	279,535	-2,138	277,397	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	646,370	800,934	1,447,304	-62,037	1,385,267	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,606,885	14,208,657	37,815,542	1,133,951	38,949,493	30.00
31.00	03100	INTENSIVE CARE UNIT	4,850,818	3,792,301	8,643,119	262,510	8,905,629	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	2,133,280	2,916,595	5,049,875	-1,735,947	3,313,928	40.00
43.00	04300	NURSERY	1,679,083	2,272,119	3,951,202	1,584,054	5,535,256	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,656,123	37,334,152	46,990,275	-19,244,598	27,745,677	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	607,866	563,570	1,171,436	4,665	1,176,101	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,259,982	1,895,979	5,155,961	18,933	5,174,894	52.00
53.00	05300	ANESTHESIOLOGY	115,603	429,795	545,398	2,139,583	2,684,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,874,045	14,153,199	23,027,244	-6,540,282	16,486,962	54.00
54.10	03480	ONCOLOGY	10,965,074	25,929,798	36,894,872	-414,395	36,480,477	54.10
54.20	05401	CT	945,143	1,525,847	2,470,990	-22,981	2,448,009	54.20
54.30	05402	MRI	786,564	990,970	1,777,534	-14,857	1,762,677	54.30
60.00	06000	LABORATORY	3,641,483	9,256,607	12,898,090	-306,265	12,591,825	60.00
60.01	06001	BLOOD	276,015	1,487,876	1,763,891	0	1,763,891	60.01
65.00	06500	RESPIRATORY THERAPY	2,530,708	2,068,495	4,599,203	-641,022	3,958,181	65.00
66.00	06600	PHYSICAL THERAPY	4,312,456	2,598,021	6,910,477	-9,046	6,901,431	66.00
69.00	06900	ELECTROCARDIOLOGY	1,023,007	762,868	1,785,875	4,191	1,790,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,607	150,830	259,437	-1,077	258,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,970,628	8,970,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,697,554	15,697,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,691,365	9,691,365	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	498,021	599,150	1,097,171	-18,260	1,078,911	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	118,769	118,769	75.10
75.20	03951	HEMODIALYSIS	0	817,290	817,290	-120	817,170	75.20
76.97	07697	CARDIAC REHABILITATION	762,708	618,024	1,380,732	-4,620	1,376,112	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	767,912	759,329	1,527,241	-81,488	1,445,753	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	345,953	186,773	532,726	-331	532,395	90.02
90.03	09003	STATELINE CLINIC	513,676	699,204	1,212,880	-430	1,212,450	90.03
90.04	09004	ORTHOPEDECS CLINIC	739,220	1,187,338	1,926,558	-16,020	1,910,538	90.04
90.05	09005	PULMONOLOGY CLINIC	508,627	402,007	910,634	-1,686	908,948	90.05
90.06	09006	CVT CLINIC	114,959	176,838	291,797	-5,409	286,388	90.06
90.07	09007	MWH CLINIC	1,129,572	6,003,425	7,132,997	-11,494	7,121,503	90.07
90.08	09008	NEUROSURGERY CLINIC	349,813	227,739	577,552	-1,701	575,851	90.08
90.09	09009	HEADACHE CLINIC	101,406	913,531	1,014,937	-113	1,014,824	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	295,134	493,066	788,200	-49,017	739,183	90.10
90.11	09011	MFM CLINIC	137,140	191,562	328,702	-1,716	326,986	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	71,370	154,069	225,439	0	225,439	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
91.00	09100	EMERGENCY	8,631,416	5,782,114	14,413,530	-64,951	14,348,579	91.00
91.05	09101	AMBULATORY CARE	17,837	9,804	27,641	57	27,698	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	452,958	452,958	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,191,608	2,286,216	6,477,824	-143,449	6,334,375	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	147,423,019	270,555,712	417,978,731	-2,968,837	415,009,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	227	227	0	227	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	48,739,742	44,281,724	93,021,466	0	93,021,466	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	2,097	30,857	32,954	0	32,954	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	483,071	570,176	1,053,247	0	1,053,247	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	302,860	115,896	418,756	2,968,837	3,387,593	193.80
193.90	19308	COMPLEMENTARY MEDICINE	839,707	1,061,131	1,900,838	0	1,900,838	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	805,680	867,326	1,673,006	0	1,673,006	194.00
200.00		TOTAL (SUM OF LINES 118-199)	198,596,176	317,483,049	516,079,225	0	516,079,225	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 8:26 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	-662,770	6,487,586	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,774,005	21,110,645	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,036,458	4,110,240	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,067,103	60,637,992	5.00
6.00	00600	MAINTENANCE & REPAIRS	-20,232	2,240,705	6.00
7.00	00700	OPERATION OF PLANT	-7,970	5,798,375	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-12,341	1,576,465	8.00
9.00	00900	HOUSEKEEPING	-47	4,908,620	9.00
10.00	01000	DIETARY	-1,549,044	3,864,814	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-9	3,070,793	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,629,649	14.00
15.00	01500	PHARMACY	-484	13,014,839	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-273,380	3,814,224	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-176,027	4,993,644	22.00
23.00	02300	PARAMED ED PRGM	-1,200	222,554	23.00
23.01	02304	PHARMACY RESIDENCY	0	142,800	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	-145,345	132,052	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-127,936	1,257,331	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,959,588	34,989,905	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,233,882	7,671,747	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	-417,200	2,896,728	40.00
43.00	04300	NURSERY	-1,476,673	4,058,583	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,535,462	21,210,215	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	-9,172	1,166,929	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	-307	5,174,587	52.00
53.00	05300	ANESTHESIOLOGY	-59,643	2,625,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-429,056	16,057,906	54.00
54.10	03480	ONCOLOGY	-1,856,606	34,623,871	54.10
54.20	05401	CT	-232,504	2,215,505	54.20
54.30	05402	MRI	0	1,762,677	54.30
60.00	06000	LABORATORY	-80,830	12,510,995	60.00
60.01	06001	BLOOD	0	1,763,891	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,958,181	65.00
66.00	06600	PHYSICAL THERAPY	-84,790	6,816,641	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,790,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-91,165	167,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,970,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,697,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,691,365	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	-27,372	1,051,539	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	118,769	75.10
75.20	03951	HEMODIALYSIS	0	817,170	75.20
76.97	07697	CARDIAC REHABILITATION	-79,449	1,296,663	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-137,791	1,307,962	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	-4,501	527,894	90.02
90.03	09003	STATELINE CLINIC	-185,026	1,027,424	90.03
90.04	09004	ORTHOPEDICS CLINIC	-1,487,363	423,175	90.04
90.05	09005	PULMONOLOGY CLINIC	-710,161	198,787	90.05
90.06	09006	CVT CLINIC	-234,030	52,358	90.06
90.07	09007	MWH CLINIC	-6,641,320	480,183	90.07
90.08	09008	NEUROSURGERY CLINIC	-421,285	154,566	90.08
90.09	09009	HEADACHE CLINIC	-758,978	255,846	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	-463,090	276,093	90.10
90.11	09011	MFM CLINIC	-261,793	65,193	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	-174,245	51,194	90.12
91.00	09100	EMERGENCY	-500,622	13,847,957	91.00
91.05	09101	AMBULATORY CARE	0	27,698	91.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
91.10	09102	PSYCHIATRIC PARTIAL	6.00	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		452,958	92.00
101.00	10100	HOME HEALTH AGENCY	13,249	6,347,624	101.00
118.00		SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)	-51,395,006	363,614,888	118.00
190.00	19000	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	227	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	-231,344	92,790,122	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	32,954	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	8,163	1,061,410	193.60
193.70	19306	WOMEN'S CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,387,593	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,900,838	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	5,222	1,678,228	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-51,612,965	464,466,260	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	902,203	1.00
	O		0	902,203	
B - CHARGABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,970,628	1.00
	ADULTS & PEDIATRICS	30.00	0	32,775	2.00
2.00		0.00	0	0	3.00
3.00		0.00	0	0	4.00
4.00		0.00	0	0	5.00
5.00		0.00	0	0	6.00
6.00		0.00	0	0	7.00
7.00		0.00	0	0	8.00
8.00		0.00	0	0	9.00
9.00		0.00	0	0	10.00
10.00		0.00	0	0	11.00
11.00		0.00	0	0	12.00
12.00		0.00	0	0	13.00
13.00		0.00	0	0	14.00
14.00		0.00	0	0	15.00
15.00		0.00	0	0	16.00
16.00		0.00	0	0	17.00
17.00		0.00	0	0	18.00
18.00		0.00	0	0	19.00
19.00		0.00	0	0	20.00
20.00		0.00	0	0	21.00
21.00		0.00	0	0	22.00
22.00		0.00	0	0	23.00
23.00		0.00	0	0	24.00
24.00		0.00	0	0	25.00
25.00		0.00	0	0	26.00
26.00		0.00	0	0	27.00
27.00		0.00	0	0	28.00
28.00		0.00	0	0	29.00
29.00		0.00	0	0	30.00
30.00		0.00	0	0	31.00
31.00		0.00	0	0	32.00
32.00		0.00	0	0	
	O		0	9,003,403	
C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,691,365	1.00
	O		0	9,691,365	
D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	11,327	1.00
	O		0	11,327	
E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	58,252	1.00
2.00		0.00	0	0	2.00
	O		0	58,252	
F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	2,139,583	1.00
	O		0	2,139,583	
G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,931,066	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

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 8:26 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
0			0	4,931,066	
H - PSYCHIATRIC					
1.00	ADULTS & PEDIATRICS	30.00	631,791	649,664	1.00
2.00	PSYCHIATRIC PARTIAL	91.10	223,320	229,638	2.00
0			855,111	879,302	
I - NURSERY					
1.00	NURSERY	43.00	1,040,577	529,321	1.00
0			1,040,577	529,321	
J - NUTRITIONAL SUPPORT					
1.00	NUTRITIONAL SUPPORT	75.10	0	118,769	1.00
0			0	118,769	
K - MARKETING					
1.00	MARKETING EXPENSES	193.80	662,300	2,306,537	1.00
0			662,300	2,306,537	
L - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	36,250	0	1.00
0			36,250	0	
M - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	532,491	0	1.00
0			532,491	0	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,697,554	1.00
2.00		0.00	0	0	2.00
0			0	15,697,554	
O - EQUIPMENT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,441,890	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	276,774	2.00
3.00	SUBPROVIDER - IPF	40.00	0	1,459	3.00
4.00	NURSERY	43.00	0	14,678	4.00
5.00	OPERATING ROOM	50.00	0	88,294	5.00
6.00	GASTROINTESTINAL SERVICES	50.20	0	11,893	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	37,035	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,951	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	6,458	9.00
10.00	EMERGENCY	91.00	0	18,497	10.00
11.00	AMBULATORY CARE	91.05	0	58	11.00
0			0	1,913,987	
R - SHORT TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	248,577	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	46,464	2.00
3.00	HOUSEKEEPING	9.00	0	13,393	3.00
4.00	DIETARY	10.00	0	3,535	4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,408	5.00
6.00	PHARMACY	15.00	0	12,296	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,322	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	17,625	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,464	9.00
10.00	SUBPROVIDER - IPF	40.00	0	735	10.00
11.00	OPERATING ROOM	50.00	0	13,334	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,024	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,821	13.00
14.00	ONCOLOGY	54.10	0	8,072	14.00

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 8:26 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	MRI	54.30	0	4,150	15.00
16.00	LABORATORY	60.00	0	10,053	16.00
17.00	PHYSICAL THERAPY	66.00	0	9,356	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5,214	18.00
19.00	DIABETES CLINIC	90.02	0	688	19.00
20.00	PULMONOLOGY CLINIC	90.05	0	5,080	20.00
21.00	MWH CLINIC	90.07	0	1,179	21.00
22.00	HEADACHE CLINIC	90.09	0	913	22.00
23.00	EMERGENCY	91.00	0	10,458	23.00
24.00	HOME HEALTH AGENCY	101.00	0	15,546	24.00
25.00	SPECIALISTS/PCP'S	192.01	0	95,125	25.00
26.00	COMPLEMENTARY MEDICINE	193.90	0	1,389	26.00
27.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	3,354	27.00
	0		0	554,575	
500.00	Grand Total: Increases		3,126,729	48,737,244	500.00

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL MAINTENANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	902,203	0		1.00
	O		0	902,203			
B - CHARGABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,248,783	0		1.00
2.00	PHARMACY	15.00	0	6,879	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,134	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	164	0		4.00
5.00	NURSERY	43.00	0	116	0		5.00
6.00	OPERATING ROOM	50.00	0	3,599,463	0		6.00
7.00	GASTRO INTESTINAL SERVICES	50.20	0	7,207	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,483	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,688,821	0		9.00
10.00	ONCOLOGY	54.10	0	100,616	0		10.00
11.00	CT	54.20	0	22,331	0		11.00
12.00	MRI	54.30	0	10,265	0		12.00
13.00	LABORATORY	60.00	0	47	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	55,551	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	144	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	523	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	302	0		17.00
18.00	SLEEP LAB	75.01	0	15,910	0		18.00
19.00	HEMODIALYSIS	75.20	0	120	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	2,295	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	78,562	0		21.00
22.00	STATELINE CLINIC	90.03	0	430	0		22.00
23.00	ORTHOPEDICS CLINIC	90.04	0	11,290	0		23.00
24.00	CVT CLINIC	90.06	0	3,448	0		24.00
25.00	MWH CLINIC	90.07	0	235	0		25.00
26.00	NEUROSURGERY CLINIC	90.08	0	112	0		26.00
27.00	HEADACHE CLINIC	90.09	0	113	0		27.00
28.00	MFM CLINIC	90.11	0	173	0		28.00
29.00	EMERGENCY	91.00	0	32,200	0		29.00
30.00	AMBULATORY CARE	91.05	0	1	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	89,985	0		31.00
32.00	UW GENERAL SURGERY CLINIC	90.10	0	6,700	0		32.00
	O		0	9,003,403			
C - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	9,691,365	0		1.00
	O		0	9,691,365			
D - MEDICAL SUPPLIES							
1.00	DIETARY	10.00	0	11,327	0		1.00
	O		0	11,327			
E - PR EXPENSE							
1.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	1,346	0		1.00
2.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	56,906	0		2.00
	O		0	58,252			
F - ANESTHESIA PHYSICIANS							
1.00	OPERATING ROOM	50.00	0	2,139,583	0		1.00
	O		0	2,139,583			
G - CAPITAL RELATED COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,861	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,570,241	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	521	0		3.00
4.00	OPERATION OF PLANT	7.00	0	9,851	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	16,151	0		5.00
6.00	HOUSEKEEPING	9.00	0	6,567	0		6.00
7.00	DIETARY	10.00	0	11,608	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	2,787	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,093	0		9.00
10.00	PHARMACY	15.00	0	14,926	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	39,311	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	59	0		12.00
13.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	792	0		13.00
14.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	5,131	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	63,598	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	8,130	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	2,829	0		17.00
18.00	NURSERY	43.00	0	406	0		18.00
19.00	OPERATING ROOM	50.00	0	97,128	0		19.00
20.00	GASTRO INTESTINAL SERVICES	50.20	0	21	0		20.00

RECLASSIFICATIONS

Provider CCN: 140228

Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,619	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	667,576	0	22.00	
23.00	ONCOLOGY	54.10	0	313,779	0	23.00	
24.00	CT	54.20	0	650	0	24.00	
25.00	MRI	54.30	0	4,592	0	25.00	
26.00	LABORATORY	60.00	0	306,218	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	585,471	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	8,902	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	1,744	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	775	0	30.00	
31.00	SLEEP LAB	75.01	0	2,350	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	2,325	0	32.00	
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,926	0	33.00	
34.00	DIABETES CLINIC	90.02	0	331	0	34.00	
35.00	ORTHOPEDICS CLINIC	90.04	0	4,730	0	35.00	
36.00	PULMONOLOGY CLINIC	90.05	0	1,686	0	36.00	
37.00	CVT CLINIC	90.06	0	1,961	0	37.00	
38.00	MWH CLINIC	90.07	0	11,259	0	38.00	
39.00	NEUROSURGERY CLINIC	90.08	0	1,589	0	39.00	
40.00	MFM CLINIC	90.11	0	1,543	0	40.00	
41.00	EMERGENCY	91.00	0	51,248	0	41.00	
42.00	HOME HEALTH AGENCY	101.00	0	53,464	0	42.00	
43.00	UW GENERAL SURGERY CLINIC	90.10	0	42,317	0	43.00	
	O		0	4,931,066			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	855,111	879,302	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		855,111	879,302			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,040,577	529,321	0	1.00	
	O		1,040,577	529,321			
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	118,769	0	1.00	
	O		0	118,769			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	662,300	2,306,537	0	1.00	
	O		662,300	2,306,537			
L - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,250	0	1.00	
	O		0	36,250			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	532,491	0	1.00	
	O		0	532,491			
N - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	13,496,718	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,200,836	0	2.00	
	O		0	15,697,554			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,913,987	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	
	O		0	1,913,987			
R - SHORT TERM DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	248,577	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	46,464	0	0	2.00	
3.00	HOUSEKEEPING	9.00	13,393	0	0	3.00	
4.00	DIETARY	10.00	3,535	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	1,408	0	0	5.00	
6.00	PHARMACY	15.00	12,296	0	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	3,322	0	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	17,625	0	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	2,464	0	0	9.00	
10.00	SUBPROVIDER - IPF	40.00	735	0	0	10.00	
11.00	OPERATING ROOM	50.00	13,334	0	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	13,024	0	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	7,821	0	0	13.00	

