

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/27/2018 5:45 pm
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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: 11/27/2018	Time: 5:45 pm
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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH AMERICAN HOSPITAL (14-0228) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-379,890	-110,393	0	0	1.00
2.00 Subprovider - IPF	0	-4,291	352		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	-7		0	9.00
200.00 Total	0	-384,181	-110,048	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/21/2018 2:00 pm						
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				
1.00 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)					07/01/2017	06/30/2018		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.					3,899	1,425	0	0	8,747	207	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: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/21/2018 2:00 pm		
		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)(i) or (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)(i) or (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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	2	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.20	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.40	1	60.04	

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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	N			0.00	0.00	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)						
61.01						61.01
Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						
61.02						61.02
Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						
61.03						61.03
Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						
61.04						61.04
Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						
61.05						61.05
Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						
61.06						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)						
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10				0.00	0.00	61.10
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						
61.20				0.00	0.00	61.20
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00					0.00	62.00
Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						
62.01					0.00	62.01
Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00					Y	63.00
Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
					1.00	2.00	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)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	1.00	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	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	8.87	11.96	0.425828	67.00		
					1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

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				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
Rural Providers						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/21/2018 2:00 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
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	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	163,219	0	1,890,049		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/21/2018 2:00 pm			
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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	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	166.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				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)				9.99	169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				07/01/2017	06/30/2018	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/21/2018 2:00 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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	10/16/2018	Y	10/16/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/21/2018 2:00 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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			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.	CFO, COMPLIANCE OFFICER & TREASURER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	270	98,550	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)		270	98,550	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		300	109,500	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		320				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	16,322	2,429	44,440			1.00
2.00 HMO and other (see instructions)	6,386	9,369				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,322	2,429	44,440			7.00
8.00 INTENSIVE CARE UNIT	2,160	219	5,818			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		2,054	4,692			13.00
14.00 Total (see instructions)	18,482	4,702	54,950	20.83	2,079.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	983	2,319	5,006	0.00	86.99	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	10,257	0	27,382	0.00	46.00	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	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				20.83	2,212.79	27.00
28.00 Observation Bed Days		306	8,701			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	207	681			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	4,222	1,614	13,893	1.00
2.00 HMO and other (see instructions)				1,392	2,245		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	4,222		1,614	13,893	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	149		443	992	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				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	208,027,159	-135,265	207,891,894	6,092,169.42	34.12
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		198,315	0	198,315	1,615.00	122.80
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		4,116,562	0	4,116,562	60,091.20	68.51
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		53,901,194	-893,152	53,008,042	1,444,808.09	36.69
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		698,377	0	698,377	10,732.17	65.07
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		1,124,176	0	1,124,176	9,166.05	122.65
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		47,614,321	0	47,614,321		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		15,618,666	0	15,618,666		
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		21,835	0	21,835		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		812,442	0	812,442		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,250,198	35,125	2,285,323	59,714.20	38.27
27.00	Administrative & General	5.00	30,572,316	-368,605	30,203,711	887,165.81	34.05

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,441,587	0	2,441,587	9,057.50	269.57	28.00
29.00	Maintenance & Repairs	6.00	513,442	475,277	988,719	42,846.55	23.08	29.00
30.00	Operation of Plant	7.00	1,159,932	-2,945	1,156,987	35,861.50	32.26	30.00
31.00	Laundry & Linen Service	8.00	72,809	0	72,809	6,253.50	11.64	31.00
32.00	Housekeeping	9.00	2,567,474	-10,388	2,557,086	185,524.38	13.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,412,593	-12,864	2,399,729	164,963.51	14.55	34.00
35.00	Dietary under contract (see instructions)		612,340	0	612,340	8,320.00	73.60	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,934,374	-4,598	1,929,776	101,928.48	18.93	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	5,330,899	-1,061	5,329,838	132,463.48	40.24	40.00
41.00	Medical Records & Medical Records Library	16.00	1,477,781	-7,499	1,470,282	69,492.09	21.16	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2018 2:00 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	206,964,524	-135,265	206,829,259	6,049,455.72	34.19	1.00
2.00	Excluded area salaries (see instructions)	53,901,194	-893,152	53,008,042	1,444,808.09	36.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	153,063,330	757,887	153,821,217	4,604,647.63	33.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,822,553	0	1,822,553	19,898.22	91.59	4.00
5.00	Subtotal wage-related costs (see inst.)	47,636,156	0	47,636,156	0.00	30.97	5.00
6.00	Total (sum of lines 3 thru 5)	202,522,039	757,887	203,279,926	4,624,545.85	43.96	6.00
7.00	Total overhead cost (see instructions)	51,345,745	102,442	51,448,187	1,703,591.00	30.20	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/21/2018 2:00 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	9,023,613	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	2,274,060	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	33,263,721	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	478,451	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)	1,670,233	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	581,907	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	13,944,082	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	184,521	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	1,136,726	22.00
23.00	Tuition Reimbursement	1,509,950	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	64,067,264	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: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part V
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	698,377	64,067,264	1.00
2.00	Hospital	698,377	64,067,264	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: 14-0228 Component CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet S-4 Date/Time Prepared: 11/21/2018 2:00 pm
			Home Health Agency I	PPS

					1.00		
0.00	County	WINNEBAGO					0.00

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

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,667	365	1,808	3,840	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	563.00	142.00	790.00	1,495.00	2.00

		Number of Employees (Full Time Equivalent)			
		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)			0.98	0.00	0.98	4.00
5.00	Other Administrative Personnel			21.24	0.00	21.24	5.00
6.00	Direct Nursing Service			13.54	0.00	13.54	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.62	0.00	5.62	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.78	0.00	1.78	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.01	0.00	0.01	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.85	0.00	1.85	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
20.01		20994					20.01
20.02		40420					20.02
20.03		99914					20.03

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

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,056	782	149	27	5,014	21.00
22.00	Skilled Nursing Visit Charges	799,930	150,740	30,480	5,310	986,460	22.00
23.00	Physical Therapy Visits	3,187	218	44	20	3,469	23.00
24.00	Physical Therapy Visit Charges	632,990	42,600	9,960	3,960	689,510	24.00
25.00	Occupational Therapy Visits	843	109	10	7	969	25.00
26.00	Occupational Therapy Visit Charges	168,430	21,445	2,180	1,400	193,455	26.00
27.00	Speech Pathology Visits	106	29	0	10	145	27.00
28.00	Speech Pathology Visit Charges	21,120	5,685	0	1,935	28,740	28.00
29.00	Medical Social Service Visits	60	17	1	0	78	29.00
30.00	Medical Social Service Visit Charges	13,500	3,825	225	0	17,550	30.00
31.00	Home Health Aide Visits	370	211	1	0	582	31.00
32.00	Home Health Aide Visit Charges	41,440	23,632	112	0	65,184	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,622	1,366	205	64	10,257	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,677,410	247,927	42,957	12,605	1,980,899	35.00
36.00	Total Number of Episodes (standard/non outlier)	613		73	3	689	36.00
37.00	Total Number of Outlier Episodes		39		1	40	37.00
38.00	Total Non-Routine Medical Supply Charges	456,039	162,228	28,722	833	647,822	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/21/2018 2:00 pm
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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)		0.149613	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		50,034,311	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		29,160,997	5.00	
6.00	Medicaid charges		472,379,889	6.00	
7.00	Medicaid cost (line 1 times line 6)		70,674,172	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,455,088	4,475,473	14,930,561	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,564,217	4,475,473	6,039,690	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,564,217	4,475,473	6,039,690	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		41,621,758	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,286,029	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,516,966	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		38,104,792	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,931,909	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,971,599	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,971,599	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/21/2018 2:00 pm