Provider CCN: 140228

Period:
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To 06/30/2016

Worksheet A-6
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
14.00	ONCOLOGY	54.10	8,072	0	0			14.00
15.00	MRI	54.30	4,150	0	0			15.00
16.00	LABORATORY	60.00	10,053	0	0			16.00
17.00	PHYSICAL THERAPY	66.00	9,356	0	0			17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	5,214	0	0			18.00
19.00	DIABETES CLINIC	90.02	688	0	0			19.00
20.00	PULMONOLOGY CLINIC	90.05	5,080	0	0			20.00
21.00	MWH CLINIC	90.07	1,179	0	0			21.00
22.00	HEADACHE CLINIC	90.09	913	0	0			22.00
23.00	EMERGENCY	91.00	10,458	0	0			23.00
24.00	HOME HEALTH AGENCY	101.00	15,546	0	0			24.00
25.00	SPECIALISTS/PCP'S	192.01	95,125	0	0			25.00
26.00	COMPLEMENTARY MEDICINE	193.90	1,389	0	0			26.00
27.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	3,354	0	0			27.00
	0		554,575	0	0			
500.00	Grand Total: Decreases		3,112,563	48,751,410				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,980,331	4,291,975	0	4,291,975	0	1.00
2.00	Land Improvements	3,282,238	1,151,485	0	1,151,485	0	2.00
3.00	Buildings and Fixtures	243,696,595	590,197	0	590,197	0	3.00
4.00	Building Improvements	1,539,267	2,967,029	0	2,967,029	0	4.00
5.00	Fixed Equipment	616,350	493,164	0	493,164	0	5.00
6.00	Movable Equipment	56,372,415	14,484,079	0	14,484,079	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	308,487,196	23,977,929	0	23,977,929	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	308,487,196	23,977,929	0	23,977,929	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,272,306	0				1.00
2.00	Land Improvements	4,433,723	0				2.00
3.00	Buildings and Fixtures	244,286,792	0				3.00
4.00	Building Improvements	4,506,296	0				4.00
5.00	Fixed Equipment	1,109,514	0				5.00
6.00	Movable Equipment	70,856,494	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	332,465,125	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	332,465,125	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
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Worksheet A-7
Part II
Date/Time Prepared:
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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	6,071,635	0	1,078,721	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,953,584	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,025,219	0	1,078,721	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	7,150,356				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,953,584				2.00
3.00	Total (sum of lines 1-2)	0	25,103,940				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	260,499,117	0	260,499,117	0.783538	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,966,008	0	71,966,008	0.216462	0	2.00
3.00	Total (sum of lines 1-2)	332,465,125	0	332,465,125	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,071,635	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,179,579	4,931,066	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,251,214	4,931,066	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	415,951	0	0	0	6,487,586	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	21,110,645	2.00
3.00	Total (sum of lines 1-2)	415,951	0	0	0	27,598,231	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,102,750	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-28,679	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-15,508,344			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	-1,240,205			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,543,969	DIETARY	10.00	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 school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 CUDDLE CARE	B	-790	ADULTS & PEDIATRICS	30.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.01 SCHOOL OF MEDICAL TECHNOLOGY TUITION	B	-1,200	PARAMED ED PRGM		23.00	0 33.01
33.02 CT SCANNER LUNG SCREENING	B	-221,304	CT		54.20	0 33.02
33.03 RECYCLING	B	-733	ADULTS & PEDIATRICS		30.00	0 33.03
33.04 BABY PICTURES	B	-149	DELIVERY ROOM & LABOR ROOM		52.00	0 33.04
33.05 EMS EDUCATION FEES	B	-127,821	PARAMED ED - PARAMEDICAL TECHS		23.40	0 33.05
33.06 TRAUMA OTHER REVENUE	B	-20,362	EMERGENCY		91.00	0 33.06
33.07 OTHER REVENUE	B	-42,427	CARDIAC REHABILITATION		76.97	0 33.07
33.08 TUITION	B	-145,345	PARAMED ED PRGM - RADIOLOGY		23.20	0 33.08
33.09 MED REC TRANSCRIPTS	B	-9,330	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10 OTHER REVENUE	B	-180	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11 RECLAIMED WIRE	B	-1,683	RADIOLOGY-DIAGNOSTIC		54.00	0 33.11
33.12 RADIOLOGY ONCOLOGY OTHER REVENUE	B	-14	ONCOLOGY		54.10	0 33.12
33.13 OTHER REVENUE	B	-1,209	PHYSICAL THERAPY		66.00	0 33.13
33.14 HEART SCAN REVENUE	B	-7,950	CT		54.20	0 33.14
33.15 GROSS REVENUE	B	-7,817	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.15
33.16 EMPLOYEE HEALTH	B	-1,016,349	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.16
33.17 OTHER REVENUE/TRANSCRIPTS	B	-259,180	MEDICAL RECORDS & LIBRARY		16.00	0 33.17
33.18 PHARMACY BANK SERVICE CHARGES	B	-484	PHARMACY		15.00	0 33.18
33.19 PHOTO	B	-2,134	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 VENDING MACHINES	B	-47	HOUSEKEEPING		9.00	0 33.20
33.21 NON PATIENT LINEN	B	-12,341	LAUNDRY & LINEN SERVICE		8.00	0 33.21
33.22 GUEST ROOM RENTAL	B	-9,255	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 COMMUNICATIONS	B	-7,002	ADMINISTRATIVE & GENERAL		5.00	0 33.23
33.24 PHYSICIAN PAGING AND ANSWERING	B	-410,874	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25 OTHER REVENUE	B	-1,628,528	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26 OTHER REVENUE	B	3,667	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.26
33.27 OTHER REVENUE	B	-398,822	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28 INVESTMENT MANAGEMENT	B	641,902	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.29 COURIER FEES TO SAHMC	B	-337,610	ADMINISTRATIVE & GENERAL		5.00	0 33.29
33.30 MALPRACTICE EXPENSE	A	-1,843,281	ADMINISTRATIVE & GENERAL		5.00	0 33.30
33.31 T.V. REPAIR SALARY	A	-20,232	MAINTENANCE & REPAIRS		6.00	0 33.31
33.32 T.V. ELECTRICITY COST	A	-4,564	OPERATION OF PLANT		7.00	0 33.32
33.33 LOSS ON DEFEASANCE	A	439,980	CAP REL COSTS-BLDG & FIXT		1.00	11 33.33
33.34 DUES RELATED TO LOBBYING	A	-47,139	ADMINISTRATIVE & GENERAL		5.00	0 33.34
33.35 CORPORATE SPONSORSHIP	A	-53,401	ADMINISTRATIVE & GENERAL		5.00	0 33.35
33.36 SITTERS COST	A	-66	OPERATING ROOM		50.00	0 33.36
33.37 SITTERS COST	A	-9	NURSING ADMINISTRATION		13.00	0 33.37
33.38 SITTERS COST	A	-33,892	ADULTS & PEDIATRICS		30.00	0 33.38
33.39 SITTERS COST	A	-1,807	INTENSIVE CARE UNIT		31.00	0 33.39
33.40 SITTERS COST	A	-46	SUBPROVIDER - IPF		40.00	0 33.40
33.41 SITTERS COST	A	-158	DELIVERY ROOM & LABOR ROOM		52.00	0 33.41
33.42 ALCOHOL COSTS	A	-917	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.42
33.43 ALCOHOL COSTS	A	-1,492	ADMINISTRATIVE & GENERAL		5.00	0 33.43
33.44 INTERNAL RENT REVENUE	B	-73,639	OPERATING ROOM		50.00	0 33.44
33.45 MISC PATIENT REVENUE	B	500,746	ADMINISTRATIVE & GENERAL		5.00	0 33.45
33.46 IPA PROVIDER ASSESSMENT	A	-12,080,319	ADMINISTRATIVE & GENERAL		5.00	0 33.46
33.47 REALIZED SELF INSURANCE	B	-674,827	ADMINISTRATIVE & GENERAL		5.00	0 33.47
33.48 CORPORATE SPONSORSHIP	A	-19,670	ONCOLOGY		54.10	0 33.48
33.49 CANCER CENTER PROFESSIONAL OFFSET	A	-1,161,989	ONCOLOGY		54.10	0 33.49
33.50 STATELINE PROFESSIONAL OFFSET	A	-185,026	STATELINE CLINIC		90.03	0 33.50
33.51 RENAISSANCE PROFESSIONAL OFFSET	A	-4,208	ORTHOPEDICS CLINIC		90.04	0 33.51
33.52 RENAISSANCE PROFESSIONAL OFFSET	A	-1,139,899	MWH CLINIC		90.07	0 33.52
33.53 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-1,464,190	ORTHOPEDICS CLINIC		90.04	0 33.53
33.54 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-697,161	PULMONOLOGY CLINIC		90.05	0 33.54
33.55 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-230,340	CVT CLINIC		90.06	0 33.55
33.56 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-5,503,812	MWH CLINIC		90.07	0 33.56
33.57 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-422,009	NEUROSURGERY CLINIC		90.08	0 33.57
33.58 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-759,702	HEADACHE CLINIC		90.09	0 33.58

Provider CCN: 140228 Period: From 06/01/2015 To 06/30/2016
 Worksheet A-8
 Date/Time Prepared: 11/29/2016 8:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.59 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-464,048	UW GENERAL SURGERY CLINIC	90.10	0	33.59
33.60 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-261,793	MFM CLINIC	90.11	0	33.60
33.61 RENAISSANCE 10 MONTH PROFESSIONAL OF	A	-175,174	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	33.61
33.62 OTHER REVENUE	B	-939	ORTHOPEDEICS CLINIC	90.04	0	33.62
33.63 OTHER REVENUE	B	-4,619	CVT CLINIC	90.06	0	33.63
33.64 DEPRECIATION FMV ADJ	A	-1,774,005	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.64
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,612,965				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: 140228

Period: From 06/01/2015 To 06/30/2016

Worksheet A-8-1

Date/Time Prepared: 11/29/2016 8:26 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	PARKING LOTS	55,528	319,449	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	796,219	902,203	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	129,369	144,411	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	1,094,844	1,411,327	4.00
4.01	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	29,289	32,695	4.01
4.02	10.00	DIETARY	RENTAL ADJUSTMENT	43,652	48,727	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	137,411	151,611	4.03
4.04	22.00	IT&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	279,883	455,910	4.04
4.05	23.40	PARAMEDICAL - PARAMEDICAL TECH	RENTAL ADJUSTMENT	138,309	138,424	4.05
4.06	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	28,948	19,500	4.06
4.07	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	261,895	256,095	4.07
4.08	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	428,286	486,267	4.08
4.09	75.01	SLEEP LAB	RENTAL ADJUSTMENT	200,400	227,530	4.09
4.10	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	213,985	242,954	4.10
4.11	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	64,828	72,366	4.11
4.12	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	38,714	43,215	4.12
4.13	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	428,520	446,546	4.13
4.14	90.05	PULMONOLOGY CLINIC	RENTAL ADJUSTMENT	0	13,000	4.14
4.15	90.06	CVT CLINIC	RENTAL ADJUSTMENT	88,407	87,478	4.15
4.16	90.07	MWH CLINIC	RENTAL ADJUSTMENT	227,562	225,171	4.16
4.17	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	68,831	68,107	4.17
4.18	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	68,831	68,107	4.18
4.19	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	91,192	90,234	4.19
4.20	90.12	ROCKFORD VASCULAR CENTER CLINIC	RENTAL ADJUSTMENT	88,407	87,478	4.20
4.21	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	150,526	137,277	4.21
4.22	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	1,939,002	2,170,346	4.22
4.23	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	92,738	84,575	4.23
4.24	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	59,329	54,107	4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			7,244,905	8,485,110	5.00

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

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

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

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

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

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

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

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

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:
11/29/2016 8:26 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	-263,921	0		1.00
2.00	-105,984	0		2.00
3.00	-15,042	0		3.00
4.00	-316,483	0		4.00
4.01	-3,406	0		4.01
4.02	-5,075	0		4.02
4.03	-14,200	0		4.03
4.04	-176,027	0		4.04
4.05	-115	0		4.05
4.06	9,448	0		4.06
4.07	5,800	0		4.07
4.08	-57,981	0		4.08
4.09	-27,130	0		4.09
4.10	-28,969	0		4.10
4.11	-7,538	0		4.11
4.12	-4,501	0		4.12
4.13	-18,026	0		4.13
4.14	-13,000	0		4.14
4.15	929	0		4.15
4.16	2,391	0		4.16
4.17	724	0		4.17
4.18	724	0		4.18
4.19	958	0		4.19
4.20	929	0		4.20
4.21	13,249	0		4.21
4.22	-231,344	0		4.22
4.23	8,163	0		4.23
4.24	5,222	0		4.24
5.00	-1,240,205	0		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			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: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:
11/29/2016 8:26 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	30.00	ADULTS & PEDIATRICS	4,009,296	3,915,257	94,039	171,400	1,033	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,253,500	1,228,500	25,000	171,400	260	2.00
3.00	40.00	SUBPROVIDER - IPF	450,610	412,693	37,917	171,400	406	3.00
4.00	43.00	NURSERY	1,503,757	1,476,673	27,084	171,400	436	4.00
5.00	50.00	OPERATING ROOM	6,521,473	6,423,973	97,500	200,300	522	5.00
6.00	50.20	GASTROINTESTINAL SERVICES	27,083	0	27,083	200,300	186	6.00
7.00	53.00	ANESTHESIOLOGY	104,711	39,711	65,000	200,300	468	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	495,659	108,333	387,325	231,100	648	8.00
9.00	54.10	ONCOLOGY	1,017,250	372,058	645,192	231,100	3,081	9.00
10.00	54.20	CT	3,250	3,250	0	0	0	10.00
11.00	60.00	LABORATORY	322,413	80,830	241,583	171,400	4,150	11.00
12.00	66.00	PHYSICAL THERAPY	25,600	25,600	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	91,165	91,165	0	0	0	13.00
14.00	75.01	SLEEP LAB	10,625	0	10,625	171,400	126	14.00
15.00	76.97	CARDIAC REHABILITATION	16,458	0	16,458	171,400	102	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	139,235	115,402	23,833	171,400	109	16.00
17.00	91.00	EMERGENCY	606,420	433,329	173,091	171,400	1,531	17.00
200.00			16,598,505	14,726,774	1,871,730		13,058	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	85,123	4,256	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	21,425	1,071	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	33,456	1,673	0	0	0	3.00
4.00	43.00	NURSERY	35,928	1,796	0	0	0	4.00
5.00	50.00	OPERATING ROOM	50,268	2,513	0	0	0	5.00
6.00	50.20	GASTROINTESTINAL SERVICES	17,911	896	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	45,068	2,253	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	71,996	3,600	0	0	0	8.00
9.00	54.10	ONCOLOGY	342,317	17,116	0	0	0	9.00
10.00	54.20	CT	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	341,976	17,099	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	75.01	SLEEP LAB	10,383	519	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	8,405	420	0	0	0	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	8,982	449	0	0	0	16.00
17.00	91.00	EMERGENCY	126,160	6,308	0	0	0	17.00
200.00			1,199,398	59,969	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	85,123	8,916	3,924,173		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	21,425	3,575	1,232,075		2.00
3.00	40.00	SUBPROVIDER - IPF	0	33,456	4,461	417,154		3.00
4.00	43.00	NURSERY	0	35,928	0	1,476,673		4.00
5.00	50.00	OPERATING ROOM	0	50,268	47,232	6,471,205		5.00
6.00	50.20	GASTROINTESTINAL SERVICES	0	17,911	9,172	9,172		6.00
7.00	53.00	ANESTHESIOLOGY	0	45,068	19,932	59,643		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	71,996	315,329	423,663		8.00
9.00	54.10	ONCOLOGY	0	342,317	302,875	674,933		9.00
10.00	54.20	CT	0	0	0	3,250		10.00
11.00	60.00	LABORATORY	0	341,976	0	80,830		11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	25,600		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	91,165		13.00
14.00	75.01	SLEEP LAB	0	10,383	242	242		14.00
15.00	76.97	CARDIAC REHABILITATION	0	8,405	8,053	8,053		15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	0	8,982	14,851	130,253		16.00
17.00	91.00	EMERGENCY	0	126,160	46,931	480,260		17.00
200.00			0	1,199,398	781,569	15,508,344		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period: From 06/01/2015 To 06/30/2016

Worksheet B Part I Date/Time Prepared: 11/29/2016 8:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,487,586	6,487,586			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,110,645		21,110,645		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,110,240	52,907	172,159	4,335,306	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,637,992	1,362,021	4,432,016	672,247	67,104,276
6.00 00600	MAINTENANCE & REPAIRS	2,240,705	9,522	30,983	36,075	2,317,285
7.00 00700	OPERATION OF PLANT	5,798,375	554,258	1,803,560	31,317	8,187,510
8.00 00800	LAUNDRY & LINEN SERVICE	1,576,465	47,384	154,189	5,089	1,783,127
9.00 00900	HOUSEKEEPING	4,908,620	84,019	273,399	160,595	5,426,633
10.00 01000	DIETARY	3,864,814	200,806	653,424	129,086	4,848,130
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,070,793	7,617	24,787	39,665	3,142,862
14.00 01400	CENTRAL SERVICES & SUPPLY	1,629,649	6,665	21,688	0	1,658,002
15.00 01500	PHARMACY	13,014,839	42,341	137,779	101,080	13,296,039
16.00 01600	MEDICAL RECORDS & LIBRARY	3,814,224	66,782	217,309	69,850	4,168,165
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,993,644	8,484	27,607	0	5,029,735
23.00 02300	PARAMED ED PRGM	222,554	0	0	3,486	226,040
23.01 02304	PHARMACY RESIDENCY	142,800	0	0	3,433	146,233
23.20 02301	PARAMED ED PRGM - RADIOLOGY	132,052	0	0	3,590	135,642
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	1,257,331	2,548	8,291	18,107	1,286,277
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,989,905	1,070,897	3,484,705	607,018	40,152,525
31.00 03100	INTENSIVE CARE UNIT	7,671,747	145,476	473,380	109,044	8,399,647
31.01 03101	PEDIATRIC ICU	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	2,896,728	186,727	607,611	64,203	3,755,269
43.00 04300	NURSERY	4,058,583	10,822	35,214	63,070	4,167,689
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,210,215	552,498	1,797,834	271,434	23,831,981
50.20 03340	GASTRO INTESTINAL SERVICES	1,166,929	45,861	149,232	13,489	1,375,511
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,174,587	36,504	118,783	78,842	5,408,716
53.00 05300	ANESTHESIOLOGY	2,625,338	5,076	16,517	5,385	2,652,316
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,057,906	359,198	1,168,833	226,366	17,812,303
54.10 03480	ONCOLOGY	34,623,871	384,374	1,250,757	150,382	36,409,384
54.20 05401	CT	2,215,505	20,212	65,770	20,512	2,321,999
54.30 05402	MRI	1,762,677	29,707	96,667	16,765	1,905,816
60.00 06000	LABORATORY	12,510,995	127,227	413,999	123,213	13,175,434
60.01 06001	BLOOD	1,763,891	15,996	52,052	6,849	1,838,788
65.00 06500	RESPIRATORY THERAPY	3,958,181	51,383	167,202	65,615	4,242,381
66.00 06600	PHYSICAL THERAPY	6,816,641	100,909	328,357	95,224	7,341,131
69.00 06900	ELECTROCARDIOLOGY	1,790,066	40,358	131,326	24,207	1,985,957
70.00 07000	ELECTROENCEPHALOGRAPHY	167,195	10,001	32,543	3,712	213,451
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,970,628	0	0	0	8,970,628
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,697,554	0	0	0	15,697,554
73.00 07300	DRUGS CHARGED TO PATIENTS	9,691,365	0	0	0	9,691,365
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	SLEEP LAB	1,051,539	34,356	111,796	13,750	1,211,441
75.10 03950	NUTRITIONAL SUPPORT	118,769	0	0	0	118,769
75.20 03951	HEMODIALYSIS	817,170	12,306	40,043	0	869,519
76.97 07697	CARDIAC REHABILITATION	1,296,663	54,897	178,634	19,345	1,549,539
76.98 07698	HYPERBARIIC OXYGEN THERAPY	1,307,962	31,034	100,984	15,197	1,455,177
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0
90.02 09002	DIABETES CLINIC	527,894	22,208	72,265	8,383	630,750
90.03 09003	STATELINE CLINIC	1,027,424	17,395	56,603	13,071	1,114,493
90.04 09004	ORTHOPEDICS CLINIC	423,175	55,488	180,557	4,444	663,664
90.05 09005	PULMONOLOGY CLINIC	198,787	10,677	34,744	1,603	245,811
90.06 09006	CVT CLINIC	52,358	13,022	42,372	35	107,787
90.07 09007	MWH CLINIC	480,183	49,932	162,480	5,559	698,154
90.08 09008	NEUROSURGERY CLINIC	154,566	14,571	47,415	2,771	219,323
90.09 09009	HEADACHE CLINIC	255,846	15,674	51,005	941	323,466
90.10 09010	UW GENERAL SURGERY CLINIC	276,093	30,508	99,274	819	406,694

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.11 09011 MFM CLINIC	65,193	16,121	52,458	17	133,789	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	51,194	20,245	65,877	227	137,543	90.12
91.00 09100 EMERGENCY	13,847,957	185,604	603,957	210,890	14,848,408	91.00
91.05 09101 AMBULATORY CARE	27,698	33,430	108,783	732	170,643	91.05
91.10 09102 PSYCHIATRIC PARTIAL	452,958	0	0	8,714	461,672	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	6,347,624	115,066	374,426	81,875	6,918,991	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	363,614,888	6,371,114	20,731,646	3,607,323	362,391,434
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	227	7,427	24,167	0	31,821	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	92,790,122	36,602	119,103	645,115	93,590,942	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	32,954	0	0	87	33,041	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	1,061,410	10,231	33,291	10,683	1,115,615	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	3,387,593	4,886	15,898	15,423	3,423,800	193.80
193.90 19308 COMPLIMENTARY MEDICINE	1,900,838	16,482	53,633	29,871	2,000,824	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	1,678,228	40,844	132,907	26,804	1,878,783	194.00
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118-201)	464,466,260	6,487,586	21,110,645	4,335,306	464,466,260

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/29/2016 8:26 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,104,276				5.00
6.00	00600	MAINTENANCE & REPAIRS	391,329	2,708,614			6.00
7.00	00700	OPERATION OF PLANT	1,382,658	296,510	9,866,678		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	301,124	25,349	103,690	2,213,290	8.00
9.00	00900	HOUSEKEEPING	916,417	44,948	183,858	0	6,571,856
10.00	01000	DIETARY	818,723	107,425	439,419	14,076	351,961
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	530,748	4,075	16,669	0	13,351
14.00	01400	CENTRAL SERVICES & SUPPLY	279,993	3,566	14,585	0	11,682
15.00	01500	PHARMACY	2,245,355	22,651	92,654	0	74,213
16.00	01600	MEDICAL RECORDS & LIBRARY	703,895	35,726	146,138	0	117,052
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	849,391	4,539	18,565	3,865	14,870
23.00	02300	PARAMED PRGM	38,172	0	0	0	0
23.01	02304	PHARMACY RESIDENCY	24,695	0	0	0	0
23.20	02301	PARAMED PRGM - RADIOLOGY	22,906	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	217,219	1,363	5,575	0	4,466
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,780,718	572,896	2,343,415	832,626	1,877,008
31.00	03100	INTENSIVE CARE UNIT	1,418,482	77,825	318,342	121,640	254,982
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	634,167	99,893	408,611	26,761	327,285
43.00	04300	NURSERY	703,814	5,789	23,681	43,782	18,968
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,024,602	295,569	1,209,020	255,987	968,388
50.20	03340	GASTRO INTESTINAL SERVICES	232,288	24,534	100,356	18,017	80,382
52.00	05200	DELIVERY ROOM & LABOR ROOM	913,392	19,528	79,880	185,248	63,981
53.00	05300	ANESTHESIOLOGY	447,907	2,715	11,108	0	8,897
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,008,035	192,159	786,025	115,253	629,582
54.10	03480	ONCOLOGY	6,148,598	205,628	841,118	0	0
54.20	05401	CT	392,125	10,813	44,229	35,275	35,426
54.30	05402	MRI	321,843	15,892	65,008	9,930	52,069
60.00	06000	LABORATORY	2,224,988	68,063	278,409	0	222,997
60.01	06001	BLOOD	310,523	8,557	35,004	0	28,037
65.00	06500	RESPIRATORY THERAPY	716,428	27,488	112,441	322	90,062
66.00	06600	PHYSICAL THERAPY	1,239,726	53,983	220,816	0	176,867
69.00	06900	ELECTROCARDIOLOGY	335,377	21,590	88,315	17,072	70,738
70.00	07000	ELECTROENCEPHALOGRAPHY	36,046	5,350	21,885	3,132	17,529
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,514,906	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,650,909	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,636,620	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	204,581	18,380	75,181	0	60,218
75.10	03950	NUTRITIONAL SUPPORT	20,057	0	0	0	0
75.20	03951	HEMODIALYSIS	146,839	6,583	26,928	4,531	21,569
76.97	07697	CARDIAC REHABILITATION	261,677	29,368	120,129	0	96,220
76.98	07698	HYPERBARI C OXYGEN THERAPY	245,742	16,602	67,910	0	54,394
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	106,517	11,881	48,598	0	38,925
90.03	09003	STATELINE CLINIC	188,209	9,306	38,065	0	0
90.04	09004	ORTHOPEDICS CLINIC	112,076	29,684	121,422	0	0
90.05	09005	PULMONOLOGY CLINIC	41,511	5,712	23,365	0	0
90.06	09006	CVT CLINIC	18,202	6,966	28,495	0	0
90.07	09007	MWH CLINIC	117,900	26,712	109,266	0	0
90.08	09008	NEUROSURGERY CLINIC	37,038	7,795	31,886	0	0
90.09	09009	HEADACHE CLINIC	54,625	8,385	34,300	0	0
90.10	09010	UW GENERAL SURGERY CLINIC	68,680	16,321	66,761	0	0
90.11	09011	MFM CLINIC	22,593	8,624	35,277	0	0
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	23,227	10,830	44,301	0	0
91.00	09100	EMERGENCY	2,507,510	99,292	406,154	512,007	325,317
91.05	09101	AMBULATORY CARE	28,817	17,884	73,155	8,845	58,595
91.10	09102	PSYCHIATRIC PARTIAL	77,964	0	0	4,673	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	5.00	6.00	7.00	8.00	9.00	92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	1,168,438	61,557	251,797	0	201,681	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	49,866,322	2,646,306	9,611,806	2,213,042	6,367,712	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,374	3,973	16,252	0	13,017	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	15,805,246	19,581	80,096	248	64,154	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	5,580	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	188,398	5,473	22,388	0	17,932	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	578,191	2,614	10,691	0	8,563	193.80
193.90	19308 COMPLIMENTARY MEDICINE	337,887	8,817	36,067	0	28,889	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	317,278	21,850	89,378	0	71,589	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	67,104,276	2,708,614	9,866,678	2,213,290	6,571,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
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To 06/30/2016

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,579,734					10.00
11.00	01100	CAFETERIA	5,082,338	5,082,338				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	87,365	0	3,795,070		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,967,828	14.00
15.00	01500	PHARMACY	0	220,311	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	140,543	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	7,597	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	7,597	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	7,597	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	143	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,039,638	1,321,861	0	1,445,381	767,951	30.00
31.00	03100	INTENSIVE CARE UNIT	124,853	239,303	0	367,972	205,940	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	183,835	140,543	0	65,957	829	40.00
43.00	04300	NURSERY	149,070	136,745	0	196,945	8,194	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	592,560	0	471,492	57,627	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	30,388	0	40,567	168,905	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	170,931	0	210,153	410,973	52.00
53.00	05300	ANESTHESIOLOGY	0	11,395	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	493,800	0	128,929	223,107	54.00
54.10	03480	ONCOLOGY	0	7,597	0	151,118	5,483	54.10
54.20	05401	CT	0	45,582	0	0	42,681	54.20
54.30	05402	MRI	0	37,985	0	0	0	54.30
60.00	06000	LABORATORY	0	269,691	0	16	0	60.00
60.01	06001	BLOOD	0	15,194	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	144,341	0	6	0	65.00
66.00	06600	PHYSICAL THERAPY	0	189,923	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	53,178	0	39,476	3,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,597	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	30,388	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	41,783	0	23,142	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	22,791	0	45,978	43,277	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	18,992	0	13,619	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	17	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	11,395	0	3,101	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	3,798	0	2,118	0	90.05
90.06	09006	CVT CLINIC	0	0	0	62	0	90.06
90.07	09007	MWH CLINIC	0	11,395	0	5,790	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	1,839	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	947	0	90.10
90.11	09011	MFM CLINIC	0	0	0	19	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	452,017	0	520,246	29,787	91.00
91.05	09101	AMBULATORY CARE	0	0	0	877	27	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.10	09102 PSYCHIATRIC PARTIAL	0	18,992	0	10,500	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	6,579,734	4,991,175	0	3,746,410	1,967,828	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	0	26,589	0	23,683	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	100	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	18,992	0	21,045	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	45,582	0	3,832	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,579,734	5,082,338	0	3,795,070	1,967,828	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	15,951,223					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,311,519				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED PRGM	0	0	0	0		23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0		23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0	0	0		23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0	0	0		23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	2,076	0	0	0		23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,608	365,237	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	289	127,168	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	1	30,158	0	0	0	40.00
43.00	04300	NURSERY	177	42,537	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,584	594,738	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	495	29,412	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	199	78,829	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,727	47,756	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,975	480,432	0	0	0	54.00
54.10	03480	ONCOLOGY	8,829,076	131,700	0	0	0	54.10
54.20	05401	CT	134,642	229,641	0	0	0	54.20
54.30	05402	MRI	48,704	95,443	0	0	0	54.30
60.00	06000	LABORATORY	1,895	605,479	0	0	0	60.00
60.01	06001	BLOOD	20,935	30,090	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	88,090	61,609	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	254	110,313	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,536	131,199	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,169	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	261,430	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	430,550	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,365,037	881,626	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	27,967	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	1,420	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,876	8,698	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	50	5,387	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,159	13,073	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	214	1,193	0	0	0	90.02
90.03	09003	STATELINE CLINIC	62	30,583	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	23,026	5,047	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	12,221	608	0	0	0	90.05
90.06	09006	CVT CLINIC	8	71	0	0	0	90.06
90.07	09007	MWH CLINIC	435	7,398	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	186	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	95,452	1,987	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	116	398	0	0	0	90.10
90.11	09011	MFM CLINIC	0	15	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	978	0	0	0	90.12
91.00	09100	EMERGENCY	18,015	410,807	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	393	0	0	0	91.05

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
91.10	09102 PSYCHIATRIC PARTIAL	115	5,266	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	16,528	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	15,823,049	5,311,519	0	0	0	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	75,089	0	0	0	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	53,085	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,951,223	5,311,519	0	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,920,965			22.00
23.00 02300	PARAMED PRGM			271,809		23.00
23.01 02304	PHARMACY RESIDENCY				178,525	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY					23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS				166,145	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,726,725	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	243,804	0	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	139,317	0	0	40.00
43.00 04300	NURSERY	0	278,634	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	313,463	0	0	50.00
50.20 03340	GASTROINTESTINAL SERVICES	0	313,463	0	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	166,145	54.00
54.10 03480	ONCOLOGY	0	0	0	0	54.10
54.20 05401	CT	0	0	0	0	54.20
54.30 05402	MRI	0	0	0	0	54.30
60.00 06000	LABORATORY	0	0	271,809	0	60.00
60.01 06001	BLOOD	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	208,975	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	178,525	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	0	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	278,634	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	90.02
90.03 09003	STATELINE CLINIC	0	0	0	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05 09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06 09006	CVT CLINIC	0	0	0	0	90.06
90.07 09007	MWH CLINIC	0	0	0	0	90.07
90.08 09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09 09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11 09011	MFM CLINIC	0	0	0	0	90.11
90.12 09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12

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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.00	09100	EMERGENCY	0	417,950	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,920,965	271,809	178,525	166,145	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,920,965	271,809	178,525	166,145	202.00

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Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		1,517,119				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	61,227,589	-3,726,725	57,500,864	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,900,247	-243,804	11,656,443	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	0	5,812,626	-139,317	5,673,309	40.00
43.00	04300	NURSERY	0	0	5,776,025	-278,634	5,497,391	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	32,624,011	-313,463	32,310,548	50.00
50.20	03340	GASTROINTESTINAL SERVICES	0	0	2,414,318	-313,463	2,100,855	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,541,830	0	7,541,830	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,183,821	0	3,183,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	24,193,745	0	24,193,745	54.00
54.10	03480	ONCOLOGY	0	0	52,729,702	0	52,729,702	54.10
54.20	05401	CT	0	0	3,292,413	0	3,292,413	54.20
54.30	05402	MRI	0	0	2,552,690	0	2,552,690	54.30
60.00	06000	LABORATORY	0	0	17,118,781	0	17,118,781	60.00
60.01	06001	BLOOD	0	0	2,287,128	0	2,287,128	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	5,483,168	0	5,483,168	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,333,013	0	9,333,013	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,956,460	-208,975	2,747,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	313,159	0	313,159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,746,964	0	10,746,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,779,013	0	18,779,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,753,173	0	18,753,173	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,628,156	0	1,628,156	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	140,246	0	140,246	75.10
75.20	03951	HEMODIALYSIS	0	0	1,365,177	-278,634	1,086,543	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	2,127,295	0	2,127,295	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	1,973,103	0	1,973,103	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	870,689	0	870,689	90.02
90.03	09003	STATELINE CLINIC	0	0	1,380,735	0	1,380,735	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	969,415	0	969,415	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	335,144	0	335,144	90.05
90.06	09006	CVT CLINIC	0	0	161,591	0	161,591	90.06
90.07	09007	MWH CLINIC	0	0	977,050	0	977,050	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	298,067	0	298,067	90.08
90.09	09009	HEADACHE CLINIC	0	0	518,215	0	518,215	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	559,917	0	559,917	90.10
90.11	09011	MFM CLINIC	0	0	200,317	0	200,317	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	216,879	0	216,879	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
91.00	09100	EMERGENCY	0	1,517,119	22,064,629	-417,950	21,646,679	91.00
91.05	09101	AMBULATORY CARE	0	0	359,236	0	359,236	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	579,182	0	579,182	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	8,618,992	0	8,618,992	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,517,119	344,363,911	-5,920,965	338,442,946	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	70,437	0	70,437	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	109,685,628	0	109,685,628	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	91,706	0	91,706	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,349,906	0	1,349,906	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	4,063,896	0	4,063,896	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	2,461,898	0	2,461,898	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,378,878	0	2,378,878	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,517,119	464,466,260	-5,920,965	458,545,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	52,907	172,159	225,066	225,066 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,362,021	4,432,016	5,794,037	34,898 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	9,522	30,983	40,505	1,873 6.00
7.00 00700	OPERATION OF PLANT	0	554,258	1,803,560	2,357,818	1,626 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	47,384	154,189	201,573	264 8.00
9.00 00900	HOUSEKEEPING	0	84,019	273,399	357,418	8,337 9.00
10.00 01000	DIETARY	0	200,806	653,424	854,230	6,701 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	7,617	24,787	32,404	2,059 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	6,665	21,688	28,353	0 14.00
15.00 01500	PHARMACY	0	42,341	137,779	180,120	5,248 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	66,782	217,309	284,091	3,626 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,484	27,607	36,091	0 22.00
23.00 02300	PARAMED PRGM	0	0	0	0	181 23.00
23.01 02304	PHARMACY RESIDENCY	0	0	0	0	178 23.01
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	186 23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0 23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	2,548	8,291	10,839	940 23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,070,897	3,484,705	4,555,602	31,513 30.00
31.00 03100	INTENSIVE CARE UNIT	0	145,476	473,380	618,856	5,661 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00 04000	SUBPROVIDER - IPF	0	186,727	607,611	794,338	3,333 40.00
43.00 04300	NURSERY	0	10,822	35,214	46,036	3,274 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	552,498	1,797,834	2,350,332	14,091 50.00
50.20 03340	GASTRO INTESTINAL SERVICES	0	45,861	149,232	195,093	700 50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	36,504	118,783	155,287	4,093 52.00
53.00 05300	ANESTHESIOLOGY	0	5,076	16,517	21,593	280 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	359,198	1,168,833	1,528,031	11,752 54.00
54.10 03480	ONCOLOGY	0	384,374	1,250,757	1,635,131	7,807 54.10
54.20 05401	CT	0	20,212	65,770	85,982	1,065 54.20
54.30 05402	MRI	0	29,707	96,667	126,374	870 54.30
60.00 06000	LABORATORY	0	127,227	413,999	541,226	6,397 60.00
60.01 06001	BLOOD	0	15,996	52,052	68,048	356 60.01
65.00 06500	RESPIRATORY THERAPY	0	51,383	167,202	218,585	3,406 65.00
66.00 06600	PHYSICAL THERAPY	0	100,909	328,357	429,266	4,944 66.00
69.00 06900	ELECTROCARDIOLOGY	0	40,358	131,326	171,684	1,257 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,001	32,543	42,544	193 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	SLEEP LAB	0	34,356	111,796	146,152	714 75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	0 75.10
75.20 03951	HEMODIALYSIS	0	12,306	40,043	52,349	0 75.20
76.97 07697	CARDIAC REHABILITATION	0	54,897	178,634	233,531	1,004 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	31,034	100,984	132,018	789 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02 09002	DIABETES CLINIC	0	22,208	72,265	94,473	435 90.02
90.03 09003	STATELINE CLINIC	0	17,395	56,603	73,998	679 90.03
90.04 09004	ORTHOPEDICS CLINIC	0	55,488	180,557	236,045	231 90.04
90.05 09005	PULMONOLOGY CLINIC	0	10,677	34,744	45,421	83 90.05
90.06 09006	CVT CLINIC	0	13,022	42,372	55,394	2 90.06
90.07 09007	MWH CLINIC	0	49,932	162,480	212,412	289 90.07
90.08 09008	NEUROSURGERY CLINIC	0	14,571	47,415	61,986	144 90.08
90.09 09009	HEADACHE CLINIC	0	15,674	51,005	66,679	49 90.09
90.10 09010	UW GENERAL SURGERY CLINIC	0	30,508	99,274	129,782	43 90.10
90.11 09011	MFM CLINIC	0	16,121	52,458	68,579	1 90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	20,245	65,877	86,122	12	90.12
91.00 09100 EMERGENCY	0	185,604	603,957	789,561	10,948	91.00
91.05 09101 AMBULATORY CARE	0	33,430	108,783	142,213	38	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	0	0	452	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	115,066	374,426	489,492	4,250	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		0	6,371,114	20,731,646	27,102,760	187,272
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,427	24,167	31,594	0	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	0	36,602	119,103	155,705	33,491	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	0	0	0	0	5	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	0	10,231	33,291	43,522	555	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	0	4,886	15,898	20,784	801	193.80
193.90 19308 COMPLIMENTARY MEDICINE	0	16,482	53,633	70,115	1,551	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	0	40,844	132,907	173,751	1,391	194.00
200.00				0		200.00
201.00		0	0	0	0	201.00
202.00		6,487,586	21,110,645	27,598,231	225,066	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 8:26 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,828,935					5.00
6.00	00600	MAINTENANCE & REPAIRS	33,992	76,370				6.00
7.00	00700	OPERATION OF PLANT	120,103	8,360	2,487,907			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,157	715	26,146	254,855		8.00
9.00	00900	HOUSEKEEPING	79,603	1,267	46,360	0	492,985	9.00
10.00	01000	DIETARY	71,117	3,029	110,801	1,621	26,402	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	46,103	115	4,203	0	1,002	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,321	101	3,678	0	876	14.00
15.00	01500	PHARMACY	195,040	639	23,363	0	5,567	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,143	1,007	36,849	0	8,781	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	73,781	128	4,681	445	1,115	22.00
23.00	02300	PARAMED ED PRGM	3,316	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2,145	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	1,990	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	18,868	38	1,406	0	335	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	588,997	16,152	590,899	95,875	140,807	30.00
31.00	03100	INTENSIVE CARE UNIT	123,214	2,194	80,271	14,007	19,127	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	55,086	2,817	103,032	3,081	24,551	40.00
43.00	04300	NURSERY	61,136	163	5,971	5,041	1,423	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	349,591	8,334	304,857	29,476	72,643	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	20,177	692	25,305	2,075	6,030	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,340	551	20,142	21,331	4,800	52.00
53.00	05300	ANESTHESIOLOGY	38,907	77	2,801	0	667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,289	5,418	198,198	13,271	47,228	54.00
54.10	03480	ONCOLOGY	534,089	5,798	212,090	0	0	54.10
54.20	05401	CT	34,061	305	11,153	4,062	2,657	54.20
54.30	05402	MRI	27,956	448	16,392	1,143	3,906	54.30
60.00	06000	LABORATORY	193,270	1,919	70,201	0	16,728	60.00
60.01	06001	BLOOD	26,973	241	8,826	0	2,103	60.01
65.00	06500	RESPIRATORY THERAPY	62,231	775	28,352	37	6,756	65.00
66.00	06600	PHYSICAL THERAPY	107,687	1,522	55,679	0	13,268	66.00
69.00	06900	ELECTROCARDIOLOGY	29,132	609	22,269	1,966	5,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,131	151	5,518	361	1,315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,590	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,267	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,163	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	17,771	518	18,957	0	4,517	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,742	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	12,755	186	6,790	522	1,618	75.20
76.97	07697	CARDIAC REHABILITATION	22,730	828	30,291	0	7,218	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,346	468	17,124	0	4,080	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	9,252	335	12,254	0	2,920	90.02
90.03	09003	STATELINE CLINIC	16,348	262	9,598	0	0	90.03
90.04	09004	ORTHOPEDECS CLINIC	9,735	837	30,617	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	3,606	161	5,891	0	0	90.05
90.06	09006	CVT CLINIC	1,581	196	7,185	0	0	90.06
90.07	09007	MWH CLINIC	10,241	753	27,552	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	3,217	220	8,040	0	0	90.08
90.09	09009	HEADACHE CLINIC	4,745	236	8,649	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	5,966	460	16,834	0	0	90.10
90.11	09011	MFM CLINIC	1,963	243	8,895	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,018	305	11,171	0	0	90.12
91.00	09100	EMERGENCY	217,811	2,800	102,413	58,956	24,403	91.00
91.05	09101	AMBULATORY CARE	2,503	504	18,446	1,018	4,395	91.05
91.10	09102	PSYCHIATRIC PARTIAL	6,772	0	0	538	0	91.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	5.00	6.00	7.00	8.00	9.00	92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	101,495	1,736	63,491	0	15,129	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	4,331,563	74,613	2,423,641	254,826	477,673	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	467	112	4,098	0	976	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	1,372,921	552	20,196	29	4,812	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	485	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	16,365	154	5,645	0	1,345	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	50,224	74	2,696	0	642	193.80
193.90	19308 COMPLIMENTARY MEDICINE	29,350	249	9,094	0	2,167	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	27,560	616	22,537	0	5,370	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,828,935	76,370	2,487,907	254,855	492,985	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228		Period: From 06/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 8:26 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,073,901					10.00
11.00	01100	CAFETERIA	829,506	829,506				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,259	0	100,145		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	57,329	14.00
15.00	01500	PHARMACY	0	35,958	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,939	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,240	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	1,240	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	1,240	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	4	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	169,683	215,741	0	38,151	22,371	30.00
31.00	03100	INTENSIVE CARE UNIT	20,378	39,057	0	9,708	6,000	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	30,004	22,939	0	1,740	24	40.00
43.00	04300	NURSERY	24,330	22,319	0	5,196	239	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	96,714	0	12,440	1,679	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	4,960	0	1,070	4,921	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,898	0	5,545	11,973	52.00
53.00	05300	ANESTHESIOLOGY	0	1,860	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80,595	0	3,402	6,500	54.00
54.10	03480	ONCOLOGY	0	1,240	0	3,987	160	54.10
54.20	05401	CT	0	7,440	0	0	1,243	54.20
54.30	05402	MRI	0	6,200	0	0	0	54.30
60.00	06000	LABORATORY	0	44,017	0	0	0	60.00
60.01	06001	BLOOD	0	2,480	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	23,558	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30,998	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,679	0	1,042	89	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,240	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	4,960	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	6,820	0	611	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,720	0	1,213	1,261	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	3,100	0	359	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,860	0	82	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	620	0	56	0	90.05
90.06	09006	CVT CLINIC	0	0	0	2	0	90.06
90.07	09007	MWH CLINIC	0	1,860	0	153	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	49	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	25	0	90.10
90.11	09011	MFM CLINIC	0	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	73,775	0	13,726	868	91.00
91.05	09101	AMBULATORY CARE	0	0	0	23	1	91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.10	09102 PSYCHIATRIC PARTIAL	0	3,100	0	277	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,073,901	814,626	0	98,861	57,329	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	0	4,340	0	625	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	3	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	3,100	0	555	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	7,440	0	101	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,073,901	829,506	0	100,145	57,329	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 8:26 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	445,935				15.00
16.00	01600	0	418,436			16.00
17.00	01700	0	0	0		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
23.01	02304	0	0	0	0	23.01
23.20	02301	0	0	0	0	23.20
23.30	02302	0	0	0	0	23.30
23.40	02303	58	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	45	28,715	0		30.00
31.00	03100	8	9,998	0		31.00
31.01	03101	0	0	0		31.01
40.00	04000	0	2,371	0		40.00
43.00	04300	5	3,344	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	240	46,759	0		50.00
50.20	03340	14	2,312	0		50.20
52.00	05200	6	6,198	0		52.00
53.00	05300	48	3,755	0		53.00
54.00	05400	4,416	37,772	0		54.00
54.10	03480	246,827	10,354	0		54.10
54.20	05401	3,764	18,055	0		54.20
54.30	05402	1,362	7,504	0		54.30
60.00	06000	53	47,603	0		60.00
60.01	06001	585	2,366	0		60.01
65.00	06500	2,463	4,844	0		65.00
66.00	06600	7	8,673	0		66.00
69.00	06900	43	10,315	0		69.00
70.00	07000	0	642	0		70.00
71.00	07100	0	20,554	0		71.00
72.00	07200	0	33,850	0		72.00
73.00	07300	177,943	70,151	0		73.00
75.00	07500	0	0	0		75.00
75.01	07501	0	2,199	0		75.01
75.10	03950	0	112	0		75.10
75.20	03951	52	684	0		75.20
76.97	07697	1	424	0		76.97
76.98	07698	228	1,028	0		76.98
76.99	07699	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0		90.00
90.01	09001	0	0	0		90.01
90.02	09002	6	94	0		90.02
90.03	09003	2	2,405	0		90.03
90.04	09004	644	397	0		90.04
90.05	09005	342	48	0		90.05
90.06	09006	0	6	0		90.06
90.07	09007	12	582	0		90.07
90.08	09008	0	15	0		90.08
90.09	09009	2,668	156	0		90.09
90.10	09010	3	31	0		90.10
90.11	09011	0	1	0		90.11
90.12	09012	0	77	0		90.12
91.00	09100	504	32,298	0		91.00
91.05	09101	0	31	0		91.05