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	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,756,860	8,756,860	0	8,756,860	1.00
2.00	00200		13,086,717	13,086,717	4,310,262	17,396,979	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	2,250,198	2,132,863	4,383,061	-4,248	4,378,813	4.00
5.00	00500	30,572,316	52,220,880	82,793,196	-5,445,806	77,347,390	5.00
6.00	00600	513,442	835,667	1,349,109	778,113	2,127,222	6.00
7.00	00700	1,159,932	3,449,276	4,609,208	-8,581	4,600,627	7.00
8.00	00800	72,809	1,443,022	1,515,831	-33,828	1,482,003	8.00
9.00	00900	2,567,474	1,526,869	4,094,343	-156	4,094,187	9.00
10.00	01000	2,412,593	2,878,332	5,290,925	-141,654	5,149,271	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,934,374	820,042	2,754,416	-156	2,754,260	13.00
14.00	01400	0	4,026,027	4,026,027	-3,025,016	1,001,011	14.00
15.00	01500	5,330,899	12,154,029	17,484,928	-9,790,809	7,694,119	15.00
16.00	01600	1,477,781	1,201,697	2,679,478	-17,280	2,662,198	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	4,917,928	4,917,928	-54	4,917,874	22.00
23.00	02300	160,115	58,512	218,627	0	218,627	23.00
23.01	02304	83,890	53,877	137,767	0	137,767	23.01
23.20	02301	165,864	91,730	257,594	-1,619	255,975	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	591,234	687,498	1,278,732	-25,222	1,253,510	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,234,786	14,052,225	37,287,011	787,772	38,074,783	30.00
31.00	03100	4,961,062	3,572,907	8,533,969	218,634	8,752,603	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	3,375,051	1,623,755	4,998,806	-1,609,018	3,389,788	40.00
43.00	04300	2,934,453	1,603,272	4,537,725	1,203,937	5,741,662	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,666,641	37,677,031	47,343,672	-20,094,501	27,249,171	50.00
50.20	03340	712,794	759,420	1,472,214	7,060	1,479,274	50.20
52.00	05200	2,456,153	1,315,486	3,771,639	127,626	3,899,265	52.00
53.00	05300	134,046	389,313	523,359	1,875,000	2,398,359	53.00
54.00	05400	8,494,436	13,929,585	22,424,021	-6,441,809	15,982,212	54.00
54.10	03480	10,189,484	24,585,671	34,775,155	-15,490,674	19,284,481	54.10
54.20	05401	862,590	1,391,989	2,254,579	-10,473	2,244,106	54.20
54.30	05402	646,277	1,182,627	1,828,904	-20,802	1,808,102	54.30
60.00	06000	3,904,048	8,966,305	12,870,353	-292,573	12,577,780	60.00
60.01	06001	236,273	862,652	1,098,925	-15,552	1,083,373	60.01
65.00	06500	2,690,006	2,057,856	4,747,862	-330,048	4,417,814	65.00
66.00	06600	3,957,669	2,147,798	6,105,467	-1,212	6,104,255	66.00
69.00	06900	918,753	947,995	1,866,748	-34,310	1,832,438	69.00
70.00	07000	97,218	115,846	213,064	-715	212,349	70.00
71.00	07100	0	0	0	10,209,278	10,209,278	71.00
72.00	07200	0	0	0	15,854,680	15,854,680	72.00
73.00	07300	1,057,323	8,690,477	9,747,800	24,882,086	34,629,886	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	503,382	572,528	1,075,910	-5,766	1,070,144	75.01
75.10	03950	0	0	0	124,247	124,247	75.10
75.20	03951	0	866,523	866,523	-404	866,119	75.20
76.97	07697	566,694	471,738	1,038,432	-3,169	1,035,263	76.97
76.98	07698	1,031,516	1,384,048	2,415,564	-338,035	2,077,529	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	392,683	203,848	596,531	47,543	644,074	90.02
90.03	09003	371,899	724,075	1,095,974	-674	1,095,300	90.03
90.04	09004	3,509,155	1,344,160	4,853,315	-14,493	4,838,822	90.04
90.05	09005	2,551,001	1,179,204	3,730,205	-19	3,730,186	90.05
90.06	09006	391,627	1,843,618	2,235,245	-4,746	2,230,499	90.06
90.07	09007	4,882,906	1,501,535	6,384,441	-5,793	6,378,648	90.07
90.08	09008	1,976,093	574,929	2,551,022	-252	2,550,770	90.08
90.09	09009	847,174	1,193,400	2,040,574	-345	2,040,229	90.09
90.10	09010	1,325,014	2,067,900	3,392,914	-38,438	3,354,476	90.10
90.11	09011	979,898	287,003	1,266,901	-100	1,266,801	90.11
90.12	09012	862,768	2,396,598	3,259,366	-163	3,259,203	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.13	09013	INFECTIOUS DISEASE CLINIC	389,510	154,153	543,663	-61	543,602	90.13
91.00	09100	EMERGENCY	8,093,493	5,465,880	13,559,373	94,615	13,653,988	91.00
91.05	09101	AMBULATORY CARE	5,322	2,447	7,769	0	7,769	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	535,689	535,689	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,923,193	1,989,629	5,912,822	-97,625	5,815,197	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	162,425,312	260,437,252	422,862,564	-2,289,657	420,572,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	42,970,065	32,955,669	75,925,734	-95,739	75,829,995	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	48,405	48,405	0	48,405	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	372,777	772,641	1,145,418	-498	1,144,920	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	289,107	109,844	398,951	2,448,385	2,847,336	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,084,144	850,898	1,935,042	-156	1,934,886	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	885,754	984,127	1,869,881	-62,335	1,807,546	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	208,027,159	296,158,836	504,185,995	0	504,185,995	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-855,576	7,901,284	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,179,112	19,576,091	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,004,600	3,374,213	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,917,414	60,429,976	5.00
6.00	00600	MAINTENANCE & REPAIRS	-11,568	2,115,654	6.00
7.00	00700	OPERATION OF PLANT	-7,109	4,593,518	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,476	1,475,527	8.00
9.00	00900	HOUSEKEEPING	-39	4,094,148	9.00
10.00	01000	DIETARY	-1,384,685	3,764,586	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	-1,195	2,753,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,001,011	14.00
15.00	01500	PHARMACY	-227	7,693,892	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-39,787	2,622,411	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	-231,272	4,686,602	22.00
23.00	02300	PARAMED PRGM	-2,040	216,587	23.00
23.01	02304	PHARMACY RESIDENCY	0	137,767	23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	-182,330	73,645	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-111,571	1,141,939	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,512,252	33,562,531	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,151,502	7,601,101	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	-742,280	2,647,508	40.00
43.00	04300	NURSERY	-1,715,026	4,026,636	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,574,036	20,675,135	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	-12,181	1,467,093	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,899,265	52.00
53.00	05300	ANESTHESIOLOGY	-118,313	2,280,046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-103,005	15,879,207	54.00
54.10	03480	ONCOLOGY	-1,290,356	17,994,125	54.10
54.20	05401	CT	-60,648	2,183,458	54.20
54.30	05402	MRI	-350	1,807,752	54.30
60.00	06000	LABORATORY	-64,695	12,513,085	60.00
60.01	06001	BLOOD	0	1,083,373	60.01
65.00	06500	RESPIRATORY THERAPY	0	4,417,814	65.00
66.00	06600	PHYSICAL THERAPY	-55,867	6,048,388	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,832,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-58,505	153,844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,209,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,854,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-58	34,629,828	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	-21,141	1,049,003	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	124,247	75.10
75.20	03951	HEMODIALYSIS	0	866,119	75.20
76.97	07697	CARDIAC REHABILITATION	-57,938	977,325	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-261,181	1,816,348	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	-5,002	639,072	90.02
90.03	09003	STATELINE CLINIC	0	1,095,300	90.03
90.04	09004	ORTHOPEDICS CLINIC	-2,480,404	2,358,418	90.04
90.05	09005	PULMONOLOGY CLINIC	-2,313,194	1,416,992	90.05
90.06	09006	CVT CLINIC	-1,949,179	281,320	90.06
90.07	09007	MWH CLINIC	-3,602,378	2,776,270	90.07
90.08	09008	NEUROSURGERY CLINIC	-859,009	1,691,761	90.08
90.09	09009	HEADACHE CLINIC	-824,322	1,215,907	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	-2,944,346	410,130	90.10
90.11	09011	MFM CLINIC	-849,764	417,037	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	-1,703,073	1,556,130	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	543,602	90.13
91.00	09100	EMERGENCY	-487,773	13,166,215	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
91.05	09101	AMBULATORY CARE	6.00	7.00	
91.10	09102	PSYCHIATRIC PARTIAL	0	7,769	91.05
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	535,689	91.10 92.00
101.00	10100	HOME HEALTH AGENCY	4,495	5,819,692	101.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		-53,390,060	367,182,847	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	-237,196	75,592,799	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	48,405	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	2,770	1,147,690	193.60
193.70	19306	WOMENS CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,847,336	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,934,886	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,772	1,809,318	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)		-53,622,714	450,563,281	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	778,113	1.00
	O		0	778,113	
B - CHARGEABLE MED SUPPLIES					
1.00	INTENSIVE CARE UNIT	31.00	0	1,014	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,054	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,209,278	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	O		0	10,227,346	
C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,882,086	1.00
2.00		0.00	0	0	2.00
	O		0	24,882,086	
D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	10,553	1.00
	O		0	10,553	
E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,391	1.00
2.00		0.00	0	0	2.00
	O		0	26,391	
F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	1,875,000	1.00
	O		0	1,875,000	
G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,310,262	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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
0			0	4,310,262		
H - PSYCHIATRIC						
1.00	ADULTS & PEDIATRICS	30.00	720,533	352,015	1.00	
2.00	PSYCHIATRIC PARTIAL	91.10	359,874	175,815	2.00	
0			1,080,407	527,830		
I - NURSERY						
1.00	NURSERY	43.00	802,042	361,074	1.00	
0			802,042	361,074		
J - NUTRITIONAL SUPPORT						
1.00	NUTRITIONAL SUPPORT	75.10	0	124,247	1.00	
0			0	124,247		
K - MARKETING						
1.00	MARKETING EXPENSES	193.80	315,348	2,138,354	1.00	
0			315,348	2,138,354		
L - RECRUITMENT BONUS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	35,125	0	1.00	
0			35,125	0		
M - MAINTENANCE & REPAIRS						
1.00	MAINTENANCE & REPAIRS	6.00	479,625	0	1.00	
0			479,625	0		
N - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,854,680	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
0			0	15,854,680		
O - EQUIPMENT RENTAL						
1.00	ADULTS & PEDIATRICS	30.00	0	1,290,658	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	290,167	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	725	3.00	
4.00	NURSERY	43.00	0	5	4.00	
5.00	OPERATING ROOM	50.00	0	61,016	5.00	
6.00	GASTRO INTESTINAL SERVICES	50.20	0	11,327	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	38,127	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,671	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	5,078	9.00	
10.00	EMERGENCY	91.00	0	16,410	10.00	
0			0	1,730,184		
P - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	53,257	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	4,348	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,945	3.00	
4.00	HOUSEKEEPING	9.00	0	10,388	4.00	
5.00	DIETARY	10.00	0	12,864	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	4,598	6.00	
7.00	PHARMACY	15.00	0	1,061	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,499	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	73,766	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	17,959	10.00	

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/21/2018 2:00 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	SUBPROVIDER - IPF	40.00	0	15,455	11.00
12.00	NURSERY	43.00	0	20,862	12.00
13.00	OPERATING ROOM	50.00	0	41,166	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,496	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,558	15.00
16.00	ONCOLOGY	54.10	0	8,329	16.00
17.00	LABORATORY	60.00	0	10,552	17.00
18.00	RESPIRATORY THERAPY	65.00	0	740	18.00
19.00	PHYSICAL THERAPY	66.00	0	22,149	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	1,002	20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,852	21.00
22.00	SLEEP LAB	75.01	0	2,199	22.00
23.00	CARDIAC REHABILITATION	76.97	0	2,912	23.00
24.00	STATELINE CLINIC	90.03	0	2,941	24.00
25.00	PULMONOLOGY CLINIC	90.05	0	1,508	25.00
26.00	CVT CLINIC	90.06	0	886	26.00
27.00	MWH CLINIC	90.07	0	14,525	27.00
28.00	HEADACHE CLINIC	90.09	0	893	28.00
29.00	MFM CLINIC	90.11	0	99,835	29.00
30.00	EMERGENCY	91.00	0	41,832	30.00
31.00	HOME HEALTH AGENCY	101.00	0	16,915	31.00
32.00	SPECIALISTS/PCPS	192.01	0	95,452	32.00
33.00	COMPLEMENTARY MEDICINE	193.90	0	271	33.00
			0	650,015	
Q - PHLEBOTOMY					
1.00	EMERGENCY	91.00	128,907	83,195	1.00
			128,907	83,195	
R - AMBULATORY SERVICES					
1.00	DIABETES CLINIC	90.02	47,543	0	1.00
			47,543	0	
S - WOMENS HEALTH					
1.00	NURSERY	43.00	40,948	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	74,479	0	2.00
			115,427	0	
500.00	Grand Total: Increases		3,004,424	63,579,330	500.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/21/2018 2:00 pm

		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	778,113	0		1.00
	O		0	778,113			
B - CHARGABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,294,754	0		1.00
2.00	PHARMACY	15.00	0	8,878	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	29,410	0		3.00
4.00	NURSERY	43.00	0	24	0		4.00
5.00	OPERATING ROOM	50.00	0	4,084,818	0		5.00
6.00	GASTROINTESTINAL SERVICES	50.20	0	4,189	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,201,276	0		7.00
8.00	ONCOLOGY	54.10	0	118,102	0		8.00
9.00	CT	54.20	0	9,094	0		9.00
10.00	MRI	54.30	0	9,276	0		10.00
11.00	LABORATORY	60.00	0	23	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	70,914	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	106	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	268	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	595	0		15.00
16.00	SLEEP LAB	75.01	0	3,799	0		16.00
17.00	HEMODIALYSIS	75.20	0	404	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	1,543	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	289,597	0		19.00
20.00	STATELINE CLINIC	90.03	0	674	0		20.00
21.00	ORTHOPEDICS CLINIC	90.04	0	14,238	0		21.00
22.00	PULMONOLOGY CLINIC	90.05	0	19	0		22.00
23.00	CVT CLINIC	90.06	0	4,746	0		23.00
24.00	MWH CLINIC	90.07	0	657	0		24.00
25.00	NEUROSURGERY CLINIC	90.08	0	148	0		25.00
26.00	HEADACHE CLINIC	90.09	0	345	0		26.00
27.00	UW GENERAL SURGERY CLINIC	90.10	0	818	0		27.00
28.00	MFM CLINIC	90.11	0	100	0		28.00
29.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	111	0		29.00
30.00	INFECTIOUS DISEASE CLINIC	90.13	0	61	0		30.00
31.00	EMERGENCY	91.00	0	20,429	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	57,930	0		32.00
	O		0	10,227,346			
C - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	9,771,695	0		1.00
2.00	ONCOLOGY	54.10	0	15,110,391	0		2.00
	O		0	24,882,086			
D - MEDICAL SUPPLIES							
1.00	DIETARY	10.00	0	10,553	0		1.00
	O		0	10,553			
E - PR EXPENSE							
1.00	PARAMED PRGM - RADIOLOGY	23.20	0	1,463	0		1.00
2.00	PARAMED - PARAMEDICAL TECHS	23.40	0	24,928	0		2.00
	O		0	26,391			
F - ANESTHESIA PHYSICIANS							
1.00	OPERATING ROOM	50.00	0	1,875,000	0		1.00
	O		0	1,875,000			
G - CAPITAL RELATED COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,248	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,240,382	0		2.00
3.00	OPERATION OF PLANT	7.00	0	8,581	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	33,828	0		4.00
5.00	HOUSEKEEPING	9.00	0	156	0		5.00
6.00	DIETARY	10.00	0	6,854	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	156	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	78	0		8.00
9.00	PHARMACY	15.00	0	10,236	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,280	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	54	0		11.00
12.00	PARAMED PRGM - RADIOLOGY	23.20	0	156	0		12.00
13.00	PARAMED - PARAMEDICAL TECHS	23.40	0	294	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	61,256	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	72,547	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	1,506	0		16.00
17.00	NURSERY	43.00	0	108	0		17.00
18.00	OPERATING ROOM	50.00	0	74,137	0		18.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/21/2018 2:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	GASTRO INTESTINAL SERVICES	50.20	0	78	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,034	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	556,456	0	21.00	
22.00	ONCOLOGY	54.10	0	262,181	0	22.00	
23.00	CT	54.20	0	1,379	0	23.00	
24.00	MRI	54.30	0	11,526	0	24.00	
25.00	LABORATORY	60.00	0	292,550	0	25.00	
26.00	BLOOD	60.01	0	15,552	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	259,134	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	1,106	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	39,120	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	120	0	30.00	
31.00	SLEEP LAB	75.01	0	1,967	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	1,626	0	32.00	
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	895	0	33.00	
34.00	ORTHOPEDICS CLINIC	90.04	0	255	0	34.00	
35.00	MWH CLINIC	90.07	0	5,136	0	35.00	
36.00	NEUROSURGERY CLINIC	90.08	0	104	0	36.00	
37.00	UW GENERAL SURGERY CLINIC	90.10	0	37,620	0	37.00	
38.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	52	0	38.00	
39.00	EMERGENCY	91.00	0	113,468	0	39.00	
40.00	HOME HEALTH AGENCY	101.00	0	39,695	0	40.00	
41.00	SPECIALISTS/PCPS	192.01	0	68,045	0	41.00	
42.00	PHYSICIAN RELATED AREAS	193.60	0	498	0	42.00	
43.00	MARKETING EXPENSES	193.80	0	5,317	0	43.00	
44.00	COMPLEMENTARY MEDICINE	193.90	0	156	0	44.00	
45.00	NON-MEDI CARE HOME HEALTH SERVICES	194.00	0	62,335	0	45.00	
	O		0	4,310,262			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	1,080,407	527,830	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		1,080,407	527,830			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	802,042	361,074	0	1.00	
	O		802,042	361,074			
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	124,247	0	1.00	
	O		0	124,247			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	315,348	2,138,354	0	1.00	
	O		315,348	2,138,354			
L - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,125	0	1.00	
	O		0	35,125			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	479,625	0	1.00	
	O		0	479,625			
N - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	4,676	0	1.00	
2.00	OPERATING ROOM	50.00	0	14,121,562	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,700,748	0	3.00	
4.00	SPECIALISTS/PCPS	192.01	0	27,694	0	4.00	
	O		0	15,854,680			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,730,184	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	
	O		0	1,730,184			
P - SHORT TERM DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	53,257	0	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	4,348	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	2,945	0	0	3.00	
4.00	HOUSEKEEPING	9.00	10,388	0	0	4.00	
5.00	DIETARY	10.00	12,864	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	4,598	0	0	6.00	

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/21/2018 2:00 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00			
7.00	PHARMACY	15.00	1,061	0	0	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	7,499	0	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	73,766	0	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	17,959	0	0	0		10.00
11.00	SUBPROVIDER - IPF	40.00	15,455	0	0	0		11.00
12.00	NURSERY	43.00	20,862	0	0	0		12.00
13.00	OPERATING ROOM	50.00	41,166	0	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	14,496	0	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	42,558	0	0	0		15.00
16.00	ONCOLOGY	54.10	8,329	0	0	0		16.00
17.00	LABORATORY	60.00	10,552	0	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	740	0	0	0		18.00
19.00	PHYSICAL THERAPY	66.00	22,149	0	0	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	1,002	0	0	0		20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	3,852	0	0	0		21.00
22.00	SLEEP LAB	75.01	2,199	0	0	0		22.00
23.00	CARDIAC REHABILITATION	76.97	2,912	0	0	0		23.00
24.00	STATELINE CLINIC	90.03	2,941	0	0	0		24.00
25.00	PULMONOLOGY CLINIC	90.05	1,508	0	0	0		25.00
26.00	CVT CLINIC	90.06	886	0	0	0		26.00
27.00	MWH CLINIC	90.07	14,525	0	0	0		27.00
28.00	HEADACHE CLINIC	90.09	893	0	0	0		28.00
29.00	MFM CLINIC	90.11	99,835	0	0	0		29.00
30.00	EMERGENCY	91.00	41,832	0	0	0		30.00
31.00	HOME HEALTH AGENCY	101.00	16,915	0	0	0		31.00
32.00	SPECIALISTS/PCPS	192.01	95,452	0	0	0		32.00
33.00	COMPLEMENTARY MEDICINE	193.90	271	0	0	0		33.00
	Q - PHLEBOTOMY		650,015	0				
1.00	ADULTS & PEDIATRICS	30.00	128,907	83,195	0	0		1.00
	R - AMBULATORY SERVICES							
1.00	HYPERBARIC OXYGEN THERAPY	76.98	47,543	0	0	0		1.00
	S - WOMENS HEALTH							
1.00	ADULTS & PEDIATRICS	30.00	115,427	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
			115,427	0				
500.00	Grand Total: Decreases		3,139,689	63,444,065				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		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	7,282,283	708,313	0	708,313	0	1.00
2.00	Land Improvements	4,719,392	1,231,953	0	1,231,953	0	2.00
3.00	Buildings and Fixtures	251,093,714	21,469,627	0	21,469,627	0	3.00
4.00	Building Improvements	9,277,481	888,521	0	888,521	0	4.00
5.00	Fixed Equipment	1,162,172	414,456	0	414,456	0	5.00
6.00	Movable Equipment	76,437,892	5,989,039	0	5,989,039	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	349,972,934	30,701,909	0	30,701,909	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	349,972,934	30,701,909	0	30,701,909	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,990,596	0				1.00
2.00	Land Improvements	5,951,345	0				2.00
3.00	Buildings and Fixtures	272,563,341	0				3.00
4.00	Building Improvements	10,166,002	0				4.00
5.00	Fixed Equipment	1,576,628	0				5.00
6.00	Movable Equipment	82,426,931	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	380,674,843	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	380,674,843	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,495,149	0	1,261,711	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,086,717	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,581,866	0	1,261,711	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	8,756,860				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,086,717				2.00
3.00	Total (sum of lines 1-2)	0	21,843,577				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	298,247,911	0	298,247,911	0.783472	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	82,426,931	0	82,426,931	0.216528	0	2.00
3.00	Total (sum of lines 1-2)	380,674,842	0	380,674,842	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	7,495,149	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,265,829	4,310,262	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,760,978	4,310,262	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	406,135	0	0	0	7,901,284	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	19,576,091	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	27,477,375	3.00