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.10	09102	PSYCHIATRIC PARTIAL	3	414	0			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	1,299	0			101.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	442,352	418,436	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001	MCC WORD PROCESSING	0	0	0			190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SPECIALISTS/PCP'S	2,099	0	0			192.01
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	1,484	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMEN'S CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	445,935	418,436	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		116,241			22.00
23.00 02300	PARAMED PRGM			4,737		23.00
23.01 02304	PHARMACY RESIDENCY				3,563	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY					23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
40.00 04000	SUBPROVIDER - I/PF					40.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.20 03340	GASTROINTESTINAL SERVICES					50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.10 03480	ONCOLOGY					54.10
54.20 05401	CT					54.20
54.30 05402	MRI					54.30
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD					60.01
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
75.01 07501	SLEEP LAB					75.01
75.10 03950	NUTRITIONAL SUPPORT					75.10
75.20 03951	HEMODIALYSIS					75.20
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	CHILDRENS CLINIC					90.01
90.02 09002	DIABETES CLINIC					90.02
90.03 09003	STATELINE CLINIC					90.03
90.04 09004	ORTHOPEDICS CLINIC					90.04
90.05 09005	PULMONOLOGY CLINIC					90.05
90.06 09006	CVT CLINIC					90.06
90.07 09007	MWH CLINIC					90.07
90.08 09008	NEUROSURGERY CLINIC					90.08
90.09 09009	HEADACHE CLINIC					90.09
90.10 09010	UW GENERAL SURGERY CLINIC					90.10
90.11 09011	MFM CLINIC					90.11
90.12 09012	ROCKFORD VASCULAR CENTER CLINIC					90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.00	09100	EMERGENCY			23.00	23.01	23.20	91.00
91.05	09101	AMBULATORY CARE						91.05
91.10	09102	PSYCHIATRIC PARTIAL						91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.10	19001	MCC WORD PROCESSING						190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCP'S						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDI SHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMEN'S CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	116,241	4,737	3,563	3,416	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	116,241	4,737	3,563	3,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		32,488				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			6,494,551	0	6,494,551	30.00
31.00	03100	INTENSIVE CARE UNIT			948,479	0	948,479	31.00
31.01	03101	PEDIATRIC ICU			0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF			1,043,316	0	1,043,316	40.00
43.00	04300	NURSERY			178,477	0	178,477	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			3,287,156	0	3,287,156	50.00
50.20	03340	GASTROINTESTINAL SERVICES			263,349	0	263,349	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM			337,164	0	337,164	52.00
53.00	05300	ANESTHESIOLOGY			69,988	0	69,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,197,872	0	2,197,872	54.00
54.10	03480	ONCOLOGY			2,657,483	0	2,657,483	54.10
54.20	05401	CT			169,787	0	169,787	54.20
54.30	05402	MRI			192,155	0	192,155	54.30
60.00	06000	LABORATORY			921,414	0	921,414	60.00
60.01	06001	BLOOD			111,978	0	111,978	60.01
65.00	06500	RESPIRATORY THERAPY			351,007	0	351,007	65.00
66.00	06600	PHYSICAL THERAPY			652,044	0	652,044	66.00
69.00	06900	ELECTROCARDIOLOGY			252,391	0	252,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			55,095	0	55,095	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			152,144	0	152,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			264,117	0	264,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			390,257	0	390,257	73.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
75.01	07501	SLEEP LAB			195,788	0	195,788	75.01
75.10	03950	NUTRITIONAL SUPPORT			1,854	0	1,854	75.10
75.20	03951	HEMODIALYSIS			74,956	0	74,956	75.20
76.97	07697	CARDIAC REHABILITATION			303,458	0	303,458	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			183,275	0	183,275	76.98
76.99	07699	LI THOTRI PSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	CHILDRENS CLINIC			0	0	0	90.01
90.02	09002	DIABETES CLINIC			123,228	0	123,228	90.02
90.03	09003	STATELINE CLINIC			103,292	0	103,292	90.03
90.04	09004	ORTHOPEDICS CLINIC			280,448	0	280,448	90.04
90.05	09005	PULMONOLOGY CLINIC			56,228	0	56,228	90.05
90.06	09006	CVT CLINIC			64,366	0	64,366	90.06
90.07	09007	MWH CLINIC			253,854	0	253,854	90.07
90.08	09008	NEUROSURGERY CLINIC			73,671	0	73,671	90.08
90.09	09009	HEADACHE CLINIC			83,182	0	83,182	90.09
90.10	09010	UW GENERAL SURGERY CLINIC			153,144	0	153,144	90.10
90.11	09011	MFM CLINIC			79,682	0	79,682	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC			99,705	0	99,705	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED - RADIATION ONCOLOGY	PARAMED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
91.00	09100	EMERGENCY			1,328,063	0	1,328,063	91.00
91.05	09101	AMBULATORY CARE			169,172	0	169,172	91.05
91.10	09102	PSYCHIATRIC PARTIAL			11,556	0	11,556	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			676,892	0	676,892	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	25,306,038	0	25,306,038	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			37,247	0	37,247	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S			1,594,770	0	1,594,770	192.01
192.02	19202	MEDWORKS			0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER			0	0	0	192.03
192.20	19204	IDLE SPACE			0	0	0	192.20
193.00	19300	NONPAID WORKERS			1,974	0	1,974	193.00
193.10	19301	HOTEL			0	0	0	193.10
193.30	19302	PHYSICIAN BILLING			0	0	0	193.30
193.40	19303	MEALS ON WHEELS			0	0	0	193.40
193.50	19304	WEE CARE			0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS			67,589	0	67,589	193.60
193.70	19306	WOMEN'S CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			78,876	0	78,876	193.80
193.90	19308	COMPLIMENTARY MEDICINE			120,067	0	120,067	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			231,225	0	231,225	194.00
200.00		Cross Foot Adjustments	0	32,488	160,445	0	160,445	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	32,488	27,598,231	0	27,598,231	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	987,971				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		987,971			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	248,762		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	207,417	207,417	38,574	-67,104,276	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,450	1,450	2,070	0	6.00
7.00 00700	OPERATION OF PLANT	84,406	84,406	1,797	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,216	7,216	292	0	8.00
9.00 00900	HOUSEKEEPING	12,795	12,795	9,215	0	9.00
10.00 01000	DIETARY	30,580	30,580	7,407	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,160	1,160	2,276	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	14.00
15.00 01500	PHARMACY	6,448	6,448	5,800	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,170	10,170	4,008	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	200	0	23.00
23.01 02304	PHARMACY RESIDENCY	0	0	197	0	23.01
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	206	0	23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	388	388	1,039	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	163,083	163,083	34,831	0	30.00
31.00 03100	INTENSIVE CARE UNIT	22,154	22,154	6,257	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	28,436	28,436	3,684	0	40.00
43.00 04300	NURSERY	1,648	1,648	3,619	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,138	84,138	15,575	0	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	6,984	6,984	774	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	4,524	0	52.00
53.00 05300	ANESTHESIOLOGY	773	773	309	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,701	54,701	12,989	0	54.00
54.10 03480	ONCOLOGY	58,535	58,535	8,629	0	54.10
54.20 05401	CT	3,078	3,078	1,177	0	54.20
54.30 05402	MRI	4,524	4,524	962	0	54.30
60.00 06000	LABORATORY	19,375	19,375	7,070	0	60.00
60.01 06001	BLOOD	2,436	2,436	393	0	60.01
65.00 06500	RESPIRATORY THERAPY	7,825	7,825	3,765	0	65.00
66.00 06600	PHYSICAL THERAPY	15,367	15,367	5,464	0	66.00
69.00 06900	ELECTROCARDIOLOGY	6,146	6,146	1,389	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	213	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	5,232	5,232	789	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	1,874	1,874	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	8,360	8,360	1,110	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	4,726	4,726	872	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	3,382	3,382	481	0	90.02
90.03 09003	STATELINE CLINIC	2,649	2,649	750	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	8,450	8,450	255	0	90.04
90.05 09005	PULMONOLOGY CLINIC	1,626	1,626	92	0	90.05
90.06 09006	CVT CLINIC	1,983	1,983	2	0	90.06
90.07 09007	MWH CLINIC	7,604	7,604	319	0	90.07
90.08 09008	NEUROSURGERY CLINIC	2,219	2,219	159	0	90.08
90.09 09009	HEADACHE CLINIC	2,387	2,387	54	0	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	4,646	4,646	47	0	90.10
90.11 09011	MFM CLINIC	2,455	2,455	1	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00						
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	13	0	137,543	90.12		
91.00 09100 EMERGENCY	28,265	28,265	12,101	0	14,848,408	91.00		
91.05 09101 AMBULATORY CARE	5,091	5,091	42	0	170,643	91.05		
91.10 09102 PSYCHIATRIC PARTIAL	0	0	500	0	461,672	91.10		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	17,523	17,523	4,698	0	6,918,991	101.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		970,234	970,234	206,990	-67,104,276	295,287,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	1,131	0	0	31,821	190.00		
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
192.01 19201 SPECIALISTS/PCP'S	5,574	5,574	37,017	0	93,590,942	192.01		
192.02 19202 MEDWORKS	0	0	0	0	0	192.02		
192.03 19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03		
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20		
193.00 19300 NONPAID WORKERS	0	0	5	0	33,041	193.00		
193.10 19301 HOTEL	0	0	0	0	0	193.10		
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30		
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40		
193.50 19304 WEE CARE	0	0	0	0	0	193.50		
193.60 19305 PHYSICIAN RELATED AREAS	1,558	1,558	613	0	1,115,615	193.60		
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70		
193.80 19307 MARKETING EXPENSES	744	744	885	0	3,423,800	193.80		
193.90 19308 COMPLIMENTARY MEDICINE	2,510	2,510	1,714	0	2,000,824	193.90		
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	6,220	6,220	1,538	0	1,878,783	194.00		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	6,487,586	21,110,645	4,335,306	67,104,276	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	6.566575	21.367677	17.427525	0.168874	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			225,066	5,828,935	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.904744	0.014669	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	771,047				6.00	
7.00	00700	OPERATION OF PLANT	84,406	686,641			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	2,161,998		8.00	
9.00	00900	HOUSEKEEPING	12,795	12,795	0	570,993	9.00	
10.00	01000	DIETARY	30,580	30,580	13,750	30,580	305,659	10.00
11.00	01100	CAFETERIA	0	0	0	0	236,098	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,160	1,160	0	1,160	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	6,448	6,448	0	6,448	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,170	10,170	0	10,170	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	3,775	1,292	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	388	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	163,083	163,083	813,330	163,083	48,296	30.00
31.00	03100	INTENSIVE CARE UNIT	22,154	22,154	118,821	22,154	5,800	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	28,436	28,436	26,141	28,436	8,540	40.00
43.00	04300	NURSERY	1,648	1,648	42,767	1,648	6,925	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	250,055	84,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	17,599	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	180,955	5,559	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,701	54,701	112,582	54,701	0	54.00
54.10	03480	ONCOLOGY	58,535	58,535	0	0	0	54.10
54.20	05401	CT	3,078	3,078	34,458	3,078	0	54.20
54.30	05402	MRI	4,524	4,524	9,700	4,524	0	54.30
60.00	06000	LABORATORY	19,375	19,375	0	19,375	0	60.00
60.01	06001	BLOOD	2,436	2,436	0	2,436	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,825	7,825	315	7,825	0	65.00
66.00	06600	PHYSICAL THERAPY	15,367	15,367	0	15,367	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,146	6,146	16,676	6,146	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	3,059	1,523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	5,232	5,232	0	5,232	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	4,426	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,726	4,726	0	4,726	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	2,649	2,649	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,626	1,626	0	0	0	90.05
90.06	09006	CVT CLINIC	1,983	1,983	0	0	0	90.06
90.07	09007	MWH CLINIC	7,604	7,604	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	0	0	90.10
90.11	09011	MFM CLINIC	2,455	2,455	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	0	0	90.12
91.00	09100	EMERGENCY	28,265	28,265	500,142	28,265	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
91.05	09101	5,091	5,091	8,640	5,091	0	91.05
91.10	09102	0	0	4,565	0	0	91.10
92.00	09200						92.00
OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)							
101.00	10100	17,523	17,523	0	17,523	0	101.00
HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		753,310	668,904	2,161,756	553,256	305,659	
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,131	1,131	0	1,131	0	190.00
GIFT, FLOWER, COFFEE SHOP & CANTEEN							
190.10	19001	0	0	0	0	0	190.10
MCC WORD PROCESSING							
192.00	19200	0	0	0	0	0	192.00
PHYSICIANS' PRIVATE OFFICES							
192.01	19201	5,574	5,574	242	5,574	0	192.01
SPECIALISTS/PCP'S							
192.02	19202	0	0	0	0	0	192.02
MEDWORKS							
192.03	19203	0	0	0	0	0	192.03
SWEDISH AMERICAN ER							
192.20	19204	0	0	0	0	0	192.20
IDLE SPACE							
193.00	19300	0	0	0	0	0	193.00
NONPAID WORKERS							
193.10	19301	0	0	0	0	0	193.10
HOTEL							
193.30	19302	0	0	0	0	0	193.30
PHYSICIAN BILLING							
193.40	19303	0	0	0	0	0	193.40
MEALS ON WHEELS							
193.50	19304	0	0	0	0	0	193.50
WEE CARE							
193.60	19305	1,558	1,558	0	1,558	0	193.60
PHYSICIAN RELATED AREAS							
193.70	19306	0	0	0	0	0	193.70
WOMEN'S CENTER							
193.80	19307	744	744	0	744	0	193.80
MARKETING EXPENSES							
193.90	19308	2,510	2,510	0	2,510	0	193.90
COMPLIMENTARY MEDICINE							
194.00	07950	6,220	6,220	0	6,220	0	194.00
NON-MEDICARE HOME HEALTH SERVICES							
200.00							200.00
Cross Foot Adjustments							
201.00							201.00
Negative Cost Centers							
202.00		2,708,614	9,866,678	2,213,290	6,571,856	6,579,734	202.00
Cost to be allocated (per Wkst. B, Part I)							
203.00		3.512904	14.369486	1.023724	11.509521	21.526387	203.00
Unit cost multiplier (Wkst. B, Part I)							
204.00		76,370	2,487,907	254,855	492,985	1,073,901	204.00
Cost to be allocated (per Wkst. B, Part II)							
205.00		0.099047	3.623301	0.117879	0.863382	3.513396	205.00
Unit cost multiplier (Wkst. B, Part II)							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,338					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	23	0	47,431,103			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,188,835		14.00
15.00	01500	PHARMACY	58	0	0	0	24,287,239	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	2	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	2	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	1,784	0	3,161	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	348	0	18,064,378	1,634,703	2,449	30.00
31.00	03100	INTENSIVE CARE UNIT	63	0	4,598,955	438,377	440	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	37	0	824,336	1,765	1	40.00
43.00	04300	NURSERY	36	0	2,461,441	17,443	270	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	156	0	5,892,770	122,669	13,070	50.00
50.20	03340	GASTROINTESTINAL SERVICES	8	0	507,009	359,541	753	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	45	0	2,626,519	874,822	303	52.00
53.00	05300	ANESTHESIOLOGY	3	0	0	0	2,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130	0	1,611,370	474,918	240,531	54.00
54.10	03480	ONCOLOGY	2	0	1,888,694	11,671	13,443,107	54.10
54.20	05401	CT	12	0	0	90,854	205,005	54.20
54.30	05402	MRI	10	0	0	0	74,156	54.30
60.00	06000	LABORATORY	71	0	204	0	2,885	60.00
60.01	06001	BLOOD	4	0	0	0	31,875	60.01
65.00	06500	RESPIRATORY THERAPY	38	0	78	0	134,125	65.00
66.00	06600	PHYSICAL THERAPY	50	0	0	0	386	66.00
69.00	06900	ELECTROCARDIOLOGY	14	0	493,380	6,485	2,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,691,365	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	8	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	2,856	75.20
76.97	07697	CARDIAC REHABILITATION	11	0	289,229	0	76	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6	0	574,635	92,122	12,423	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	5	0	170,215	0	326	90.02
90.03	09003	STATELINE CLINIC	0	0	216	0	95	90.03
90.04	09004	ORTHOPEDICS CLINIC	3	0	38,761	0	35,059	90.04
90.05	09005	PULMONOLOGY CLINIC	1	0	26,465	0	18,608	90.05
90.06	09006	CVT CLINIC	0	0	780	0	12	90.06
90.07	09007	MWH CLINIC	3	0	72,364	0	662	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	22,986	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	145,334	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	11,839	0	177	90.10
90.11	09011	MFM CLINIC	0	0	236	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	119	0	6,502,095	63,407	27,429	91.00
91.05	09101	AMBULATORY CARE	0	0	10,966	58	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	5	0	131,226	0	175	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,314	0	46,822,931	4,188,835	24,092,082	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	7	0	295,997	0	114,330	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	80,827	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,250	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	5	0	263,028	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	12	0	47,897	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,082,338	0	3,795,070	1,967,828	15,951,223	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,798.458894	0.000000	0.080012	0.469779	0.656774	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	829,506	0	100,145	57,329	445,935	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	619.959641	0.000000	0.002111	0.013686	0.018361	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,057,170,057				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED PRGM	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0			23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0			23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0			23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	141,455,262	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	49,251,597	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	11,680,273	0	0	0	40.00
43.00	04300	NURSERY	16,474,409	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	230,339,987	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	11,391,351	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,530,061	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,495,843	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,069,619	0	0	0	54.00
54.10	03480	ONCOLOGY	51,006,887	0	0	0	54.10
54.20	05401	CT	88,939,306	0	0	0	54.20
54.30	05402	MRI	36,964,842	0	0	0	54.30
60.00	06000	LABORATORY	234,499,899	0	0	0	60.00
60.01	06001	BLOOD	11,653,901	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,861,128	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	42,723,817	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	50,813,010	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,163,781	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	101,251,074	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	166,750,677	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,486,228	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	10,831,355	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	549,902	0	0	0	75.10
75.20	03951	HEMODIALYSIS	3,368,882	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	2,086,295	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,063,136	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	462,054	0	0	0	90.02
90.03	09003	STATELINE CLINIC	11,844,832	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,954,563	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	235,374	0	0	0	90.05
90.06	09006	CVT CLINIC	27,479	0	0	0	90.06
90.07	09007	MWH CLINIC	2,865,075	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	71,998	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	769,500	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	154,295	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.11	09011	MFM CLINIC	5,940	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	378,944	0	0	0	0	90.12
91.00	09100	EMERGENCY	159,104,313	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	152,093	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	2,039,645	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,401,430	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,057,170,057	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,311,519	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002582	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	418,436	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000203	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		22.00	23.00	23.01	23.20	23.30	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,700				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100			22.00
23.00	02300	PARAMED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY			100		23.01
23.20	02301	PARAMED PRGM - RADIOLOGY				100	23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY					0 23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,070	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	70	0	0	0	0 31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00	04000	SUBPROVIDER - I PF	40	0	0	0	0 40.00
43.00	04300	NURSERY	80	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90	0	0	0	0 50.00
50.20	03340	GASTRO INTESTINAL SERVICES	90	0	0	0	0 50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100	0 54.00
54.10	03480	ONCOLOGY	0	0	0	0	0 54.10
54.20	05401	CT	0	0	0	0	0 54.20
54.30	05402	MRI	0	0	0	0	0 54.30
60.00	06000	LABORATORY	0	100	0	0	0 60.00
60.01	06001	BLOOD	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	60	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	SLEEP LAB	0	0	0	0	0 75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0 75.10
75.20	03951	HEMODIALYSIS	80	0	0	0	0 75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0 90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0 90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0 90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0 90.05
90.06	09006	CVT CLINIC	0	0	0	0	0 90.06
90.07	09007	MWH CLINIC	0	0	0	0	0 90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0 90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0 90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0 90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	
		22.00	23.00	23.01	23.20	23.30	
90.11	09011 MFM CLINIC	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	120	0	0	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,700	100	100	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,920,965	271,809	178,525	166,145	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,482.920588	2,718.090000	1,785.250000	1,661.450000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	116,241	4,737	3,563	3,416	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	68.377059	47.370000	35.630000	34.160000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME)	
		23.40	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM	23.00
23.01	02304	PHARMACY RESIDENCY	23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	23.40
		1,000	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	PEDIATRIC ICU	31.01
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.20	03340	GASTROINTESTINAL SERVICES	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.10	03480	ONCOLOGY	54.10
54.20	05401	CT	54.20
54.30	05402	MRI	54.30
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	SLEEP LAB	75.01
75.10	03950	NUTRITIONAL SUPPORT	75.10
75.20	03951	HEMODIALYSIS	75.20
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHILDRENS CLINIC	90.01
90.02	09002	DIABETES CLINIC	90.02
90.03	09003	STATELINE CLINIC	90.03
90.04	09004	ORTHOPEDICS CLINIC	90.04
90.05	09005	PULMONOLOGY CLINIC	90.05
90.06	09006	CVT CLINIC	90.06
90.07	09007	MWH CLINIC	90.07
90.08	09008	NEUROSURGERY CLINIC	90.08
90.09	09009	HEADACHE CLINIC	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	90.10
90.11	09011	MFM CLINIC	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME) 23.40	
91.00	09100	EMERGENCY	1,000	91.00
91.05	09101	AMBULATORY CARE	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		92.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	101.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,000	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.10	19001	MCC WORD PROCESSING	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	192.01
192.02	19202	MEDWORKS	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	192.03
192.20	19204	IDLE SPACE	0	192.20
193.00	19300	NONPAID WORKERS	0	193.00
193.10	19301	HOTEL	0	193.10
193.30	19302	PHYSICIAN BILLING	0	193.30
193.40	19303	MEALS ON WHEELS	0	193.40
193.50	19304	WEE CARE	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	193.60
193.70	19306	WOMEN'S CENTER	0	193.70
193.80	19307	MARKETING EXPENSES	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,517,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,517.119000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,488	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	32.488000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 8:26 am