Line #	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	-1,261,711	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	-11,849	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	-15,962,088			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	-1,401,240			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,379,045	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CUDDLE CARE	B	-1,861	ADULTS & PEDIATRICS	30.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.01 SCHOOL OF MEDICAL TECHNOLOGY TUITION	B	-2,040	PARAMED ED PRGM		23.00	0	33.01
33.02 CT SCANNER LUNG SCREENING	B	-40,740	CT		54.20	0	33.02
33.03 BABY PICTURES	B	-1,063	ADULTS & PEDIATRICS		30.00	0	33.03
33.04 EMS EDUCATION FEES	B	-121,519	PARAMED ED - PARAMEDICAL TECHS		23.40	0	33.04
33.05 TRAUMA OTHER REVENUE	B	-70,964	EMERGENCY		91.00	0	33.05
33.06 OTHER REVENUE 1	B	-35,364	CARDIAC REHABILITATION		76.97	0	33.06
33.07 TUITION	B	-182,330	PARAMED ED PRGM - RADIOLOGY		23.20	0	33.07
33.08 MED REC TRANSCRIPTS	B	-4,235	RADIOLOGY-DIAGNOSTIC		54.00	0	33.08
33.09 RECYCLING	B	-431	RADIOLOGY-DIAGNOSTIC		54.00	0	33.09
33.10 RADIOLOGY ONCOLOGY OTHER REVENUE	B	-355	ONCOLOGY		54.10	0	33.10
33.11 HEART SCAN REVENUE	B	-11,108	CT		54.20	0	33.11
33.12 GROSS REVENUE	B	-2,535	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.12
33.13 EMPLOYEE HEALTH	B	-988,529	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.13
33.14 OTHER REVENUE/TRANSCRIPTS	B	-23,074	MEDICAL RECORDS & LIBRARY		16.00	0	33.14
33.15 PHARMACY OTHER REVENUE	B	-227	PHARMACY		15.00	0	33.15
33.16 PHOTO	B	-1,476	ADMINISTRATIVE & GENERAL		5.00	0	33.16
33.17 VENDING MACHINES	B	-39	HOUSEKEEPING		9.00	0	33.17
33.18 NON PATIENT LINEN	B	-6,476	LAUNDRY & LINEN SERVICE		8.00	0	33.18
33.19 GUEST ROOM RENTAL	B	-9,245	ADMINISTRATIVE & GENERAL		5.00	0	33.19
33.20 COMMUNICATIONS	B	-4,425	ADMINISTRATIVE & GENERAL		5.00	0	33.20
33.21 PHYSICIAN PAGING AND ANSWERING	B	-380,268	ADMINISTRATIVE & GENERAL		5.00	0	33.21
33.22 OTHER REVENUE 4	B	-1,628,611	ADMINISTRATIVE & GENERAL		5.00	0	33.22
33.23 OTHER REVENUE 5	B	7,993	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.23
33.24 OTHER REVENUE 6	B	-58,341	ADMINISTRATIVE & GENERAL		5.00	0	33.24
33.25 INVESTMENT MANAGEMENT	B	540,461	ADMINISTRATIVE & GENERAL		5.00	0	33.25
33.26 COURIER FEES TO SAHMC	B	-311,640	ADMINISTRATIVE & GENERAL		5.00	0	33.26
33.27 MALPRACTICE EXPENSE	A	-620,013	ADMINISTRATIVE & GENERAL		5.00	0	33.27
33.28 T.V. REPAIR SALARY	A	-11,568	MAINTENANCE & REPAIRS		6.00	0	33.28
33.29 T.V. ELECTRICITY COST	A	-3,322	OPERATION OF PLANT		7.00	0	33.29
33.30 LOSS ON DEFEASANCE	A	406,135	CAP REL COSTS-BLDG & FIXT		1.00	11	33.30
33.31 DUES RELATED TO LOBBYING	A	-54,634	ADMINISTRATIVE & GENERAL		5.00	0	33.31
33.32 CORPORATE SPONSORSHIP	A	-46,589	ADMINISTRATIVE & GENERAL		5.00	0	33.32
33.33 CORPORATE SPONSORSHIP	A	2,839	ONCOLOGY		54.10	0	33.33
33.34 SITTERS COST	A	-1,195	NURSING ADMINISTRATION		13.00	0	33.34
33.35 SITTERS COST	A	-57,700	ADULTS & PEDIATRICS		30.00	0	33.35
33.36 SITTERS COST	A	-10,615	INTENSIVE CARE UNIT		31.00	0	33.36
33.37 SITTERS COST	A	-201	SUBPROVIDER - I PF		40.00	0	33.37
33.38 SITTERS COST	A	-68	NURSERY		43.00	0	33.38
33.39 ALCOHOL COSTS	A	-3,324	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.39
33.40 ALCOHOL COSTS	A	-3,328	ADMINISTRATIVE & GENERAL		5.00	0	33.40
33.41 INTERNAL RENT REVENUE	B	-56,581	OPERATING ROOM		50.00	0	33.41
33.42 IPA PROVIDER ASSESSMENT	A	-13,252,034	ADMINISTRATIVE & GENERAL		5.00	0	33.42
33.43 REALIZED SELF INSURANCE	B	-364,735	ADMINISTRATIVE & GENERAL		5.00	0	33.43
33.44 CANCER CENTER PROFESSIONAL OFFSET	A	-920,791	ONCOLOGY		54.10	0	33.44
33.45 STATELINE PROFESSIONAL OFFSET	A		STATELINE CLINIC		90.03	0	33.45
33.46 RENAISSANCE PROFESSIONAL OFFSET	A	-2,466,380	ORTHOPEDICS CLINIC		90.04	0	33.46
33.47 RENAISSANCE PROFESSIONAL OFFSET	A	-2,289,194	PULMONOLOGY CLINIC		90.05	0	33.47
33.48 RENAISSANCE PROFESSIONAL OFFSET	A	-1,935,592	CVT CLINIC		90.06	0	33.48
33.49 RENAISSANCE PROFESSIONAL OFFSET	A	-3,590,811	MWH CLINIC		90.07	0	33.49
33.50 RENAISSANCE PROFESSIONAL OFFSET	A	-855,486	NEUROSURGERY CLINIC		90.08	0	33.50
33.51 RENAISSANCE PROFESSIONAL OFFSET	A	-820,794	HEADACHE CLINIC		90.09	0	33.51
33.52 RENAISSANCE PROFESSIONAL OFFSET	A	-2,934,727	UW GENERAL SURGERY CLINIC		90.10	0	33.52
33.53 RENAISSANCE PROFESSIONAL OFFSET	A	-849,764	MFM CLINIC		90.11	0	33.53
33.54 RENAISSANCE PROFESSIONAL OFFSET	A	-1,697,758	ROCKFORD VASCULAR CENTER CLINIC		90.12	0	33.54
33.55 EDUCATION REVENUE	B	-825	NURSERY		43.00	0	33.55
33.56 DEPRECIATION FMV ADJ	A	2,179,112	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.56
33.57 OTHER REVENUE 7	B	-2	OPERATION OF PLANT		7.00	0	33.57

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.58 OTHER REVENUE 8	B	-4,651	CVT CLINIC	90.06	9	33.58
33.59 OTHER REVENUE 9	B	-3,685	SUBPROVIDER - IPF	40.00	0	33.59
33.60 OTHER REVENUE 10	B	-58	DRUGS CHARGED TO PATIENTS	73.00	0	33.60
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-53,622,714				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0228

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 11/21/2018 2:00 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	26,553	294,876	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	703,370	778,113	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	126,979	145,184	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	951,399	1,319,020	3.01
4.00	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	26,395	30,180	4.00
4.01	10.00	DIETARY	RENTAL ADJUSTMENT	39,339	44,979	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	118,858	135,571	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	189,568	420,840	4.03
4.04	23.40	PARAMEDICAL - PARAMEDICAL TECH	RENTAL ADJUSTMENT	137,724	127,776	4.04
4.05	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	9,748	7,000	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	298,310	313,316	4.06
4.07	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	403,680	448,862	4.07
4.08	75.01	SLEEP LAB	RENTAL ADJUSTMENT	188,887	210,028	4.08
4.09	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	201,691	224,265	4.09
4.10	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	70,150	80,208	4.10
4.11	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	34,889	39,891	4.11
4.12	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	270,411	284,435	4.12
4.13	90.05	PULMONOLOGY CLINIC	RENTAL ADJUSTMENT		24,000	4.13
4.14	90.06	CVT CLINIC	RENTAL ADJUSTMENT	172,301	181,237	4.14
4.15	90.07	MWH CLINIC	RENTAL ADJUSTMENT	223,025	234,592	4.15
4.16	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	67,928	71,451	4.16
4.17	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	68,045	71,573	4.17
4.18	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	185,475	195,094	4.18
4.19	90.12	ROCKFORD VASCULAR CENTER CLINIC	RENTAL ADJUSTMENT	102,498	107,813	4.19
4.20	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	147,150	142,655	4.20
4.21	192.01	SPECIALISTS/PCPS	RENTAL ADJUSTMENT	1,714,628	1,951,824	4.21
4.22	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	90,658	87,888	4.22
4.23	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	57,999	56,227	4.23
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,627,658	8,028,898	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: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/21/2018 2:00 pm