		Title XVII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,500,864		57,500,864	8,916	57,509,780	30.00
31.00	03100	INTENSIVE CARE UNIT	11,656,443		11,656,443	3,575	11,660,018	31.00
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	5,673,309		5,673,309	4,461	5,677,770	40.00
43.00	04300	NURSERY	5,497,391		5,497,391	0	5,497,391	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,310,548		32,310,548	47,232	32,357,780	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	2,100,855		2,100,855	9,172	2,110,027	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541,830		7,541,830	0	7,541,830	52.00
53.00	05300	ANESTHESIOLOGY	3,183,821		3,183,821	19,932	3,203,753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,193,745		24,193,745	315,329	24,509,074	54.00
54.10	03480	ONCOLOGY	52,729,702		52,729,702	302,875	53,032,577	54.10
54.20	05401	CT	3,292,413		3,292,413	0	3,292,413	54.20
54.30	05402	MRI	2,552,690		2,552,690	0	2,552,690	54.30
60.00	06000	LABORATORY	17,118,781		17,118,781	0	17,118,781	60.00
60.01	06001	BLOOD	2,287,128		2,287,128	0	2,287,128	60.01
65.00	06500	RESPIRATORY THERAPY	5,483,168	0	5,483,168	0	5,483,168	65.00
66.00	06600	PHYSICAL THERAPY	9,333,013	0	9,333,013	0	9,333,013	66.00
69.00	06900	ELECTROCARDIOLOGY	2,747,485		2,747,485	0	2,747,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,159		313,159	0	313,159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,746,964		10,746,964	0	10,746,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,779,013		18,779,013	0	18,779,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,753,173		18,753,173	0	18,753,173	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	SLEEP LAB	1,628,156		1,628,156	242	1,628,398	75.01
75.10	03950	NUTRITIONAL SUPPORT	140,246		140,246	0	140,246	75.10
75.20	03951	HEMODIALYSIS	1,086,543		1,086,543	0	1,086,543	75.20
76.97	07697	CARDIAC REHABILITATION	2,127,295		2,127,295	8,053	2,135,348	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,973,103		1,973,103	14,851	1,987,954	76.98
76.99	07699	LITHOTRIpsy	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002	DIABETES CLINIC	870,689		870,689	0	870,689	90.02
90.03	09003	STATELINE CLINIC	1,380,735		1,380,735	0	1,380,735	90.03
90.04	09004	ORTHOPEDECS CLINIC	969,415		969,415	0	969,415	90.04
90.05	09005	PULMONOLOGY CLINIC	335,144		335,144	0	335,144	90.05
90.06	09006	CVT CLINIC	161,591		161,591	0	161,591	90.06
90.07	09007	MWH CLINIC	977,050		977,050	0	977,050	90.07
90.08	09008	NEUROSURGERY CLINIC	298,067		298,067	0	298,067	90.08
90.09	09009	HEADACHE CLINIC	518,215		518,215	0	518,215	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	559,917		559,917	0	559,917	90.10
90.11	09011	MFM CLINIC	200,317		200,317	0	200,317	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	216,879		216,879	0	216,879	90.12
91.00	09100	EMERGENCY	21,646,679		21,646,679	46,931	21,693,610	91.00
91.05	09101	AMBULATORY CARE	359,236		359,236	0	359,236	91.05
91.10	09102	PSYCHIATRIC PARTIAL	579,182		579,182	0	579,182	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,708,268		6,708,268	0	6,708,268	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,618,992		8,618,992	0	8,618,992	101.00
200.00		Subtotal (see instructions)	345,151,214	0	345,151,214	781,569	345,932,783	200.00
201.00		Less Observation Beds	6,708,268		6,708,268	0	6,708,268	201.00
202.00		Total (see instructions)	338,442,946	0	338,442,946	781,569	339,224,515	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,998,483		125,998,483		30.00
31.00	03100	INTENSIVE CARE UNIT	49,251,597		49,251,597		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	11,680,273		11,680,273		40.00
43.00	04300	NURSERY	16,474,409		16,474,409		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,706,446	134,633,541	230,339,987	0.140273	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,521,256	7,870,095	11,391,351	0.184425	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,412,583	1,117,478	30,530,061	0.247030	52.00
53.00	05300	ANESTHESIOLOGY	9,048,841	9,447,002	18,495,843	0.172137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,668,852	136,400,767	186,069,619	0.130025	54.00
54.10	03480	ONCOLOGY	1,123,516	49,883,371	51,006,887	1.033776	54.10
54.20	05401	CT	20,142,552	68,796,754	88,939,306	0.037019	54.20
54.30	05402	MRI	6,090,447	30,874,395	36,964,842	0.069057	54.30
60.00	06000	LABORATORY	62,633,497	171,866,402	234,499,899	0.073001	60.00
60.01	06001	BLOOD	9,199,913	2,453,988	11,653,901	0.196254	60.01
65.00	06500	RESPIRATORY THERAPY	16,183,280	7,677,848	23,861,128	0.229795	65.00
66.00	06600	PHYSICAL THERAPY	12,560,832	30,162,985	42,723,817	0.218450	66.00
69.00	06900	ELECTROCARDIOLOGY	17,870,228	32,942,782	50,813,010	0.054071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	905,532	2,258,249	3,163,781	0.098983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,303,538	42,947,536	101,251,074	0.106142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,387,667	48,363,010	166,750,677	0.112617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,374,829	204,111,399	341,486,228	0.054916	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,717	10,818,638	10,831,355	0.150319	75.01
75.10	03950	NUTRITIONAL SUPPORT	100	549,802	549,902	0.255038	75.10
75.20	03951	HEMODIALYSIS	3,027,209	341,673	3,368,882	0.322523	75.20
76.97	07697	CARDIAC REHABILITATION	30,194	2,056,101	2,086,295	1.019652	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	37,490	5,025,646	5,063,136	0.389700	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	48,893	413,161	462,054	1.884388	90.02
90.03	09003	STATELINE CLINIC	6,571	11,838,261	11,844,832	0.116569	90.03
90.04	09004	ORTHOPEDICS CLINIC	701	1,953,862	1,954,563	0.495975	90.04
90.05	09005	PULMONOLOGY CLINIC	701	234,673	235,374	1.423879	90.05
90.06	09006	CVT CLINIC	3,785	23,694	27,479	5.880527	90.06
90.07	09007	MWH CLINIC	11,459	2,853,616	2,865,075	0.341021	90.07
90.08	09008	NEUROSURGERY CLINIC	280	71,718	71,998	4.139934	90.08
90.09	09009	HEADACHE CLINIC	0	769,500	769,500	0.673444	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	841	153,454	154,295	3.628873	90.10
90.11	09011	MFM CLINIC	0	5,940	5,940	33.723401	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,406	375,538	378,944	0.572325	90.12
91.00	09100	EMERGENCY	31,272,502	127,831,811	159,104,313	0.136053	91.00
91.05	09101	AMBULATORY CARE	712	151,381	152,093	2.361950	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,039,645	2,039,645	0.283962	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	224,777	15,232,002	15,456,779	0.434002	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,401,430	6,401,430		101.00
200.00		Subtotal (see instructions)	886,220,909	1,170,949,148	2,057,170,057		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,220,909	1,170,949,148	2,057,170,057		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.140478			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.185231			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.247030			52.00
53.00	05300 ANESTHESIOLOGY	0.173215			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131720			54.00
54.10	03480 ONCOLOGY	1.039714			54.10
54.20	05401 CT	0.037019			54.20
54.30	05402 MRI	0.069057			54.30
60.00	06000 LABORATORY	0.073001			60.00
60.01	06001 BLOOD	0.196254			60.01
65.00	06500 RESPIRATORY THERAPY	0.229795			65.00
66.00	06600 PHYSICAL THERAPY	0.218450			66.00
69.00	06900 ELECTROCARDIOLOGY	0.054071			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.098983			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.106142			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112617			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.054916			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.150341			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.255038			75.10
75.20	03951 HEMODIALYSIS	0.322523			75.20
76.97	07697 CARDIAC REHABILITATION	1.023512			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.392633			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHI LDRENS CLINIC	0.000000			90.01
90.02	09002 DI ABETES CLINIC	1.884388			90.02
90.03	09003 STATELINE CLINIC	0.116569			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.495975			90.04
90.05	09005 PULMONOLOGY CLINIC	1.423879			90.05
90.06	09006 CVT CLINIC	5.880527			90.06
90.07	09007 MWH CLINIC	0.341021			90.07
90.08	09008 NEUROSURGERY CLINIC	4.139934			90.08
90.09	09009 HEADACHE CLINIC	0.673444			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	3.628873			90.10
90.11	09011 MFM CLINIC	33.723401			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.572325			90.12
91.00	09100 EMERGENCY	0.136348			91.00
91.05	09101 AMBULATORY CARE	2.361950			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.283962			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.434002			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period: From 06/01/2015 To 06/30/2016

Worksheet C Part I Date/Time Prepared: 11/29/2016 8:26 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		57,500,864	8,916	57,509,780	30.00
31.00	03100 INTENSIVE CARE UNIT		11,656,443	3,575	11,660,018	31.00
31.01	03101 PEDIATRIC ICU		0	0	0	31.01
40.00	04000 SUBPROVIDER - IPF		5,673,309	4,461	5,677,770	40.00
43.00	04300 NURSERY		5,497,391	0	5,497,391	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		32,310,548	47,232	32,357,780	50.00
50.20	03340 GASTRO INTESTINAL SERVICES		2,100,855	9,172	2,110,027	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,541,830	0	7,541,830	52.00
53.00	05300 ANESTHESIOLOGY		3,183,821	19,932	3,203,753	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		24,193,745	315,329	24,509,074	54.00
54.10	03480 ONCOLOGY		52,729,702	302,875	53,032,577	54.10
54.20	05401 CT		3,292,413	0	3,292,413	54.20
54.30	05402 MRI		2,552,690	0	2,552,690	54.30
60.00	06000 LABORATORY		17,118,781	0	17,118,781	60.00
60.01	06001 BLOOD		2,287,128	0	2,287,128	60.01
65.00	06500 RESPIRATORY THERAPY	0	5,483,168	0	5,483,168	65.00
66.00	06600 PHYSICAL THERAPY	0	9,333,013	0	9,333,013	66.00
69.00	06900 ELECTROCARDIOLOGY		2,747,485	0	2,747,485	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		313,159	0	313,159	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,746,964	0	10,746,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,779,013	0	18,779,013	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		18,753,173	0	18,753,173	73.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 SLEEP LAB		1,628,156	242	1,628,398	75.01
75.10	03950 NUTRITIONAL SUPPORT		140,246	0	140,246	75.10
75.20	03951 HEMODIALYSIS		1,086,543	0	1,086,543	75.20
76.97	07697 CARDIAC REHABILITATION		2,127,295	8,053	2,135,348	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY		1,973,103	14,851	1,987,954	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC		0	0	0	90.01
90.02	09002 DIABETES CLINIC		870,689	0	870,689	90.02
90.03	09003 STATELINE CLINIC		1,380,735	0	1,380,735	90.03
90.04	09004 ORTHOPEDICS CLINIC		969,415	0	969,415	90.04
90.05	09005 PULMONOLOGY CLINIC		335,144	0	335,144	90.05
90.06	09006 CVT CLINIC		161,591	0	161,591	90.06
90.07	09007 MWH CLINIC		977,050	0	977,050	90.07
90.08	09008 NEUROSURGERY CLINIC		298,067	0	298,067	90.08
90.09	09009 HEADACHE CLINIC		518,215	0	518,215	90.09
90.10	09010 UW GENERAL SURGERY CLINIC		559,917	0	559,917	90.10
90.11	09011 MFM CLINIC		200,317	0	200,317	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC		216,879	0	216,879	90.12
91.00	09100 EMERGENCY		21,646,679	46,931	21,693,610	91.00
91.05	09101 AMBULATORY CARE		359,236	0	359,236	91.05
91.10	09102 PSYCHIATRIC PARTIAL		579,182	0	579,182	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,708,268	0	6,708,268	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		8,618,992	0	8,618,992	101.00
200.00	Subtotal (see instructions)		345,151,214	781,569	345,932,783	200.00
201.00	Less Observation Beds		6,708,268	0	6,708,268	201.00
202.00	Total (see instructions)		338,442,946	781,569	339,224,515	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 8:26 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,998,483		125,998,483		30.00
31.00	03100	INTENSIVE CARE UNIT	49,251,597		49,251,597		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	11,680,273		11,680,273		40.00
43.00	04300	NURSERY	16,474,409		16,474,409		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,706,446	134,633,541	230,339,987	0.140273	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,521,256	7,870,095	11,391,351	0.184425	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,412,583	1,117,478	30,530,061	0.247030	52.00
53.00	05300	ANESTHESIOLOGY	9,048,841	9,447,002	18,495,843	0.172137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,668,852	136,400,767	186,069,619	0.130025	54.00
54.10	03480	ONCOLOGY	1,123,516	49,883,371	51,006,887	1.033776	54.10
54.20	05401	CT	20,142,552	68,796,754	88,939,306	0.037019	54.20
54.30	05402	MRI	6,090,447	30,874,395	36,964,842	0.069057	54.30
60.00	06000	LABORATORY	62,633,497	171,866,402	234,499,899	0.073001	60.00
60.01	06001	BLOOD	9,199,913	2,453,988	11,653,901	0.196254	60.01
65.00	06500	RESPIRATORY THERAPY	16,183,280	7,677,848	23,861,128	0.229795	65.00
66.00	06600	PHYSICAL THERAPY	12,560,832	30,162,985	42,723,817	0.218450	66.00
69.00	06900	ELECTROCARDIOLOGY	17,870,228	32,942,782	50,813,010	0.054071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	905,532	2,258,249	3,163,781	0.098983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,303,538	42,947,536	101,251,074	0.106142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,387,667	48,363,010	166,750,677	0.112617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,374,829	204,111,399	341,486,228	0.054916	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,717	10,818,638	10,831,355	0.150319	75.01
75.10	03950	NUTRITIONAL SUPPORT	100	549,802	549,902	0.255038	75.10
75.20	03951	HEMODIALYSIS	3,027,209	341,673	3,368,882	0.322523	75.20
76.97	07697	CARDIAC REHABILITATION	30,194	2,056,101	2,086,295	1.019652	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	37,490	5,025,646	5,063,136	0.389700	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	48,893	413,161	462,054	1.884388	90.02
90.03	09003	STATELINE CLINIC	6,571	11,838,261	11,844,832	0.116569	90.03
90.04	09004	ORTHOPEDICS CLINIC	701	1,953,862	1,954,563	0.495975	90.04
90.05	09005	PULMONOLOGY CLINIC	701	234,673	235,374	1.423879	90.05
90.06	09006	CVT CLINIC	3,785	23,694	27,479	5.880527	90.06
90.07	09007	MWH CLINIC	11,459	2,853,616	2,865,075	0.341021	90.07
90.08	09008	NEUROSURGERY CLINIC	280	71,718	71,998	4.139934	90.08
90.09	09009	HEADACHE CLINIC	0	769,500	769,500	0.673444	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	841	153,454	154,295	3.628873	90.10
90.11	09011	MFM CLINIC	0	5,940	5,940	33.723401	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,406	375,538	378,944	0.572325	90.12
91.00	09100	EMERGENCY	31,272,502	127,831,811	159,104,313	0.136053	91.00
91.05	09101	AMBULATORY CARE	712	151,381	152,093	2.361950	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,039,645	2,039,645	0.283962	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	224,777	15,232,002	15,456,779	0.434002	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,401,430	6,401,430		101.00
200.00		Subtotal (see instructions)	886,220,909	1,170,949,148	2,057,170,057		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,220,909	1,170,949,148	2,057,170,057		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 8:26 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
Part I
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	57,500,864		57,500,864	8,916	57,509,780	30.00
31.00	03100 INTENSIVE CARE UNIT	11,656,443		11,656,443	3,575	11,660,018	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - IPF	5,673,309		5,673,309	4,461	5,677,770	40.00
43.00	04300 NURSERY	5,497,391		5,497,391	0	5,497,391	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	32,310,548		32,310,548	47,232	32,357,780	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,100,855		2,100,855	9,172	2,110,027	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,541,830		7,541,830	0	7,541,830	52.00
53.00	05300 ANESTHESIOLOGY	3,183,821		3,183,821	19,932	3,203,753	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,193,745		24,193,745	315,329	24,509,074	54.00
54.10	03480 ONCOLOGY	52,729,702		52,729,702	302,875	53,032,577	54.10
54.20	05401 CT	3,292,413		3,292,413	0	3,292,413	54.20
54.30	05402 MRI	2,552,690		2,552,690	0	2,552,690	54.30
60.00	06000 LABORATORY	17,118,781		17,118,781	0	17,118,781	60.00
60.01	06001 BLOOD	2,287,128		2,287,128	0	2,287,128	60.01
65.00	06500 RESPIRATORY THERAPY	5,483,168	0	5,483,168	0	5,483,168	65.00
66.00	06600 PHYSICAL THERAPY	9,333,013	0	9,333,013	0	9,333,013	66.00
69.00	06900 ELECTROCARDIOLOGY	2,747,485		2,747,485	0	2,747,485	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	313,159		313,159	0	313,159	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,746,964		10,746,964	0	10,746,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,779,013		18,779,013	0	18,779,013	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,753,173		18,753,173	0	18,753,173	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,628,156		1,628,156	242	1,628,398	75.01
75.10	03950 NUTRITIONAL SUPPORT	140,246		140,246	0	140,246	75.10
75.20	03951 HEMODIALYSIS	1,086,543		1,086,543	0	1,086,543	75.20
76.97	07697 CARDIAC REHABILITATION	2,127,295		2,127,295	8,053	2,135,348	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	1,973,103		1,973,103	14,851	1,987,954	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	870,689		870,689	0	870,689	90.02
90.03	09003 STATELINE CLINIC	1,380,735		1,380,735	0	1,380,735	90.03
90.04	09004 ORTHOPEDICS CLINIC	969,415		969,415	0	969,415	90.04
90.05	09005 PULMONOLOGY CLINIC	335,144		335,144	0	335,144	90.05
90.06	09006 CVT CLINIC	161,591		161,591	0	161,591	90.06
90.07	09007 MWH CLINIC	977,050		977,050	0	977,050	90.07
90.08	09008 NEUROSURGERY CLINIC	298,067		298,067	0	298,067	90.08
90.09	09009 HEADACHE CLINIC	518,215		518,215	0	518,215	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	559,917		559,917	0	559,917	90.10
90.11	09011 MFM CLINIC	200,317		200,317	0	200,317	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	216,879		216,879	0	216,879	90.12
91.00	09100 EMERGENCY	21,646,679		21,646,679	46,931	21,693,610	91.00
91.05	09101 AMBULATORY CARE	359,236		359,236	0	359,236	91.05
91.10	09102 PSYCHIATRIC PARTIAL	579,182		579,182	0	579,182	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,708,268		6,708,268	0	6,708,268	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,618,992		8,618,992	0	8,618,992	101.00
200.00	Subtotal (see instructions)	345,151,214	0	345,151,214	781,569	345,932,783	200.00
201.00	Less Observation Beds	6,708,268		6,708,268	0	6,708,268	201.00
202.00	Total (see instructions)	338,442,946	0	338,442,946	781,569	339,224,515	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet C
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		Title V			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,998,483		125,998,483		30.00
31.00	03100	INTENSIVE CARE UNIT	49,251,597		49,251,597		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	11,680,273		11,680,273		40.00
43.00	04300	NURSERY	16,474,409		16,474,409		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,706,446	134,633,541	230,339,987	0.140273	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,521,256	7,870,095	11,391,351	0.184425	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,412,583	1,117,478	30,530,061	0.247030	52.00
53.00	05300	ANESTHESIOLOGY	9,048,841	9,447,002	18,495,843	0.172137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,668,852	136,400,767	186,069,619	0.130025	54.00
54.10	03480	ONCOLOGY	1,123,516	49,883,371	51,006,887	1.033776	54.10
54.20	05401	CT	20,142,552	68,796,754	88,939,306	0.037019	54.20
54.30	05402	MRI	6,090,447	30,874,395	36,964,842	0.069057	54.30
60.00	06000	LABORATORY	62,633,497	171,866,402	234,499,899	0.073001	60.00
60.01	06001	BLOOD	9,199,913	2,453,988	11,653,901	0.196254	60.01
65.00	06500	RESPIRATORY THERAPY	16,183,280	7,677,848	23,861,128	0.229795	65.00
66.00	06600	PHYSICAL THERAPY	12,560,832	30,162,985	42,723,817	0.218450	66.00
69.00	06900	ELECTROCARDIOLOGY	17,870,228	32,942,782	50,813,010	0.054071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	905,532	2,258,249	3,163,781	0.098983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,303,538	42,947,536	101,251,074	0.106142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,387,667	48,363,010	166,750,677	0.112617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,374,829	204,111,399	341,486,228	0.054916	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,717	10,818,638	10,831,355	0.150319	75.01
75.10	03950	NUTRITIONAL SUPPORT	100	549,802	549,902	0.255038	75.10
75.20	03951	HEMODIALYSIS	3,027,209	341,673	3,368,882	0.322523	75.20
76.97	07697	CARDIAC REHABILITATION	30,194	2,056,101	2,086,295	1.019652	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	37,490	5,025,646	5,063,136	0.389700	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	48,893	413,161	462,054	1.884388	90.02
90.03	09003	STATELINE CLINIC	6,571	11,838,261	11,844,832	0.116569	90.03
90.04	09004	ORTHOPEDICS CLINIC	701	1,953,862	1,954,563	0.495975	90.04
90.05	09005	PULMONOLOGY CLINIC	701	234,673	235,374	1.423879	90.05
90.06	09006	CVT CLINIC	3,785	23,694	27,479	5.880527	90.06
90.07	09007	MWH CLINIC	11,459	2,853,616	2,865,075	0.341021	90.07
90.08	09008	NEUROSURGERY CLINIC	280	71,718	71,998	4.139934	90.08
90.09	09009	HEADACHE CLINIC	0	769,500	769,500	0.673444	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	841	153,454	154,295	3.628873	90.10
90.11	09011	MFM CLINIC	0	5,940	5,940	33.723401	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,406	375,538	378,944	0.572325	90.12
91.00	09100	EMERGENCY	31,272,502	127,831,811	159,104,313	0.136053	91.00
91.05	09101	AMBULATORY CARE	712	151,381	152,093	2.361950	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,039,645	2,039,645	0.283962	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	224,777	15,232,002	15,456,779	0.434002	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,401,430	6,401,430		101.00
200.00		Subtotal (see instructions)	886,220,909	1,170,949,148	2,057,170,057		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,220,909	1,170,949,148	2,057,170,057		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/29/2016 8:26 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	6,494,551	0	6,494,551	61,177	106.16	30.00
31.00	INTENSIVE CARE UNIT	948,479		948,479	6,276	151.13	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	1,043,316	0	1,043,316	6,107	170.84	40.00
43.00	NURSERY	178,477		178,477	7,425	24.04	43.00
200.00	Total (lines 30-199)	8,664,823		8,664,823	80,985		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	19,829	2,105,047				
31.00	INTENSIVE CARE UNIT	2,789	421,502				
31.01	PEDIATRIC ICU	0	0				
40.00	SUBPROVIDER - IPF	1,766	301,703				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	24,384	2,828,252				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet D
Part II
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,287,156	230,339,987	0.014271	27,202,513	388,207	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	263,349	11,391,351	0.023118	1,456,512	33,672	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	337,164	30,530,061	0.011044	3,542,000	39,118	52.00
53.00	05300 ANESTHESIOLOGY	69,988	18,495,843	0.003784	2,734,055	10,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,197,872	186,069,619	0.011812	26,574,777	313,901	54.00
54.10	03480 ONCOLOGY	2,657,483	51,006,887	0.052100	252,460	13,153	54.10
54.20	05401 CT	169,787	88,939,306	0.001909	9,222,335	17,605	54.20
54.30	05402 MRI	192,155	36,964,842	0.005198	2,536,852	13,187	54.30
60.00	06000 LABORATORY	921,414	234,499,899	0.003929	8,525,444	33,496	60.00
60.01	06001 BLOOD	111,978	11,653,901	0.009609	6,801,208	65,353	60.01
65.00	06500 RESPIRATORY THERAPY	351,007	23,861,128	0.014710	7,566,312	111,300	65.00
66.00	06600 PHYSICAL THERAPY	652,044	42,723,817	0.015262	6,288,912	95,981	66.00
69.00	06900 ELECTROCARDIOLOGY	252,391	50,813,010	0.004967	2,992,965	14,866	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,095	3,163,781	0.017414	423,511	7,375	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	152,144	101,251,074	0.001503	23,882,562	35,895	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	264,117	166,750,677	0.001584	45,053,155	71,364	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	390,257	341,486,228	0.001143	51,413,234	58,765	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	195,788	10,831,355	0.018076	6,625	120	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,854	549,902	0.003372	96	0	75.10
75.20	03951 HEMODIALYSIS	74,956	3,368,882	0.022250	1,656,139	36,849	75.20
76.97	07697 CARDIAC REHABILITATION	303,458	2,086,295	0.145453	928	135	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	183,275	5,063,136	0.036198	37,483	1,357	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	123,228	462,054	0.266696	14,300	3,814	90.02
90.03	09003 STATELINE CLINIC	103,292	11,844,832	0.008720	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	280,448	1,954,563	0.143484	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	56,228	235,374	0.238888	0	0	90.05
90.06	09006 CVT CLINIC	64,366	27,479	2.342371	0	0	90.06
90.07	09007 MWH CLINIC	253,854	2,865,075	0.088603	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	73,671	71,998	1.023237	0	0	90.08
90.09	09009 HEADACHE CLINIC	83,182	769,500	0.108099	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	153,144	154,295	0.992540	0	0	90.10
90.11	09011 MFM CLINIC	79,682	5,940	13.414478	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	99,705	378,944	0.263113	0	0	90.12
91.00	09100 EMERGENCY	1,328,063	159,104,313	0.008347	13,383,031	111,708	91.00
91.05	09101 AMBULATORY CARE	169,172	152,093	1.112293	704	783	91.05
91.10	09102 PSYCHIATRIC PARTIAL	11,556	2,039,645	0.005666	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	757,565	15,456,779	0.049012	96,507	4,730	92.00
200.00	Total (lines 50-199)	16,721,888	1,847,363,865		241,664,620	1,483,080	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140228		Period: From 06/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/29/2016 8:26 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,177	0.00	19,829	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,276	0.00	2,789	0		31.00
31.01	03101	PEDIATRIC ICU	0	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	6,107	0.00	1,766	0		40.00
43.00	04300	NURSERY	7,425	0.00	0	0		43.00
200.00		Total (lines 30-199)	80,985		24,384	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:26 am
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Cost Center Description	Title XVIII			Hospital		Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	166,145	0	0	166,145	54.00
54.10 03480 ONCOLOGY	0	0	0	0	0	0	54.10
54.20 05401 CT	0	0	0	0	0	0	54.20
54.30 05402 MRI	0	0	0	0	0	0	54.30
60.00 06000 LABORATORY	0	0	271,809	0	0	271,809	60.00
60.01 06001 BLOOD	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	178,525	0	0	178,525	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0	0	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	0	0	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	0	0	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	0	0	0	0	0	0	90.03
90.04 09004 ORTHOPEDICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 PULMONOLOGY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 CVT CLINIC	0	0	0	0	0	0	90.06
90.07 09007 MWH CLINIC	0	0	0	0	0	0	90.07
90.08 09008 NEUROSURGERY CLINIC	0	0	0	0	0	0	90.08
90.09 09009 HEADACHE CLINIC	0	0	0	0	0	0	90.09
90.10 09010 UW GENERAL SURGERY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 MFM CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	1,517,119	0	0	1,517,119	91.00
91.05 09101 AMBULATORY CARE	0	0	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	2,133,598	0	0	2,133,598	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:26 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	230,339,987	0.000000	0.000000	27,202,513	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	11,391,351	0.000000	0.000000	1,456,512	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	30,530,061	0.000000	0.000000	3,542,000	52.00
53.00	05300 ANESTHESIOLOGY	0	18,495,843	0.000000	0.000000	2,734,055	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	166,145	186,069,619	0.000893	0.000893	26,574,777	54.00
54.10	03480 ONCOLOGY	0	51,006,887	0.000000	0.000000	252,460	54.10
54.20	05401 CT	0	88,939,306	0.000000	0.000000	9,222,335	54.20
54.30	05402 MRI	0	36,964,842	0.000000	0.000000	2,536,852	54.30
60.00	06000 LABORATORY	271,809	234,499,899	0.001159	0.001159	8,525,444	60.00
60.01	06001 BLOOD	0	11,653,901	0.000000	0.000000	6,801,208	60.01
65.00	06500 RESPIRATORY THERAPY	0	23,861,128	0.000000	0.000000	7,566,312	65.00
66.00	06600 PHYSICAL THERAPY	0	42,723,817	0.000000	0.000000	6,288,912	66.00
69.00	06900 ELECTROCARDIOLOGY	0	50,813,010	0.000000	0.000000	2,992,965	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,163,781	0.000000	0.000000	423,511	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,251,074	0.000000	0.000000	23,882,562	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	166,750,677	0.000000	0.000000	45,053,155	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	178,525	341,486,228	0.000523	0.000523	51,413,234	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 SLEEP LAB	0	10,831,355	0.000000	0.000000	6,625	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	549,902	0.000000	0.000000	96	75.10
75.20	03951 HEMODIALYSIS	0	3,368,882	0.000000	0.000000	1,656,139	75.20
76.97	07697 CARDIAC REHABILITATION	0	2,086,295	0.000000	0.000000	928	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	5,063,136	0.000000	0.000000	37,483	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 DIABETES CLINIC	0	462,054	0.000000	0.000000	14,300	90.02
90.03	09003 STATELINE CLINIC	0	11,844,832	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	1,954,563	0.000000	0.000000	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	235,374	0.000000	0.000000	0	90.05
90.06	09006 CVT CLINIC	0	27,479	0.000000	0.000000	0	90.06
90.07	09007 MWH CLINIC	0	2,865,075	0.000000	0.000000	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	71,998	0.000000	0.000000	0	90.08
90.09	09009 HEADACHE CLINIC	0	769,500	0.000000	0.000000	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	154,295	0.000000	0.000000	0	90.10
90.11	09011 MFM CLINIC	0	5,940	0.000000	0.000000	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	378,944	0.000000	0.000000	0	90.12
91.00	09100 EMERGENCY	1,517,119	159,104,313	0.009535	0.009535	13,383,031	91.00
91.05	09101 AMBULATORY CARE	0	152,093	0.000000	0.000000	704	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	2,039,645	0.000000	0.000000	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,456,779	0.000000	0.000000	96,507	92.00
200.00	Total (lines 50-199)	2,133,598	1,847,363,865			241,664,620	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	34,398,151	0		50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	2,145,011	0		50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	39,217	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,458,608	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,731	37,277,432	33,289		54.00
54.10	03480 ONCOLOGY	0	73,471,904	0		54.10
54.20	05401 CT	0	17,171,029	0		54.20
54.30	05402 MRI	0	6,997,739	0		54.30
60.00	06000 LABORATORY	9,881	16,910,561	19,599		60.00
60.01	06001 BLOOD	0	634,771	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	2,347,181	0		65.00
66.00	06600 PHYSICAL THERAPY	0	477,814	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	9,478,379	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	415,861	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,683,924	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,889	14,800,055	7,740		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 SLEEP LAB	0	2,304,505	0		75.01
75.10	03950 NUTRITIONAL SUPPORT	0	12,200	0		75.10
75.20	03951 HEMODIALYSIS	0	173,991	0		75.20
76.97	07697 CARDIAC REHABILITATION	0	808,103	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,028,819	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 CHILDRENS CLINIC	0	0	0		90.01
90.02	09002 DIABETES CLINIC	0	9,212	0		90.02
90.03	09003 STATELINE CLINIC	0	1,233,977	0		90.03
90.04	09004 ORTHOPEDICS CLINIC	0	781,319	0		90.04
90.05	09005 PULMONOLOGY CLINIC	0	218,096	0		90.05
90.06	09006 CVT CLINIC	0	13,457	0		90.06
90.07	09007 MWH CLINIC	0	901,657	0		90.07
90.08	09008 NEUROSURGERY CLINIC	0	37,465	0		90.08
90.09	09009 HEADACHE CLINIC	0	561,810	0		90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	68,804	0		90.10
90.11	09011 MFM CLINIC	0	3,079	0		90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	123,833	0		90.12
91.00	09100 EMERGENCY	127,607	20,047,313	191,151		91.00
91.05	09101 AMBULATORY CARE	0	76,991	0		91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0		91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,611,004	0		92.00
200.00	Total (lines 50-199)	188,108	254,723,272	251,779		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 8:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.140273	34,398,151	1	888	4,825,132
50.20 03340 GASTRO INTESTINAL SERVICES	0.184425	2,145,011	0	34	395,594
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.247030	39,217	0	0	9,688
53.00 05300 ANESTHESIOLOGY	0.172137	1,458,608	0	0	251,080
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.130025	37,277,432	0	0	4,846,998
54.10 03480 ONCOLOGY	1.033776	73,471,904	8	221,946	75,953,491
54.20 05401 CT	0.037019	17,171,029	0	0	635,654
54.30 05402 MRI	0.069057	6,997,739	0	0	483,243
60.00 06000 LABORATORY	0.073001	16,910,561	74	7	1,234,488
60.01 06001 BLOOD	0.196254	634,771	6	74	124,576
65.00 06500 RESPIRATORY THERAPY	0.229795	2,347,181	0	0	539,370
66.00 06600 PHYSICAL THERAPY	0.218450	477,814	0	0	104,378
69.00 06900 ELECTROCARDIOLOGY	0.054071	9,478,379	0	0	512,505
70.00 07000 ELECTROENCEPHALOGRAPHY	0.098983	415,861	0	0	41,163
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.106142	1,683,924	0	832	178,735
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.112617	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.054916	14,800,055	0	243,006	812,760
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 SLEEP LAB	0.150319	2,304,505	0	0	346,411
75.10 03950 NUTRITIONAL SUPPORT	0.255038	12,200	0	0	3,111
75.20 03951 HEMODIALYSIS	0.322523	173,991	0	0	56,116
76.97 07697 CARDIAC REHABILITATION	1.019652	808,103	1	0	823,984
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.389700	2,028,819	0	1,296	790,631
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0
90.02 09002 DIABETES CLINIC	1.884388	9,212	0	0	17,359
90.03 09003 STATELINE CLINIC	0.116569	1,233,977	3	0	143,843
90.04 09004 ORTHOPEDICS CLINIC	0.495975	781,319	0	535	387,515
90.05 09005 PULMONOLOGY CLINIC	1.423879	218,096	0	501	310,542
90.06 09006 CMT CLINIC	5.880527	13,457	0	0	79,134
90.07 09007 MWH CLINIC	0.341021	901,657	0	41	307,484
90.08 09008 NEUROSURGERY CLINIC	4.139934	37,465	0	0	155,103
90.09 09009 HEADACHE CLINIC	0.673444	561,810	0	1,778	378,348
90.10 09010 UW GENERAL SURGERY CLINIC	3.628873	68,804	0	0	249,681
90.11 09011 MFM CLINIC	33.723401	3,079	0	1	103,834
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0.572325	123,833	0	0	70,873
91.00 09100 EMERGENCY	0.136053	20,047,313	20	0	2,727,497
91.05 09101 AMBULATORY CARE	2.361950	76,991	0	0	181,849
91.10 09102 PSYCHIATRIC PARTIAL	0.283962	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.434002	5,611,004	0	0	2,435,187
200.00		Subtotal (see instructions)	113	470,939	100,517,357
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	0
202.00		Net Charges (line 200 +/- line 201)	113	470,939	100,517,357