	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	-268,323	0		1.00
2.00	-74,743	0		2.00
3.00	-18,205	0		3.00
3.01	-367,621	0		3.01
4.00	-3,785	0		4.00
4.01	-5,640	0		4.01
4.02	-16,713	0		4.02
4.03	-231,272	0		4.03
4.04	9,948	0		4.04
4.05	2,748	0		4.05
4.06	-15,006	0		4.06
4.07	-45,182	0		4.07
4.08	-21,141	0		4.08
4.09	-22,574	0		4.09
4.10	-10,058	0		4.10
4.11	-5,002	0		4.11
4.12	-14,024	0		4.12
4.13	-24,000	0		4.13
4.14	-8,936	0		4.14
4.15	-11,567	0		4.15
4.16	-3,523	0		4.16
4.17	-3,528	0		4.17
4.18	-9,619	0		4.18
4.19	-5,315	0		4.19
4.20	4,495	0		4.20
4.21	-237,196	0		4.21
4.22	2,770	0		4.22
4.23	1,772	0		4.23
5.00	-1,401,240	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: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/21/2018 2:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	648,024	648,024	0	211,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	50,000	0	50,000	211,500	424	2.00
3.00	40.00	SUBPROVIDER - IPF	679,394	654,394	25,000	181,300	330	3.00
4.00	43.00	NURSERY	1,076,446	1,076,446	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	38,112	38,112	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	33,315	0	33,315	271,900	286	6.00
7.00	54.10	ONCOLOGY	235,060	160,060	75,000	271,900	426	7.00
8.00	76.97	CARDIAC REHABILITATION	15,000	0	15,000	211,500	149	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	236,393	236,393	0	211,500	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	3,896,339	3,799,867	96,472	211,500	912	10.00
11.00	31.00	INTENSIVE CARE UNIT	1,134,000	1,134,000	0	211,500	0	11.00
12.00	40.00	SUBPROVIDER - IPF	84,000	84,000	0	181,300	0	12.00
13.00	43.00	NURSERY	646,023	637,687	8,336	211,500	180	13.00
14.00	50.00	OPERATING ROOM	6,534,570	6,444,570	90,000	246,400	443	14.00
15.00	50.20	GASTROINTESTINAL SERVICES	25,000	0	25,000	197,500	135	15.00
16.00	53.00	ANESTHESIOLOGY	166,884	106,884	60,000	239,400	422	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	92,933	83,333	9,600	271,900	120	17.00
18.00	54.10	ONCOLOGY	446,537	0	446,537	271,900	1,942	18.00
19.00	54.20	CT	8,800	8,800	0	271,900	0	19.00
20.00	54.30	MRI	350	350	0	271,900	0	20.00
21.00	60.00	LABORATORY	287,695	64,695	223,000	211,500	3,660	21.00
22.00	66.00	PHYSICAL THERAPY	10,685	10,685	0	211,500	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	58,505	58,505	0	211,500	0	23.00
24.00	75.01	SLEEP LAB	7,500	0	7,500	211,500	113	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	25,000	0	25,000	211,500	101	25.00
26.00	91.00	EMERGENCY	532,727	399,996	132,731	211,500	1,140	26.00
200.00			16,969,292	15,646,801	1,322,491		10,783	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	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	43,113	2,156	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	28,764	1,438	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	37,386	1,869	0	0	0	6.00
7.00	54.10	ONCOLOGY	55,687	2,784	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	15,151	758	0	0	0	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	92,735	4,637	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
13.00	43.00	NURSERY	18,303	915	0	0	0	13.00
14.00	50.00	OPERATING ROOM	52,479	2,624	0	0	0	14.00
15.00	50.20	GASTROINTESTINAL SERVICES	12,819	641	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	48,571	2,429	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	17.00
18.00	54.10	ONCOLOGY	253,861	12,693	0	0	0	18.00
19.00	54.20	CT	0	0	0	0	0	19.00
20.00	54.30	MRI	0	0	0	0	0	20.00
21.00	60.00	LABORATORY	372,159	18,608	0	0	0	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	23.00
24.00	75.01	SLEEP LAB	11,490	575	0	0	0	24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	10,270	514	0	0	0	25.00
26.00	91.00	EMERGENCY	115,918	5,796	0	0	0	26.00
200.00			1,184,392	59,221	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	0	0	648,024	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	43,113	6,887	6,887	2.00
3.00	40.00	SUBPROVIDER - IPF	0	28,764	0	654,394	3.00
4.00	43.00	NURSERY	0	0	0	1,076,446	4.00
5.00	50.00	OPERATING ROOM	0	0	0	38,112	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	37,386	0	0	6.00
7.00	54.10	ONCOLOGY	0	55,687	19,313	179,373	7.00
8.00	76.97	CARDIAC REHABILITATION	0	15,151	0	0	8.00
9.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	236,393	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/21/2018 2:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	30.00	ADULTS & PEDIATRICS	0	92,735	3,737	3,803,604		10.00
11.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,134,000		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	84,000		12.00
13.00	43.00	NURSERY	0	18,303	0	637,687		13.00
14.00	50.00	OPERATING ROOM	0	52,479	37,521	6,482,091		14.00
15.00	50.20	GASTRO INTESTINAL SERVICES	0	12,819	12,181	12,181		15.00
16.00	53.00	ANESTHESIOLOGY	0	48,571	11,429	118,313		16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	83,333		17.00
18.00	54.10	ONCOLOGY	0	253,861	192,676	192,676		18.00
19.00	54.20	CT	0	0	0	8,800		19.00
20.00	54.30	MRI	0	0	0	350		20.00
21.00	60.00	LABORATORY	0	372,159	0	64,695		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	10,685		22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	58,505		23.00
24.00	75.01	SLEEP LAB	0	11,490	0	0		24.00
25.00	76.98	HYPERBARIC OXYGEN THERAPY	0	10,270	14,730	14,730		25.00
26.00	91.00	EMERGENCY	0	115,918	16,813	416,809		26.00
200.00			0	1,184,392	315,287	15,962,088		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,901,284	7,901,284			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	19,576,091		19,576,091		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,374,213	60,881	150,838	3,585,932	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,429,976	1,628,069	4,033,673	565,738	66,657,456
6.00 00600	MAINTENANCE & REPAIRS	2,115,654	10,957	27,146	27,949	2,181,706
7.00 00700	OPERATION OF PLANT	4,593,518	630,307	1,561,638	22,124	6,807,587
8.00 00800	LAUNDRY & LINEN SERVICE	1,475,527	54,526	135,093	3,879	1,669,025
9.00 00900	HOUSEKEEPING	4,094,148	95,443	236,469	113,492	4,539,552
10.00 01000	DIETARY	3,764,586	231,071	572,498	100,437	4,668,592
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	2,753,065	7,639	18,927	29,181	2,808,812
14.00 01400	CENTRAL SERVICES & SUPPLY	1,001,011	7,670	19,002	0	1,027,683
15.00 01500	PHARMACY	7,693,892	59,506	147,430	76,712	7,977,540
16.00 01600	MEDICAL RECORDS & LIBRARY	2,622,411	70,047	173,547	44,168	2,910,173
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	4,686,602	9,763	24,188	0	4,720,553
23.00 02300	PARAMED ED PRGM	216,587	0	0	2,847	219,434
23.01 02304	PHARMACY RESIDENCY	137,767	0	0	2,674	140,441
23.20 02301	PARAMED ED PRGM - RADIOLOGY	73,645	0	0	2,648	76,293
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	1,141,939	2,932	7,264	13,240	1,165,375
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,562,531	1,212,050	3,002,955	458,257	38,235,793
31.00 03100	INTENSIVE CARE UNIT	7,601,101	167,402	414,752	83,610	8,266,865
31.01 03101	PEDIATRIC ICU	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	2,647,508	128,336	317,963	47,756	3,141,563
43.00 04300	NURSERY	4,026,636	91,975	227,876	47,028	4,393,515
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,675,135	635,770	1,575,174	202,305	23,088,384
50.20 03340	GASTRO INTESTINAL SERVICES	1,467,093	52,773	130,750	11,055	1,661,671
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,899,265	42,005	104,072	46,141	4,091,483
53.00 05300	ANESTHESIOLOGY	2,280,046	5,841	14,472	5,084	2,305,443
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,879,207	413,752	1,025,104	170,185	17,488,248
54.10 03480	ONCOLOGY	17,994,125	464,439	1,150,687	120,774	19,730,025
54.20 05401	CT	2,183,458	23,258	57,624	15,014	2,279,354
54.30 05402	MRI	1,807,752	34,185	84,695	10,526	1,937,158
60.00 06000	LABORATORY	12,513,085	146,403	362,725	96,386	13,118,599
60.01 06001	BLOOD	1,083,373	18,407	45,605	5,058	1,152,443
65.00 06500	RESPIRATORY THERAPY	4,417,814	59,717	147,955	53,118	4,678,604
66.00 06600	PHYSICAL THERAPY	6,048,388	116,117	287,690	73,137	6,525,332
69.00 06900	ELECTROCARDIOLOGY	1,832,438	46,441	115,061	18,192	2,012,132
70.00 07000	ELECTROENCEPHALOGRAPHY	153,844	11,508	28,513	2,913	196,778
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,209,278	0	0	0	10,209,278
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,854,680	0	0	0	15,854,680
73.00 07300	DRUGS CHARGED TO PATIENTS	34,629,828	9,392	23,271	16,775	34,679,266
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	SLEEP LAB	1,049,003	39,534	97,950	11,664	1,198,151
75.10 03950	NUTRITIONAL SUPPORT	124,247	0	0	0	124,247
75.20 03951	HEMODIALYSIS	866,119	14,160	35,084	0	915,363
76.97 07697	CARDIAC REHABILITATION	977,325	63,170	156,510	12,604	1,209,609
76.98 07698	HYPERBARIIC OXYGEN THERAPY	1,816,348	37,555	93,045	19,065	1,966,013
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	639,072	25,555	63,315	2,529	730,471
90.03 09003	STATELINE CLINIC	1,095,300	0	0	8,063	1,103,363
90.04 09004	ORTHOPEDICS CLINIC	2,358,418	63,851	158,195	17,291	2,597,755
90.05 09005	PULMONOLOGY CLINIC	1,416,992	12,113	30,010	9,215	1,468,330
90.06 09006	CVT CLINIC	281,320	8,100	20,069	371	309,860
90.07 09007	MWH CLINIC	2,776,270	115,755	286,792	20,389	3,199,206
90.08 09008	NEUROSURGERY CLINIC	1,691,761	16,767	41,543	8,765	1,758,836
90.09 09009	HEADACHE CLINIC	1,215,907	18,037	44,688	6,540	1,285,172
90.10 09010	UW GENERAL SURGERY CLINIC	410,130	35,106	86,979	3,919	536,134