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 8:26 am	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	125	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	6	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10	03480	ONCOLOGY	8	229,442	54.10
54.20	05401	CT	0	0	54.20
54.30	05402	MRI	0	0	54.30
60.00	06000	LABORATORY	5	1	60.00
60.01	06001	BLOOD	1	15	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	88	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,345	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	1	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	505	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	90.02
90.03	09003	STATELINE CLINIC	0	0	90.03
90.04	09004	ORTHOPEDECS CLINIC	0	265	90.04
90.05	09005	PULMONOLOGY CLINIC	0	713	90.05
90.06	09006	CVT CLINIC	0	0	90.06
90.07	09007	MWH CLINIC	0	14	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	1,197	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	90.10
90.11	09011	MFM CLINIC	0	34	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	90.12
91.00	09100	EMERGENCY	3	0	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	18	245,750	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	18	245,750	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140228

Period: From 06/01/2015

Worksheet D

Component CCN: 14S228

To 06/30/2016

Part II
Date/Time Prepared:
11/29/2016 8:26 am

Title VIII

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	3,287,156	230,339,987	0.014271	32,047	457	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	263,349	11,391,351	0.023118	7	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	337,164	30,530,061	0.011044	10,475	116	52.00
53.00	05300 ANESTHESIOLOGY	69,988	18,495,843	0.003784	2,592	10	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,197,872	186,069,619	0.011812	78,744	930	54.00
54.10	03480 ONCOLOGY	2,657,483	51,006,887	0.052100	13	1	54.10
54.20	05401 CT	169,787	88,939,306	0.001909	38,229	73	54.20
54.30	05402 MRI	192,155	36,964,842	0.005198	26,182	136	54.30
60.00	06000 LABORATORY	921,414	234,499,899	0.003929	185,204	728	60.00
60.01	06001 BLOOD	111,978	11,653,901	0.009609	109,797	1,055	60.01
65.00	06500 RESPIRATORY THERAPY	351,007	23,861,128	0.014710	8,741	129	65.00
66.00	06600 PHYSICAL THERAPY	652,044	42,723,817	0.015262	5,539	85	66.00
69.00	06900 ELECTROCARDIOLOGY	252,391	50,813,010	0.004967	74,056	368	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,095	3,163,781	0.017414	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	152,144	101,251,074	0.001503	7,090	11	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	264,117	166,750,677	0.001584	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	390,257	341,486,228	0.001143	823,017	941	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	195,788	10,831,355	0.018076	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,854	549,902	0.003372	4	0	75.10
75.20	03951 HEMODIALYSIS	74,956	3,368,882	0.022250	68,093	1,515	75.20
76.97	07697 CARDIAC REHABILITATION	303,458	2,086,295	0.145453	14	2	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	183,275	5,063,136	0.036198	6	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	123,228	462,054	0.266696	541	144	90.02
90.03	09003 STATELINE CLINIC	103,292	11,844,832	0.008720	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	280,448	1,954,563	0.143484	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	56,228	235,374	0.238888	0	0	90.05
90.06	09006 CVT CLINIC	64,366	27,479	2.342371	0	0	90.06
90.07	09007 MWH CLINIC	253,854	2,865,075	0.088603	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	73,671	71,998	1.023237	0	0	90.08
90.09	09009 HEADACHE CLINIC	83,182	769,500	0.108099	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	153,144	154,295	0.992540	0	0	90.10
90.11	09011 MFM CLINIC	79,682	5,940	13.414478	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	99,705	378,944	0.263113	0	0	90.12
91.00	09100 EMERGENCY	1,328,063	159,104,313	0.008347	483,193	4,033	91.00
91.05	09101 AMBULATORY CARE	169,172	152,093	1.112293	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	11,556	2,039,645	0.005666	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,456,779	0.000000	4,527	0	92.00
200.00	Total (lines 50-199)	15,964,323	1,847,363,865		1,958,111	10,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:26 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	166,145	0	166,145	54.00
54.10	03480 ONCOLOGY	0	0	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	271,809	0	271,809	60.00
60.01	06001 BLOOD	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	178,525	0	178,525	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0	0	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	0	0	1,517,119	0	1,517,119	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	2,133,598	0	2,133,598	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:26 am
	Title VIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	230,339,987	0.000000	0.000000	32,047 50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	11,391,351	0.000000	0.000000	7 50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	30,530,061	0.000000	0.000000	10,475 52.00
53.00 05300 ANESTHESIOLOGY	0	18,495,843	0.000000	0.000000	2,592 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	166,145	186,069,619	0.000893	0.000893	78,744 54.00
54.10 03480 ONCOLOGY	0	51,006,887	0.000000	0.000000	13 54.10
54.20 05401 CT	0	88,939,306	0.000000	0.000000	38,229 54.20
54.30 05402 MRI	0	36,964,842	0.000000	0.000000	26,182 54.30
60.00 06000 LABORATORY	271,809	234,499,899	0.001159	0.001159	185,204 60.00
60.01 06001 BLOOD	0	11,653,901	0.000000	0.000000	109,797 60.01
65.00 06500 RESPIRATORY THERAPY	0	23,861,128	0.000000	0.000000	8,741 65.00
66.00 06600 PHYSICAL THERAPY	0	42,723,817	0.000000	0.000000	5,539 66.00
69.00 06900 ELECTROCARDIOLOGY	0	50,813,010	0.000000	0.000000	74,056 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,163,781	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,251,074	0.000000	0.000000	7,090 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	166,750,677	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	178,525	341,486,228	0.000523	0.000523	823,017 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
75.01 07501 SLEEP LAB	0	10,831,355	0.000000	0.000000	0 75.01
75.10 03950 NUTRITIONAL SUPPORT	0	549,902	0.000000	0.000000	4 75.10
75.20 03951 HEMODIALYSIS	0	3,368,882	0.000000	0.000000	68,093 75.20
76.97 07697 CARDIAC REHABILITATION	0	2,086,295	0.000000	0.000000	14 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	5,063,136	0.000000	0.000000	6 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0 90.01
90.02 09002 DIABETES CLINIC	0	462,054	0.000000	0.000000	541 90.02
90.03 09003 STATELINE CLINIC	0	11,844,832	0.000000	0.000000	0 90.03
90.04 09004 ORTHOPEDICS CLINIC	0	1,954,563	0.000000	0.000000	0 90.04
90.05 09005 PULMONOLOGY CLINIC	0	235,374	0.000000	0.000000	0 90.05
90.06 09006 CVT CLINIC	0	27,479	0.000000	0.000000	0 90.06
90.07 09007 MWH CLINIC	0	2,865,075	0.000000	0.000000	0 90.07
90.08 09008 NEUROSURGERY CLINIC	0	71,998	0.000000	0.000000	0 90.08
90.09 09009 HEADACHE CLINIC	0	769,500	0.000000	0.000000	0 90.09
90.10 09010 UW GENERAL SURGERY CLINIC	0	154,295	0.000000	0.000000	0 90.10
90.11 09011 MFM CLINIC	0	5,940	0.000000	0.000000	0 90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	378,944	0.000000	0.000000	0 90.12
91.00 09100 EMERGENCY	1,517,119	159,104,313	0.009535	0.009535	483,193 91.00
91.05 09101 AMBULATORY CARE	0	152,093	0.000000	0.000000	0 91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	2,039,645	0.000000	0.000000	0 91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,456,779	0.000000	0.000000	4,527 92.00
200.00 Total (lines 50-199)	2,133,598	1,847,363,865			1,958,111 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:26 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	33,497	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	1,141	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8	0	52.00
53.00	05300 ANESTHESIOLOGY	0	49	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	70	66,097	59	54.00
54.10	03480 ONCOLOGY	0	80,749	0	54.10
54.20	05401 CT	0	44,518	0	54.20
54.30	05402 MRI	0	13,855	0	54.30
60.00	06000 LABORATORY	215	3,930	5	60.00
60.01	06001 BLOOD	0	260	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	18	0	65.00
66.00	06600 PHYSICAL THERAPY	0	62	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	23,371	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	244	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,226	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	430	20,822	11	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	4,533	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	27	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	470	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	619	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	572	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	176	0	90.05
90.06	09006 CVT CLINIC	0	0	0	90.06
90.07	09007 MWH CLINIC	0	1,898	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	625	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	2	0	90.10
90.11	09011 MFM CLINIC	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	119	0	90.12
91.00	09100 EMERGENCY	4,607	889	8	91.00
91.05	09101 AMBULATORY CARE	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	5,322	301,777	83	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 8:26 am				
		Component CCN: 14S228	Title XVII	Subprovider - IPF	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.140273	33,497	0	0	4,699	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.184425	1,141	0	0	210	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.247030	8	0	0	2	52.00
53.00	05300	ANESTHESIOLOGY	0.172137	49	0	0	8	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130025	66,097	0	0	8,594	54.00
54.10	03480	ONCOLOGY	1.033776	80,749	0	0	83,476	54.10
54.20	05401	CT	0.037019	44,518	0	0	1,648	54.20
54.30	05402	MRI	0.069057	13,855	0	0	957	54.30
60.00	06000	LABORATORY	0.073001	3,930	0	0	287	60.00
60.01	06001	BLOOD	0.196254	260	0	0	51	60.01
65.00	06500	RESPIRATORY THERAPY	0.229795	18	0	0	4	65.00
66.00	06600	PHYSICAL THERAPY	0.218450	62	0	0	14	66.00
69.00	06900	ELECTROCARDIOLOGY	0.054071	23,371	0	0	1,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098983	244	0	0	24	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.106142	3,226	0	0	342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112617	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.054916	20,822	0	0	1,143	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0.150319	4,533	0	0	681	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255038	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0.322523	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	1.019652	27	0	0	28	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.389700	470	0	0	183	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	1.884388	0	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0.116569	619	0	0	72	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.495975	572	0	0	284	90.04
90.05	09005	PULMONOLOGY CLINIC	1.423879	176	0	0	251	90.05
90.06	09006	CVT CLINIC	5.880527	0	0	0	0	90.06
90.07	09007	MWH CLINIC	0.341021	1,898	0	0	647	90.07
90.08	09008	NEUROSURGERY CLINIC	4.139934	0	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0.673444	625	0	0	421	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3.628873	2	0	0	7	90.10
90.11	09011	MFM CLINIC	33.723401	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.572325	119	0	0	68	90.12
91.00	09100	EMERGENCY	0.136053	889	0	0	121	91.00
91.05	09101	AMBULATORY CARE	2.361950	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.283962	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.434002	0	0	0	0	92.00
200.00		Subtotal (see instructions)		301,777	0	0	105,486	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		301,777	0	0	105,486	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 8:26 am
	Title XVII I	Subprovider - IPF	PPS

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:26 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,177	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,177	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)		54,041	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)		19,829	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)		57,509,780	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)		57,509,780	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)		57,509,780	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)		940.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,640,450	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)		18,640,450	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2015 To 06/30/2016		Worksheet D-1	
		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	11,660,018	6,276	1,857.87	2,789	5,181,599	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,870,784	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,692,833	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)					2,526,549	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,671,188	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,197,737	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,495,096	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,136	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					940.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,708,268	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet D-1

Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Cost	Title XVIII		Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
			Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)			
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	6,494,551	57,509,780	0.112930	6,708,268	757,565		90.00
91.00	Nursing School cost	0	57,509,780	0.000000	6,708,268	0		91.00
92.00	Allied health cost	0	57,509,780	0.000000	6,708,268	0		92.00
93.00	All other Medical Education	0	57,509,780	0.000000	6,708,268	0		93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:26 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)		6,107	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,107	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)		6,107	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)		1,766	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,677,770	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,677,770	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)		5,677,770	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)		929.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,641,886	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)		1,641,886	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S228		Date/Time Prepared: 11/29/2016 8:26 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					200,235		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,842,121		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)					301,703		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,056		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					317,759		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,524,362		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: 140228 Component CCN: 14S228		Period: From 06/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 8:26 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	1,043,316	5,677,770	0.183755	0	0	90.00
91.00	Nursing School cost	0	5,677,770	0.000000	0	0	91.00
92.00	Allied health cost	0	5,677,770	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,677,770	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 8:26 am	
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		52,569,887	30.00
31.00	03100	INTENSIVE CARE UNIT		24,178,644	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		393,673	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140478	27,202,513	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.185231	1,456,512	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.247030	3,542,000	52.00
53.00	05300	ANESTHESIOLOGY	0.173215	2,734,055	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131720	26,574,777	54.00
54.10	03480	ONCOLOGY	1.039714	252,460	54.10
54.20	05401	CT	0.037019	9,222,335	54.20
54.30	05402	MRI	0.069057	2,536,852	54.30
60.00	06000	LABORATORY	0.073001	8,525,444	60.00
60.01	06001	BLOOD	0.196254	6,801,208	60.01
65.00	06500	RESPIRATORY THERAPY	0.229795	7,566,312	65.00
66.00	06600	PHYSICAL THERAPY	0.218450	6,288,912	66.00
69.00	06900	ELECTROCARDIOLOGY	0.054071	2,992,965	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098983	423,511	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.106142	23,882,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112617	45,053,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.054916	51,413,234	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.150341	6,625	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255038	96	75.10
75.20	03951	HEMODIALYSIS	0.322523	1,656,139	75.20
76.97	07697	CARDIAC REHABILITATION	1.023512	928	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.392633	37,483	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	1.884388	14,300	90.02
90.03	09003	STATELINE CLINIC	0.116569	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.495975	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1.423879	0	90.05
90.06	09006	CVT CLINIC	5.880527	0	90.06
90.07	09007	MWH CLINIC	0.341021	0	90.07
90.08	09008	NEUROSURGERY CLINIC	4.139934	0	90.08
90.09	09009	HEADACHE CLINIC	0.673444	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3.628873	0	90.10
90.11	09011	MFM CLINIC	33.723401	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.572325	0	90.12
91.00	09100	EMERGENCY	0.136348	13,383,031	91.00
91.05	09101	AMBULATORY CARE	2.361950	704	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.283962	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.434002	96,507	92.00
200.00		Total (sum of lines 50-94 and 96-98)		241,664,620	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)		241,664,620	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14S228		Date/Time Prepared: 11/29/2016 8:26 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		287,917	30.00
31.00	03100	INTENSIVE CARE UNIT		91,915	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		3,284,695	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140478	32,047	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.185231	7	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.247030	10,475	52.00
53.00	05300	ANESTHESIOLOGY	0.173215	2,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131720	78,744	54.00
54.10	03480	ONCOLOGY	1.039714	13	54.10
54.20	05401	CT	0.037019	38,229	54.20
54.30	05402	MRI	0.069057	26,182	54.30
60.00	06000	LABORATORY	0.073001	185,204	60.00
60.01	06001	BLOOD	0.196254	109,797	60.01
65.00	06500	RESPIRATORY THERAPY	0.229795	8,741	65.00
66.00	06600	PHYSICAL THERAPY	0.218450	5,539	66.00
69.00	06900	ELECTROCARDIOLOGY	0.054071	74,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.106142	7,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112617	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.054916	823,017	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.150341	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255038	4	75.10
75.20	03951	HEMODIALYSIS	0.322523	68,093	75.20
76.97	07697	CARDIAC REHABILITATION	1.023512	14	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.392633	6	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	1.884388	541	90.02
90.03	09003	STATELINE CLINIC	0.116569	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.495975	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1.423879	0	90.05
90.06	09006	CVT CLINIC	5.880527	0	90.06
90.07	09007	MWH CLINIC	0.341021	0	90.07
90.08	09008	NEUROSURGERY CLINIC	4.139934	0	90.08
90.09	09009	HEADACHE CLINIC	0.673444	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	3.628873	0	90.10
90.11	09011	MFM CLINIC	33.723401	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.572325	0	90.12
91.00	09100	EMERGENCY	0.136348	483,193	91.00
91.05	09101	AMBULATORY CARE	2.361950	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.283962	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.434002	4,527	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,958,111	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,958,111	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:26 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)		12,596,085	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		27,352,718	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)		1,469,461	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		9,537,466	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		269.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.38	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 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 section 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 section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.82	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.38	12.00
13.00	Total allowable FTE count for the prior year.		12.38	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		12.38	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.38	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		12.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.045923	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.046338	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.045923	21.00
22.00	IME payment adjustment (see instructions)		989,692	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		236,281	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		7.44	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		989,692	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		236,281	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.40	31.00
32.00	Sum of lines 30 and 31		38.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.71	33.00
34.00	Disproportionate share adjustment (see instructions)		2,068,349	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:26 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)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000539351	0.000537521	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,124,761	3,443,435	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,378,689	2,577,873	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,956,562		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	48,432,867		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)		48,669,148	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,678,337	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).		208,834	52.00
53.00	Nursing and Allied Health Managed Care payment		100,699	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		188,108	58.00
59.00	Total (sum of amounts on lines 49 through 58)		52,846,162	59.00
60.00	Primary payer payments		44,054	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,802,108	61.00
62.00	Deductibles billed to program beneficiaries		4,362,204	62.00
63.00	Coinurance billed to program beneficiaries		105,266	63.00
64.00	Allowable bad debts (see instructions)		989,159	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		642,953	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		989,159	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		48,977,591	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 DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-96,904	70.93
70.94	HRR adjustment amount (see instructions)		-360,197	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:26 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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		48,520,490	71.00
71.01	Sequestration adjustment (see instructions)		970,410	71.01
72.00	Interim payments		47,342,582	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		207,498	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,832,432	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 8:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		245,768	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		100,265,578	2.00
3.00	PPS payments		33,885,215	3.00
4.00	Outlier payment (see instructions)		864,744	4.00
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 line 3 plus line 4 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		251,779	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		245,768	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		471,052	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)		471,052	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		471,052	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		225,284	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 (line 11 minus line 20) (for CAH see instructions)		245,768	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, 8 and 9)		35,001,738	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,827,023	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)		28,420,483	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		393,796	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)		28,814,279	30.00
31.00	Primary payer payments		1,166	31.00
32.00	Subtotal (line 30 minus line 31)		28,813,113	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)		912,189	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		592,923	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		912,189	36.00
37.00	Subtotal (see instructions)		29,406,036	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-47	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	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)		29,406,083	40.00
40.01	Sequestration adjustment (see instructions)		588,122	40.01
41.00	Interim payments		29,208,961	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-391,000	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,297,315	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: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 8:26 am
		Component CCN: 14S228	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		105,403	2.00
3.00	PPS payments		17,829	3.00
4.00	Outlier payment (see instructions)		3,522	4.00
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 line 3 plus line 4 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		83	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		21,434	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,558	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)		17,876	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)		17,876	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,876	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)		17,876	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	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)		17,876	40.00
40.01	Sequestration adjustment (see instructions)		358	40.01
41.00	Interim payments		17,438	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		80	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 8:26 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		47,342,582		29,172,561	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	11/23/2015	36,400	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		36,400	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)		47,342,582		29,208,961	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		207,498		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		391,000	6.02	
7.00	Total Medicare program liability (see instructions)		47,550,080		28,817,961	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: 140228
Component CCN: 14S228