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
90.11	09011 MFM CLINIC	417,037	18,551	45,961	2,913	484,462	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	1,556,130	23,296	57,718	7,322	1,644,466	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	543,602	6,219	15,408	1,761	566,990	90.13
91.00	09100 EMERGENCY	13,166,215	211,825	524,815	167,921	14,070,776	91.00
91.05	09101 AMBULATORY CARE	7,769	38,469	95,310	265	141,813	91.05
91.10	09102 PSYCHIATRIC PARTIAL	535,689	28,820	71,403	8,275	644,187	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)					0	92.00
101.00	10100 HOME HEALTH AGENCY	5,819,692	138,892	344,116	60,903	6,363,603	101.00
118.00	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	367,182,847	7,464,357	18,493,568	2,858,178	364,935,643	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	8,546	21,174	0	29,720	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	75,592,799	347,884	861,911	658,550	77,461,144	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	48,405	0	0	0	48,405	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	1,147,690	12,226	30,291	6,421	1,196,628	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	2,847,336	0	0	10,287	2,857,623	193.80
193.90	19308 COMPLIMENTARY MEDICINE	1,934,886	18,966	46,990	29,048	2,029,890	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	1,809,318	49,305	122,157	23,448	2,004,228	194.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	450,563,281	7,901,284	19,576,091	3,585,932	450,563,281	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,657,456					5.00
6.00	00600	MAINTENANCE & REPAIRS	378,810	2,560,516				6.00
7.00	00700	OPERATION OF PLANT	1,182,001	260,250	8,249,838			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	289,793	22,514	80,744	2,062,076		8.00
9.00	00900	HOUSEKEEPING	788,202	39,408	141,336	0	5,508,498	9.00
10.00	01000	DIETARY	810,608	95,408	342,178	8,541	234,796	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	487,694	3,154	11,313	0	7,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,437	3,167	11,357	0	7,793	14.00
15.00	01500	PHARMACY	1,385,140	24,570	88,118	0	60,465	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	505,293	28,922	103,728	0	71,176	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	819,630	4,031	14,457	2,777	9,920	22.00
23.00	02300	PARAMED ED PRGM	38,100	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	24,385	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	13,247	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	202,344	1,211	4,342	0	2,979	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,638,881	500,447	1,794,846	767,181	1,231,587	30.00
31.00	03100	INTENSIVE CARE UNIT	1,435,376	69,119	247,894	137,782	170,101	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	545,470	52,989	190,044	23,938	130,405	40.00
43.00	04300	NURSERY	762,846	37,976	136,200	37,331	93,458	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,008,836	262,506	941,471	247,572	646,020	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	288,516	21,790	78,148	22,518	53,624	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	710,404	17,344	62,203	78,477	42,683	52.00
53.00	05300	ANESTHESIOLOGY	400,294	2,412	8,650	0	5,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,036,485	170,836	612,698	115,217	420,422	54.00
54.10	03480	ONCOLOGY	3,425,724	191,764	687,758	0	471,927	54.10
54.20	05401	CT	395,764	9,603	34,442	64,224	23,633	54.20
54.30	05402	MRI	336,349	14,115	50,622	11,931	34,736	54.30
60.00	06000	LABORATORY	2,277,782	60,449	216,799	0	148,763	60.00
60.01	06001	BLOOD	200,099	7,600	27,258	0	18,704	60.01
65.00	06500	RESPIRATORY THERAPY	812,346	24,657	88,431	173	60,680	65.00
66.00	06600	PHYSICAL THERAPY	1,132,993	47,944	171,951	0	117,989	66.00
69.00	06900	ELECTROCARDIOLOGY	349,366	19,175	68,771	20,514	47,190	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,167	4,752	17,042	2,627	11,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,772,637	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,752,848	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,021,361	3,878	13,909	0	9,544	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	208,035	16,324	58,544	0	40,172	75.01
75.10	03950	NUTRITIONAL SUPPORT	21,573	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	158,934	5,847	20,969	6,390	14,389	75.20
76.97	07697	CARDIAC REHABILITATION	210,024	26,083	93,545	0	64,189	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	341,359	15,506	55,612	0	38,160	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	126,832	10,552	37,843	0	25,967	90.02
90.03	09003	STATELINE CLINIC	191,577	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	451,048	26,364	94,552	0	64,880	90.04
90.05	09005	PULMONOLOGY CLINIC	254,946	5,001	17,937	0	12,308	90.05
90.06	09006	CVT CLINIC	53,801	3,345	11,995	0	8,231	90.06
90.07	09007	MWH CLINIC	555,478	47,794	171,414	0	117,621	90.07
90.08	09008	NEUROSURGERY CLINIC	305,387	6,923	24,830	0	17,038	90.08
90.09	09009	HEADACHE CLINIC	223,144	7,447	26,710	0	18,328	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	93,089	14,495	51,987	0	35,672	90.10
90.11	09011	MFM CLINIC	84,117	7,659	27,470	0	18,850	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	285,529	9,619	34,498	0	23,672	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	98,446	2,568	9,209	0	6,319	90.13
91.00	09100	EMERGENCY	2,443,109	87,462	313,678	500,818	215,240	91.00
91.05	09101	AMBULATORY CARE	24,623	15,884	56,966	8,689	39,089	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
91.10	09102 PSYCHIATRIC PARTIAL	111,850	11,899	42,677	5,376	29,284	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	1,104,912	57,348	205,676	0	141,131	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,790,041	2,380,111	7,602,822	2,062,076	5,064,527	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	5,160	3,529	12,655	0	8,684	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	13,449,466	143,639	515,158	0	353,492	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	8,405	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	207,771	5,048	18,105	0	12,423	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	496,169	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	352,450	7,831	28,086	0	19,272	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	347,994	20,358	73,012	0	50,100	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	66,657,456	2,560,516	8,249,838	2,062,076	5,508,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,160,123					10.00
11.00	01100	CAFETERIA	3,686,739	3,686,739				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	54,119	0	3,372,855		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,228,437	14.00
15.00	01500	PHARMACY	0	135,606	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,060	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	5,763	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	5,415	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	5,361	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,972,306	924,928	0	1,289,783	456,885	30.00
31.00	03100	INTENSIVE CARE UNIT	164,093	169,273	0	346,004	136,813	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	336,985	96,685	0	79,494	235	40.00
43.00	04300	NURSERY	0	95,211	0	158,716	1,126	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	389,340	0	441,885	22,850	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	22,382	0	43,116	133,165	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	93,415	0	142,057	161,437	52.00
53.00	05300	ANESTHESIOLOGY	0	10,293	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	308,015	0	129,485	176,293	54.00
54.10	03480	ONCOLOGY	0	0	0	76,637	0	54.10
54.20	05401	CT	0	30,397	0	0	28,028	54.20
54.30	05402	MRI	0	21,310	0	0	0	54.30
60.00	06000	LABORATORY	0	178,601	0	0	0	60.00
60.01	06001	BLOOD	0	10,239	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	93,227	0	6	0	65.00
66.00	06600	PHYSICAL THERAPY	0	123,999	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	34,364	0	31,655	1,649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,897	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	33,962	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	20,130	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	16	75.20
76.97	07697	CARDIAC REHABILITATION	0	25,518	0	8,635	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	27,743	0	52,614	87,557	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	15,949	0	15,141	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	35,007	0	10,035	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	18,656	0	8,901	0	90.05
90.06	09006	CVT CLINIC	0	751	0	728	0	90.06
90.07	09007	MWH CLINIC	0	41,279	0	14,804	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	17,745	0	4,444	0	90.08
90.09	09009	HEADACHE CLINIC	0	13,242	0	3	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	7,934	0	1,608	0	90.10
90.11	09011	MFM CLINIC	0	5,897	0	545	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	14,823	0	8,199	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	3,565	0	444	0	90.13
91.00	09100	EMERGENCY	0	284,989	0	463,689	22,383	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.05	09101 AMBULATORY CARE	0	536	0	12	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	16,753	0	2,262	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,160,123	3,482,379	0	3,330,902	1,228,437	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	165,037	0	19,265	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 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	11,928	0	19,761	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	27,395	0	2,927	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,160,123	3,686,739	0	3,372,855	1,228,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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	9,671,439					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,703,352				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 ED - RADIATION ONCOLOGY	0	0	0	0		23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	103	0	0	0		23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	877	223,638	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	557	78,871	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	125	17,097	0	0	0	40.00
43.00	04300	NURSERY	217	19,362	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,198	373,668	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	690	21,216	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	97	34,109	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	235	33,163	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,613	316,418	0	0	0	54.00
54.10	03480	ONCOLOGY	2,687	86,601	0	0	0	54.10
54.20	05401	CT	61,260	162,238	0	0	0	54.20
54.30	05402	MRI	32,807	61,523	0	0	0	54.30
60.00	06000	LABORATORY	136	412,718	0	0	0	60.00
60.01	06001	BLOOD	5,867	15,423	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	59,658	41,967	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	140	67,791	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,507	93,179	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,490	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	212,791	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	374,360	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,381,648	647,846	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	19,254	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	930	0	0	0	75.10
75.20	03951	HEMODIALYSIS	583	6,569	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	20	3,271	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,852	10,639	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	66	1,022	0	0	0	90.02
90.03	09003	STATELINE CLINIC	0	25,776	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	13,327	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	2,734	0	0	0	90.05
90.06	09006	CVT CLINIC	0	191	0	0	0	90.06
90.07	09007	MWH CLINIC	0	21,081	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	592	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	0	6,703	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	1,147	0	0	0	90.10
90.11	09011	MFM CLINIC	0	213	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	9,249	0	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	147	0	0	0	90.13
91.00	09100	EMERGENCY	6,857	267,484	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
91.05	09101 AMBULATORY CARE	0	73	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	28	3,877	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	9,604	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,656,828	3,703,352	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 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	13,609	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	1,002	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,671,439	3,703,352	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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		5,571,368			22.00
23.00 02300	PARAMED PRGM			263,297		23.00
23.01 02304	PHARMACY RESIDENCY				170,241	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				94,901	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,386,903	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	197,411	0	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
43.00 04300	NURSERY	0	87,738	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	175,476	0	0	50.00
50.20 03340	GASTROINTESTINAL SERVICES	0	65,804	0	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10 03480	ONCOLOGY	0	0	0	94,901	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	263,297	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	329,018	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	170,241	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	0	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	0	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	90.02
90.03 09003	STATELINE CLINIC	0	0	0	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	0	0	0	0	90.04
90.05 09005	PULMONOLOGY CLINIC	0	0	0	0	90.05
90.06 09006	CVT CLINIC	0	0	0	0	90.06
90.07 09007	MWH CLINIC	0	0	0	0	90.07
90.08 09008	NEUROSURGERY CLINIC	0	0	0	0	90.08
90.09 09009	HEADACHE CLINIC	0	0	0	0	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	0	0	0	0	90.10
90.11 09011	MFM CLINIC	0	0	0	0	90.11
90.12 09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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				
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	329,018	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	5,571,368	263,297	170,241	94,901	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	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	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,571,368	263,297	170,241	94,901	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
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		1,376,354				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	58,424,055	-4,386,903	54,037,152	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,420,159	-197,411	11,222,748	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	0	4,615,030	0	4,615,030	40.00
43.00	04300	NURSERY	0	0	5,823,696	-87,738	5,735,958	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	30,605,206	-175,476	30,429,730	50.00
50.20	03340	GASTROINTESTINAL SERVICES	0	0	2,412,640	-65,804	2,346,836	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,433,709	0	5,433,709	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,766,425	0	2,766,425	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	22,954,631	0	22,954,631	54.00
54.10	03480	ONCOLOGY	0	0	24,673,123	0	24,673,123	54.10
54.20	05401	CT	0	0	3,088,943	0	3,088,943	54.20
54.30	05402	MRI	0	0	2,500,551	0	2,500,551	54.30
60.00	06000	LABORATORY	0	0	16,677,144	0	16,677,144	60.00
60.01	06001	BLOOD	0	0	1,437,633	0	1,437,633	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	5,859,749	0	5,859,749	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,188,139	0	8,188,139	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,011,520	-329,018	2,682,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	278,447	0	278,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,194,706	0	12,194,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,981,888	0	18,981,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	50,961,655	0	50,961,655	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,560,610	0	1,560,610	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	146,750	0	146,750	75.10
75.20	03951	HEMODIALYSIS	0	0	1,129,060	0	1,129,060	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	1,640,894	0	1,640,894	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	2,600,055	0	2,600,055	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	963,843	0	963,843	90.02
90.03	09003	STATELINE CLINIC	0	0	1,320,716	0	1,320,716	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	3,292,968	0	3,292,968	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	1,788,813	0	1,788,813	90.05
90.06	09006	CVT CLINIC	0	0	388,902	0	388,902	90.06
90.07	09007	MWH CLINIC	0	0	4,168,677	0	4,168,677	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	2,135,795	0	2,135,795	90.08