Period:
From 06/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 8:26 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					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		1,289,014		17,438	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,289,014		17,438	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		80	6.01
6.02	SETTLEMENT TO PROGRAM		44,140		0	6.02
7.00	Total Medicare program liability (see instructions)		1,244,874		17,518	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: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
11/29/2016 8:26 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			0 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			7,141 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,961 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,125,845,191 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/29/2016 8:26 am
		Component CCN: 14S228	Title XVII I	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)		1,406,523	1.00
2.00	Net IPF PPS Outlier Payments		42,441	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.01	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.28	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.01	8.00
9.00	Average Daily Census (see instructions)		15.421717	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000334	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		470	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,449,434	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)		1,449,434	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,449,434	18.00
19.00	Deductibles		153,944	19.00
20.00	Subtotal (line 18 minus line 19)		1,295,490	20.00
21.00	Coinsurance		83,902	21.00
22.00	Subtotal (line 20 minus line 21)		1,211,588	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		82,107	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		53,370	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		82,107	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,264,958	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		5,322	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	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,270,280	31.00
31.01	Sequestration adjustment (see instructions)		25,406	31.01
32.00	Interim payments		1,289,014	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, 32 and 33)		-44,140	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		39,441	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		42,441	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: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:26 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.			15.05	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.74	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.35	0.39	21.74	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.78	0.27	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.78	0.27		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.81	0.24		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.49	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.69	0.17		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.69	0.17		17.00
18.00	Per resident amount	89,372.05	85,136.63		18.00
19.00	Approved amount for resident costs	1,312,875	14,473	1,327,348	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)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.69	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,327,348	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,384	7,245		26.00
27.00	Total Inpatient Days (see instructions)	67,411	67,411		27.00
28.00	Ratio of inpatient days to total inpatient days	0.361721	0.107475		28.00
29.00	Program direct GME amount	480,130	142,657		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		20,157		30.00
31.00	Net Program direct GME amount			602,630	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:26 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		53,534,954	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		44,054	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		53,490,900	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		100,868,611	42.00
43.00	Primary payer payments (see instructions)		1,166	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		100,867,445	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		154,358,345	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.346537	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.653463	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		602,630	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		208,834	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		393,796	50.00

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

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet G

Date/Time Prepared:
11/29/2016 8:26 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	16,471,200	0	0	0	1.00
2.00	Temporary investments	9,273,293	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	71,565,150	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,586,403	0	0	0	7.00
8.00	Prepaid expenses	15,097,160	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	121,993,206	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,272,306	0	0	0	12.00
13.00	Land improvements	4,433,723	0	0	0	13.00
14.00	Accumulated depreciation	-539,241	0	0	0	14.00
15.00	Buildings	244,286,792	0	0	0	15.00
16.00	Accumulated depreciation	-10,584,206	0	0	0	16.00
17.00	Leasehold improvements	4,506,296	0	0	0	17.00
18.00	Accumulated depreciation	-638,262	0	0	0	18.00
19.00	Fixed equipment	1,109,514	0	0	0	19.00
20.00	Accumulated depreciation	-201,526	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	70,856,494	0	0	0	23.00
24.00	Accumulated depreciation	-23,137,418	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)	297,364,472	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	235,258,477	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	235,258,477	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	654,616,155	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,464,389	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	84,187,691	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	93,652,080	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,568,544	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,291,032	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	139,859,576	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	233,511,656	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	421,104,499				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)	421,104,499	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	654,616,155	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet G-1

Date/Time Prepared:
11/29/2016 8:26 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		307,275,022		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,819,252			2.00
3.00	Total (sum of line 1 and line 2)		321,094,274		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		321,094,274		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		321,094,274		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2016 8:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	151,273,200		151,273,200	1.00
2.00	SUBPROVIDER - IPF	19,490,241		19,490,241	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)	170,763,441		170,763,441	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	49,820,868		49,820,868	11.00
11.01	PEDIATRIC ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	49,820,868		49,820,868	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	220,584,309		220,584,309	17.00
18.00	Ancillary services	682,681,691	1,148,426,584	1,831,108,275	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		6,401,430	6,401,430	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	210,379,729	210,379,729	27.00
27.01	MISC REVENUE	0	722,314	722,314	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	903,266,000	1,365,930,057	2,269,196,057	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		516,079,225		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		516,079,225		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140228

Period:
From 06/01/2015
To 06/30/2016

Worksheet G-3

Date/Time Prepared:
11/29/2016 8:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,269,196,057	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,749,088,664	2.00
3.00	Net patient revenues (line 1 minus line 2)	520,107,393	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	516,079,225	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,028,168	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-2,346,980	7.00
8.00	Revenues from telephone and other miscellaneous communication services	5,127	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-600	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	12,341	13.00
14.00	Revenue from meals sold to employees and guests	1,543,969	14.00
15.00	Revenue from rental of living quarters	9,255	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	400	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	155,922	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	47	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	15,448,482	24.00
25.00	Total other income (sum of lines 6-24)	14,827,963	25.00
26.00	Total (line 5 plus line 25)	18,856,131	26.00
27.00	BAD DEBTS	5,036,879	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,036,879	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,819,252	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140228

Period: From 06/01/2015

Worksheet H

HHA CCN: 147448

To 06/30/2016

Date/Time Prepared: 11/29/2016 8:26 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,421,548	505,617	2,565	0	475,287	2,405,017	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,620,515	576,385	178,848	0	12,579	2,388,327	6.00
7.00	812,312	288,923	0	0	0	1,101,235	7.00
8.00	207,773	73,901	0	0	0	281,674	8.00
9.00	5,358	1,906	0	0	0	7,264	9.00
10.00	70,993	25,251	0	0	0	96,244	10.00
11.00	47,237	16,801	0	0	0	64,038	11.00
12.00	0	0	0	0	114,569	114,569	12.00
13.00	0	0	0	0	1,701	1,701	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	5,872	2,089	0	0	9,794	17,755	23.00
24.00	4,191,608	1,490,873	181,413	0	613,930	6,477,824	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-53,464	2,351,553	13,249	2,364,802			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,388,327	0	2,388,327			6.00
7.00	0	1,101,235	0	1,101,235			7.00
8.00	0	281,674	0	281,674			8.00
9.00	0	7,264	0	7,264			9.00
10.00	0	96,244	0	96,244			10.00
11.00	0	64,038	0	64,038			11.00
12.00	-89,985	24,584	0	24,584			12.00
13.00	0	1,701	0	1,701			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	17,755	0	17,755			23.00
24.00	-143,449	6,334,375	13,249	6,347,624			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet H-1 Part I Date/Time Prepared: 11/29/2016 8:26 am
		HHA CCN: 147448	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,364,802	0	0	0	2,364,802	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,388,327	0	0	0	2,388,327	6.00
7.00	Physical Therapy	1,101,235	0	0	0	1,101,235	7.00
8.00	Occupational Therapy	281,674	0	0	0	281,674	8.00
9.00	Speech Pathology	7,264	0	0	0	7,264	9.00
10.00	Medical Social Services	96,244	0	0	0	96,244	10.00
11.00	Home Health Aide	64,038	0	0	0	64,038	11.00
12.00	Supplies (see instructions)	24,584	0	0	0	24,584	12.00
13.00	Drugs	1,701	0	0	0	1,701	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	17,755	0	0	0	17,755	23.00
24.00	Total (sum of lines 1-23)	6,347,624	0	0	0	6,347,624	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,364,802					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,418,070	3,806,397				6.00
7.00	Physical Therapy	653,858	1,755,093				7.00
8.00	Occupational Therapy	167,244	448,918				8.00
9.00	Speech Pathology	4,313	11,577				9.00
10.00	Medical Social Services	57,145	153,389				10.00
11.00	Home Health Aide	38,023	102,061				11.00
12.00	Supplies (see instructions)	14,597	39,181				12.00
13.00	Drugs	1,010	2,711				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	10,542	28,297				23.00
24.00	Total (sum of lines 1-23)		6,347,624				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2015 To 06/30/2016	Worksheet H-1 Part II Date/Time Prepared: 11/29/2016 8:26 am PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,364,802	3,982,822
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,388,327
7.00	Physical Therapy	0	0	0	0	0	1,101,235
8.00	Occupational Therapy	0	0	0	0	0	281,674
9.00	Speech Pathology	0	0	0	0	0	7,264
10.00	Medical Social Services	0	0	0	0	0	96,244
11.00	Home Health Aide	0	0	0	0	0	64,038
12.00	Supplies (see instructions)	0	0	0	0	0	24,584
13.00	Drugs	0	0	0	0	0	1,701
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	17,755
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,364,802	3,982,822
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,364,802
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.593750

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2015

Worksheet H-2

HHA CCN: 147448

To 06/30/2016

Part I
Date/Time Prepared: 11/29/2016 8:26 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	115,066	374,426	42,298	531,790	89,806	1.00
2.00 Skilled Nursing Care	3,806,397	0	0	24,468	3,830,865	646,932	2.00
3.00 Physical Therapy	1,755,093	0	0	9,794	1,764,887	298,044	3.00
4.00 Occupational Therapy	448,918	0	0	3,520	452,438	76,405	4.00
5.00 Speech Pathology	11,577	0	0	52	11,629	1,964	5.00
6.00 Medical Social Services	153,389	0	0	1,743	155,132	26,198	6.00
7.00 Home Health Aide	102,061	0	0	0	102,061	17,235	7.00
8.00 Supplies (see instructions)	39,181	0	0	0	39,181	6,617	8.00
9.00 Drugs	2,711	0	0	0	2,711	458	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	28,297	0	0	0	28,297	4,779	19.00
20.00 Total (sum of lines 1-19) (2)	6,347,624	115,066	374,426	81,875	6,918,991	1,168,438	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	61,557	251,797	0	201,681	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	61,557	251,797	0	201,681	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2015

Worksheet H-2

HHA CCN: 147448

To 06/30/2016

Part I Date/Time Prepared: 11/29/2016 8:26 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	16,528	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	16,528	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2015 To 06/30/2016

Worksheet H-2 Part I

HHA CCN: 147448

Date/Time Prepared: 11/29/2016 8:26 am

Home Health Agency I

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Cost Center Description	PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Interns & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.20	23.30	23.40	24.00	25.00	26.00	
1.00 Administrative and General	0	0	0	1,136,631	0	1,136,631	1.00
2.00 Skilled Nursing Care	0	0	0	4,494,325	0	4,494,325	2.00
3.00 Physical Therapy	0	0	0	2,062,931	0	2,062,931	3.00
4.00 Occupational Therapy	0	0	0	528,843	0	528,843	4.00
5.00 Speech Pathology	0	0	0	13,593	0	13,593	5.00
6.00 Medical Social Services	0	0	0	181,330	0	181,330	6.00
7.00 Home Health Aide	0	0	0	119,296	0	119,296	7.00
8.00 Supplies (see instructions)	0	0	0	45,798	0	45,798	8.00
9.00 Drugs	0	0	0	3,169	0	3,169	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	33,076	0	33,076	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	8,618,992	0	8,618,992	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs					
	27.00	28.00					
1.00 Administrative and General							1.00
2.00 Skilled Nursing Care	682,725	5,177,050					2.00
3.00 Physical Therapy	313,376	2,376,307					3.00
4.00 Occupational Therapy	80,335	609,178					4.00
5.00 Speech Pathology	2,065	15,658					5.00
6.00 Medical Social Services	27,545	208,875					6.00
7.00 Home Health Aide	18,122	137,418					7.00
8.00 Supplies (see instructions)	6,957	52,755					8.00
9.00 Drugs	481	3,650					9.00
10.00 DME	0	0					10.00
11.00 Home Dialysis Aide Services	0	0					11.00
12.00 Respiratory Therapy	0	0					12.00
13.00 Private Duty Nursing	0	0					13.00
14.00 Clinic	0	0					14.00
15.00 Health Promotion Activities	0	0					15.00
16.00 Day Care Program	0	0					16.00
17.00 Home Delivered Meals Program	0	0					17.00
18.00 Homemaker Service	0	0					18.00
19.00 All Others (specify)	5,025	38,101					19.00
20.00 Total (sum of lines 1-19) (2)	1,136,631	8,618,992					20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.151908						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2015
To 06/30/2016

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2016 8:26 am
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	17,523	17,523	2,427	0	531,790	17,523	1.00
2.00 Skilled Nursing Care	0	0	1,404	0	3,830,865	0	2.00
3.00 Physical Therapy	0	0	562	0	1,764,887	0	3.00
4.00 Occupational Therapy	0	0	202	0	452,438	0	4.00
5.00 Speech Pathology	0	0	3	0	11,629	0	5.00
6.00 Medical Social Services	0	0	100	0	155,132	0	6.00
7.00 Home Health Aide	0	0	0	0	102,061	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	39,181	0	8.00
9.00 Drugs	0	0	0	0	2,711	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	28,297	0	19.00
20.00 Total (sum of lines 1-19)	17,523	17,523	4,698		6,918,991	17,523	20.00
21.00 Total cost to be allocated	115,066	374,426	81,875		1,168,438	61,557	21.00
22.00 Unit cost multiplier	6.566570	21.367688	17.427629		0.168874	3.512926	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	17,523	0	17,523	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	17,523	0	17,523	0	0	0	20.00
21.00 Total cost to be allocated	251,797	0	201,681	0	0	0	21.00
22.00 Unit cost multiplier	14.369514	0.000000	11.509502	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period: From 06/01/2015 To 06/30/2016

Worksheet H-2 Part II
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	6,401,430	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	6,401,430	0	0	20.00
21.00 Total cost to be allocated	0	0	0	16,528	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.002582	0.000000	0.000000	22.00

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMEDICAL PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00				
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2015
To 06/30/2016

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)		
	23.30	23.40		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/29/2016 8:26 am
		HHA CCN: 147448	Title XVIII Home Health Agency I PPS	

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

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

Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,177,050		5,177,050	18,830	274.94	1.00
2.00	Physical Therapy	3.00	2,376,307	0	2,376,307	8,766	271.08	2.00
3.00	Occupational Therapy	4.00	609,178	0	609,178	2,348	259.45	3.00
4.00	Speech Pathology	5.00	15,658	0	15,658	531	29.49	4.00
5.00	Medical Social Services	6.00	208,875		208,875	276	756.79	5.00
6.00	Home Health Aide	7.00	137,418		137,418	897	153.20	6.00
7.00	Total (sum of lines 1-6)		8,524,486	0	8,524,486	31,648		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				Part B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		40420	0	7,062			8.00
8.01	Skilled Nursing Care		99914	0	1,204			8.01
8.02	Skilled Nursing Care		16974	0	48			8.02
8.03	Skilled Nursing Care		50184	0	0			8.03
8.04	Skilled Nursing Care		20994	0	8			8.04
9.00	Physical Therapy		40420	0	3,412			9.00
9.01	Physical Therapy		99914	0	560			9.01
9.02	Physical Therapy		16974	0	17			9.02
9.03	Physical Therapy		50184	0	0			9.03
9.04	Physical Therapy		20994	0	12			9.04
10.00	Occupational Therapy		40420	0	1,039			10.00
10.01	Occupational Therapy		99914	0	115			10.01
10.02	Occupational Therapy		16974	0	13			10.02
10.03	Occupational Therapy		50184	0	0			10.03
10.04	Occupational Therapy		20994	0	2			10.04
11.00	Speech Pathology		40420	0	148			11.00
11.01	Speech Pathology		99914	0	9			11.01
11.02	Speech Pathology		16974	0	0			11.02
11.03	Speech Pathology		50184	0	0			11.03
11.04	Speech Pathology		20994	0	0			11.04
12.00	Medical Social Services		40420	0	135			12.00
12.01	Medical Social Services		99914	0	16			12.01
12.02	Medical Social Services		16974	0	0			12.02
12.03	Medical Social Services		50184	0	0			12.03
12.04	Medical Social Services		20994	0	0			12.04
13.00	Home Health Aide		40420	0	499			13.00
13.01	Home Health Aide		99914	0	106			13.01
13.02	Home Health Aide		16974	0	24			13.02
13.03	Home Health Aide		50184	0	0			13.03
13.04	Home Health Aide		20994	0	0			13.04
14.00	Total (sum of lines 8-13)			0	14,429			14.00

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

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	52,755	0	52,755	0	0.000000	15.00
16.00	Cost of Drugs	9.00	3,650	0	3,650	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2015
To 06/30/2016

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Part I
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Title XVIII

Home Health
Agency I

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	8,322		0	2,288,051	1.00
2.00	Physical Therapy	0	4,001		0	1,084,591	2.00
3.00	Occupational Therapy	0	1,169		0	303,297	3.00
4.00	Speech Pathology	0	157		0	4,630	4.00
5.00	Medical Social Services	0	151		0	114,275	5.00
6.00	Home Health Aide	0	629		0	96,363	6.00
7.00	Total (sum of lines 1-6)	0	14,429		0	3,891,207	7.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Part A	Part B		Part A	Part B	Subject to Deductibles & Coinsurance	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00		11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		420	0	0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2015
To 06/30/2016

Worksheet H-3
Part I
Date/Time Prepared:
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Title XVII I

Home Health
Agency I

Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,288,051		1.00
2.00	Physical Therapy	1,084,591		2.00
3.00	Occupational Therapy	303,297		3.00
4.00	Speech Pathology	4,630		4.00
5.00	Medical Social Services	114,275		5.00
6.00	Home Health Aide	96,363		6.00
7.00	Total (sum of lines 1-6)	3,891,207		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2015
To 06/30/2016

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.218450	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies	71.00	0.106142	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.054916	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2015 To 06/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2016 8:26 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	420	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	420	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	420	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,767,332
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	23,916
13.00	Total PPS Reimbursement - LUPA Episodes		0	56,966
14.00	Total PPS Reimbursement - PEP Episodes		0	13,375
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,784
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,864,373
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,864,373
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,864,373
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,864,373
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,864,373
31.01	Sequestration adjustment (see instructions)		0	57,288
32.00	Interim payments (see instructions)		0	2,807,497
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-412
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140228
HHA CCN: 147448

Period: From 06/01/2015 To 06/30/2016

Worksheet H-5
Date/Time Prepared: 11/29/2016 8:26 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,807,497	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,807,497	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		412	6.02
7.00	Total Medicare program liability (see instructions)		0		2,807,085	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140228	Period: From 06/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 8:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,197,867	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		150,450	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)		154.81	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.28	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)		72,911	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.77	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.40	8.00
9.00	Sum of lines 7 and 8		38.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.04	10.00
11.00	Disproportionate share adjustment (see instructions)		257,109	11.00
12.00	Total prospective capital payments (see instructions)		3,678,337	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