90.09	09009	HEADACHE CLINIC	0	0	1,580,749	0	1,580,749	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	742,066	0	742,066	90.10
90.11	09011	MFM CLINIC	0	0	629,213	0	629,213	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	2,030,055	0	2,030,055	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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	
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	687,688	0	687,688	90.13
91.00	09100	EMERGENCY	0	1,376,354	20,381,857	-329,018	20,052,839	91.00
91.05	09101	AMBULATORY CARE	0	0	287,685	0	287,685	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	868,193	0	868,193	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	7,882,274	0	7,882,274	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,376,354	348,535,912	-5,571,368	342,964,544	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	59,748	0	59,748	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	0	0	92,107,201	0	92,107,201	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	70,419	0	70,419	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	1,439,975	0	1,439,975	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	3,385,481	0	3,385,481	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	2,468,853	0	2,468,853	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,495,692	0	2,495,692	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,376,354	450,563,281	-5,571,368	444,991,913	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	60,881	150,838	211,719	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,628,069	4,033,673	5,661,742	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	10,957	27,146	38,103	6.00
7.00 00700	OPERATION OF PLANT	0	630,307	1,561,638	2,191,945	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	54,526	135,093	189,619	8.00
9.00 00900	HOUSEKEEPING	0	95,443	236,469	331,912	9.00
10.00 01000	DIETARY	0	231,071	572,498	803,569	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	0	7,639	18,927	26,566	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	7,670	19,002	26,672	14.00
15.00 01500	PHARMACY	0	59,506	147,430	206,936	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	70,047	173,547	243,594	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	9,763	24,188	33,951	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 ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	2,932	7,264	10,196	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,212,050	3,002,955	4,215,005	30.00
31.00 03100	INTENSIVE CARE UNIT	0	167,402	414,752	582,154	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	0	128,336	317,963	446,299	40.00
43.00 04300	NURSERY	0	91,975	227,876	319,851	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	635,770	1,575,174	2,210,944	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	0	52,773	130,750	183,523	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	42,005	104,072	146,077	52.00
53.00 05300	ANESTHESIOLOGY	0	5,841	14,472	20,313	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	413,752	1,025,104	1,438,856	54.00
54.10 03480	ONCOLOGY	0	464,439	1,150,687	1,615,126	54.10
54.20 05401	CT	0	23,258	57,624	80,882	54.20
54.30 05402	MRI	0	34,185	84,695	118,880	54.30
60.00 06000	LABORATORY	0	146,403	362,725	509,128	60.00
60.01 06001	BLOOD	0	18,407	45,605	64,012	60.01
65.00 06500	RESPIRATORY THERAPY	0	59,717	147,955	207,672	65.00
66.00 06600	PHYSICAL THERAPY	0	116,117	287,690	403,807	66.00
69.00 06900	ELECTROCARDIOLOGY	0	46,441	115,061	161,502	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,508	28,513	40,021	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	9,392	23,271	32,663	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	39,534	97,950	137,484	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	14,160	35,084	49,244	75.20
76.97 07697	CARDIAC REHABILITATION	0	63,170	156,510	219,680	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	37,555	93,045	130,600	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	25,555	63,315	88,870	90.02
90.03 09003	STATELINE CLINIC	0	0	0	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	0	63,851	158,195	222,046	90.04
90.05 09005	PULMONOLOGY CLINIC	0	12,113	30,010	42,123	90.05
90.06 09006	CVT CLINIC	0	8,100	20,069	28,169	90.06
90.07 09007	MWH CLINIC	0	115,755	286,792	402,547	90.07
90.08 09008	NEUROSURGERY CLINIC	0	16,767	41,543	58,310	90.08
90.09 09009	HEADACHE CLINIC	0	18,037	44,688	62,725	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	0	35,106	86,979	122,085	90.10
90.11 09011	MFM CLINIC	0	18,551	45,961	64,512	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	23,296	57,718	81,014	432	90.12	
90.13 09013 INFECTIOUS DISEASE CLINIC	0	6,219	15,408	21,627	104	90.13	
91.00 09100 EMERGENCY	0	211,825	524,815	736,640	9,914	91.00	
91.05 09101 AMBULATORY CARE	0	38,469	95,310	133,779	16	91.05	
91.10 09102 PSYCHIATRIC PARTIAL	0	28,820	71,403	100,223	489	91.10	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0			0		92.00	
101.00 10100 HOME HEALTH AGENCY	0	138,892	344,116	483,008	3,596	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	7,464,357	18,493,568	25,957,925	168,750	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	8,546	21,174	29,720	0	190.00	
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 SPECIALISTS/PCPS	0	347,884	861,911	1,209,795	38,884	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	12,226	30,291	42,517	379	193.60	
193.70 19306 WOMENS CENTER	0	0	0	0	0	193.70	
193.80 19307 MARKETING EXPENSES	0	0	0	0	607	193.80	
193.90 19308 COMPLIMENTARY MEDICINE	0	18,966	46,990	65,956	1,715	193.90	
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	0	49,305	122,157	171,462	1,384	194.00	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118 through 201)	0	7,901,284	19,576,091	27,477,375	211,719	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/21/2018 2:00 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,695,144					5.00
6.00	00600	MAINTENANCE & REPAIRS	32,366	72,119				6.00
7.00	00700	OPERATION OF PLANT	100,991	7,330	2,301,572			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,760	634	22,526	237,768		8.00
9.00	00900	HOUSEKEEPING	67,344	1,110	39,430	0	446,497	9.00
10.00	01000	DIETARY	69,259	2,687	95,462	985	19,032	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	41,669	89	3,156	0	629	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,246	89	3,169	0	632	14.00
15.00	01500	PHARMACY	118,347	692	24,584	0	4,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,172	815	28,938	0	5,769	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	70,029	114	4,033	320	804	22.00
23.00	02300	PARAMED ED PRGM	3,255	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2,083	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	1,132	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	17,288	34	1,211	0	241	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	567,228	14,095	500,732	88,460	99,825	30.00
31.00	03100	INTENSIVE CARE UNIT	122,639	1,947	69,159	15,887	13,788	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	46,605	1,492	53,019	2,760	10,570	40.00
43.00	04300	NURSERY	65,178	1,070	37,998	4,305	7,575	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	342,516	7,394	262,655	28,546	52,364	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	24,651	614	21,802	2,596	4,347	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,697	489	17,354	9,049	3,460	52.00
53.00	05300	ANESTHESIOLOGY	34,201	68	2,413	0	481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	259,438	4,812	170,933	13,285	34,078	54.00
54.10	03480	ONCOLOGY	292,695	5,401	191,873	0	38,252	54.10
54.20	05401	CT	33,814	270	9,609	7,405	1,916	54.20
54.30	05402	MRI	28,738	398	14,123	1,376	2,816	54.30
60.00	06000	LABORATORY	194,614	1,703	60,483	0	12,058	60.00
60.01	06001	BLOOD	17,096	214	7,605	0	1,516	60.01
65.00	06500	RESPIRATORY THERAPY	69,407	694	24,671	20	4,918	65.00
66.00	06600	PHYSICAL THERAPY	96,803	1,350	47,971	0	9,564	66.00
69.00	06900	ELECTROCARDIOLOGY	29,850	540	19,186	2,365	3,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,919	134	4,754	303	948	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,455	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,204	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	514,467	109	3,880	0	774	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	17,775	460	16,333	0	3,256	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,843	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	13,579	165	5,850	737	1,166	75.20
76.97	07697	CARDIAC REHABILITATION	17,945	735	26,098	0	5,203	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	29,166	437	15,515	0	3,093	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	10,837	297	10,558	0	2,105	90.02
90.03	09003	STATELINE CLINIC	16,368	0	0	0	0	90.03
90.04	09004	ORTHOPEDECS CLINIC	38,538	743	26,379	0	5,259	90.04
90.05	09005	PULMONOLOGY CLINIC	21,783	141	5,004	0	998	90.05
90.06	09006	CVT CLINIC	4,597	94	3,346	0	667	90.06
90.07	09007	MWH CLINIC	47,460	1,346	47,822	0	9,534	90.07
90.08	09008	NEUROSURGERY CLINIC	26,092	195	6,927	0	1,381	90.08
90.09	09009	HEADACHE CLINIC	19,066	210	7,452	0	1,486	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	7,954	408	14,504	0	2,891	90.10
90.11	09011	MFM CLINIC	7,187	216	7,664	0	1,528	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	24,396	271	9,624	0	1,919	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	8,411	72	2,569	0	512	90.13
91.00	09100	EMERGENCY	208,740	2,463	87,511	57,747	17,447	91.00
91.05	09101	AMBULATORY CARE	2,104	447	15,893	1,002	3,168	91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.10	09102	PSYCHIATRIC PARTIAL	9,557	335	11,906	620	2,374	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	94,404	1,615	57,380	0	11,440	101.00
118.00		SPECIAL PURPOSE COST CENTERS						
		SUBTOTALS (SUM OF LINES 1 through 117)	4,424,958	67,038	2,121,064	237,768	410,510	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	441	99	3,531	0	704	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS	1,149,036	4,046	143,721	0	28,653	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	718	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	17,752	142	5,051	0	1,007	193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	42,393	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	30,113	221	7,836	0	1,562	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	29,733	573	20,369	0	4,061	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,695,144	72,119	2,301,572	237,768	446,497	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/21/2018 2:00 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	996,924					10.00
11.00	01100	CAFETERIA	596,644	596,644				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,758	0	82,590		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	45,808	14.00
15.00	01500	PHARMACY	0	21,946	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,604	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	933	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	876	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	868	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	319,188	149,689	0	31,582	17,036	30.00
31.00	03100	INTENSIVE CARE UNIT	26,556	27,394	0	8,472	5,102	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	54,536	15,647	0	1,947	9	40.00
43.00	04300	NURSERY	0	15,408	0	3,886	42	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	63,009	0	10,820	852	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	3,622	0	1,056	4,966	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,118	0	3,479	6,020	52.00
53.00	05300	ANESTHESIOLOGY	0	1,666	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	49,848	0	3,171	6,574	54.00
54.10	03480	ONCOLOGY	0	0	0	1,877	0	54.10
54.20	05401	CT	0	4,919	0	0	1,045	54.20
54.30	05402	MRI	0	3,449	0	0	0	54.30
60.00	06000	LABORATORY	0	28,904	0	0	0	60.00
60.01	06001	BLOOD	0	1,657	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	15,087	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,067	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,561	0	775	61	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	954	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	5,496	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	3,258	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	1	75.20
76.97	07697	CARDIAC REHABILITATION	0	4,130	0	211	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,490	0	1,288	3,265	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	2,581	0	371	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	5,665	0	246	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	3,019	0	218	0	90.05
90.06	09006	CVT CLINIC	0	121	0	18	0	90.06
90.07	09007	MWH CLINIC	0	6,680	0	363	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	2,872	0	109	0	90.08
90.09	09009	HEADACHE CLINIC	0	2,143	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	1,284	0	39	0	90.10
90.11	09011	MFM CLINIC	0	954	0	13	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	2,399	0	201	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	577	0	11	0	90.13
91.00	09100	EMERGENCY	0	46,121	0	11,354	835	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.05	09101 AMBULATORY CARE	0	87	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	2,711	0	55	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	996,924	563,572	0	81,562	45,808	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	26,709	0	472	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 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	1,930	0	484	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	4,433	0	72	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	996,924	596,644	0	82,590	45,808	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/21/2018 2:00 pm	
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	381,935					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	338,500				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 ED - RADIATION ONCOLOGY	0	0	0	0		23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	4	0	0	0		23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35	20,482	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	22	7,223	0	0		31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	5	1,566	0	0		40.00
43.00	04300	NURSERY	9	1,773	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	284	34,222	0	0		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	27	1,943	0	0		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	4	3,124	0	0		52.00
53.00	05300	ANESTHESIOLOGY	9	3,037	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,381	28,979	0	0		54.00
54.10	03480	ONCOLOGY	106	7,931	0	0		54.10
54.20	05401	CT	2,419	14,858	0	0		54.20
54.30	05402	MRI	1,296	5,635	0	0		54.30
60.00	06000	LABORATORY	5	37,798	0	0		60.00
60.01	06001	BLOOD	232	1,413	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	2,356	3,844	0	0		65.00
66.00	06600	PHYSICAL THERAPY	6	6,209	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	178	8,534	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	503	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,488	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,285	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,489	58,663	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	07501	SLEEP LAB	0	1,763	0	0		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	85	0	0		75.10
75.20	03951	HEMODIALYSIS	23	602	0	0		75.20
76.97	07697	CARDIAC REHABILITATION	1	300	0	0		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	192	974	0	0		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0		90.01
90.02	09002	DIABETES CLINIC	3	94	0	0		90.02
90.03	09003	STATELINE CLINIC	0	2,361	0	0		90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,221	0	0		90.04
90.05	09005	PULMONOLOGY CLINIC	0	250	0	0		90.05
90.06	09006	CVT CLINIC	0	17	0	0		90.06
90.07	09007	MWH CLINIC	0	1,931	0	0		90.07
90.08	09008	NEUROSURGERY CLINIC	0	54	0	0		90.08
90.09	09009	HEADACHE CLINIC	0	614	0	0		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	105	0	0		90.10
90.11	09011	MFM CLINIC	0	20	0	0		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	847	0	0		90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	13	0	0		90.13
91.00	09100	EMERGENCY	271	24,497	0	0		91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
91.05	09101 AMBULATORY CARE	0	7	0			91.05
91.10	09102 PSYCHIATRIC PARTIAL	1	355	0			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	880	0			101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	381,358	338,500	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001 MCC WORD PROCESSING	0	0	0			190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201 SPECIALISTS/PCPS	0	0	0			192.01
192.02	19202 MEDWORKS	0	0	0			192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0			192.03
192.20	19204 IDLE SPACE	0	0	0			192.20
193.00	19300 NONPAID WORKERS	537	0	0			193.00
193.10	19301 HOTEL	0	0	0			193.10
193.30	19302 PHYSICIAN BILLING	0	0	0			193.30
193.40	19303 MEALS ON WHEELS	0	0	0			193.40
193.50	19304 WEE CARE	0	0	0			193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306 WOMENS CENTER	0	0	0			193.70
193.80	19307 MARKETING EXPENSES	0	0	0			193.80
193.90	19308 COMPLIMENTARY MEDICINE	40	0	0			193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	381,935	338,500	0	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

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		109,251			22.00
23.00 02300	PARAMED PRGM			4,356		23.00
23.01 02304	PHARMACY RESIDENCY				3,117	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				2,156	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	LI THOTRI PSY					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: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
90.13	09013	INFECTIOUS DISEASE CLINIC					90.13
91.00	09100	EMERGENCY					91.00
91.05	09101	AMBULATORY CARE					91.05
91.10	09102	PSYCHIATRIC PARTIAL					91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN					190.00
190.10	19001	MCC WORD PROCESSING					190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES					192.00
192.01	19201	SPECIALISTS/PCPS					192.01
192.02	19202	MEDWORKS					192.02
192.03	19203	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	WOMENS CENTER					193.70
193.80	19307	MARKETING EXPENSES					193.80
193.90	19308	COMPLIMENTARY MEDICINE					193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES					194.00
200.00		Cross Foot Adjustments	0	109,251	4,356	3,117	2,156 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	109,251	4,356	3,117	2,156 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
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		29,756			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,050,413	0	6,050,413	30.00
31.00	03100	INTENSIVE CARE UNIT		885,279	0	885,279	31.00
31.01	03101	PEDIATRIC ICU		0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF		637,275	0	637,275	40.00
43.00	04300	NURSERY		459,872	0	459,872	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,025,550	0	3,025,550	50.00
50.20	03340	GASTROINTESTINAL SERVICES		249,800	0	249,800	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		267,595	0	267,595	52.00
53.00	05300	ANESTHESIOLOGY		62,488	0	62,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,023,403	0	2,023,403	54.00
54.10	03480	ONCOLOGY		2,160,392	0	2,160,392	54.10
54.20	05401	CT		158,023	0	158,023	54.20
54.30	05402	MRI		177,332	0	177,332	54.30
60.00	06000	LABORATORY		850,384	0	850,384	60.00
60.01	06001	BLOOD		94,044	0	94,044	60.01
65.00	06500	RESPIRATORY THERAPY		331,805	0	331,805	65.00
66.00	06600	PHYSICAL THERAPY		590,095	0	590,095	66.00
69.00	06900	ELECTROCARDIOLOGY		233,451	0	233,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		50,708	0	50,708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		170,943	0	170,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		269,489	0	269,489	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		987,531	0	987,531	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	SLEEP LAB		181,018	0	181,018	75.01
75.10	03950	NUTRITIONAL SUPPORT		1,928	0	1,928	75.10
75.20	03951	HEMODIALYSIS		71,367	0	71,367	75.20
76.97	07697	CARDIAC REHABILITATION		275,047	0	275,047	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		190,146	0	190,146	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		115,865	0	115,865	90.02
90.03	09003	STATELINE CLINIC		19,205	0	19,205	90.03
90.04	09004	ORTHOPEDICS CLINIC		301,118	0	301,118	90.04
90.05	09005	PULMONOLOGY CLINIC		74,080	0	74,080	90.05
90.06	09006	CVT CLINIC		37,051	0	37,051	90.06
90.07	09007	MWH CLINIC		518,887	0	518,887	90.07
90.08	09008	NEUROSURGERY CLINIC		96,457	0	96,457	90.08
90.09	09009	HEADACHE CLINIC		94,082	0	94,082	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		149,501	0	149,501	90.10
90.11	09011	MFM CLINIC		82,266	0	82,266	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		121,103	0	121,103	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
90.13	09013	INFECTIOUS DISEASE CLINIC			33,896	0	33,896	90.13
91.00	09100	EMERGENCY			1,203,540	0	1,203,540	91.00
91.05	09101	AMBULATORY CARE			156,503	0	156,503	91.05
91.10	09102	PSYCHIATRIC PARTIAL			128,626	0	128,626	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			652,323	0	652,323	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	24,239,881	0	24,239,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			34,495	0	34,495	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCPS			2,601,316	0	2,601,316	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			1,255	0	1,255	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			66,848	0	66,848	193.60
193.70	19306	WOMENS CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			45,414	0	45,414	193.80
193.90	19308	COMPLEMENTARY MEDICINE			111,948	0	111,948	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			227,582	0	227,582	194.00
200.00		Cross Foot Adjustments	0	29,756	148,636	0	148,636	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	29,756	27,477,375	0	27,477,375	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,045,658				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,045,658			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	270,844		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	215,459	215,459	42,730	-66,657,456	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,450	1,450	2,111	0	6.00
7.00 00700	OPERATION OF PLANT	83,415	83,415	1,671	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,216	7,216	293	0	8.00
9.00 00900	HOUSEKEEPING	12,631	12,631	8,572	0	9.00
10.00 01000	DIETARY	30,580	30,580	7,586	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	1,011	1,011	2,204	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	14.00
15.00 01500	PHARMACY	7,875	7,875	5,794	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,270	9,270	3,336	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	215	0	23.00
23.01 02304	PHARMACY RESIDENCY	0	0	202	0	23.01
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	200	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	1,000	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	160,403	160,403	34,612	0	30.00
31.00 03100	INTENSIVE CARE UNIT	22,154	22,154	6,315	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	16,984	16,984	3,607	0	40.00
43.00 04300	NURSERY	12,172	12,172	3,552	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,138	84,138	15,280	0	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	6,984	6,984	835	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	3,485	0	52.00
53.00 05300	ANESTHESIOLOGY	773	773	384	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,756	54,756	12,854	0	54.00
54.10 03480	ONCOLOGY	61,464	61,464	9,122	0	54.10
54.20 05401	CT	3,078	3,078	1,134	0	54.20
54.30 05402	MRI	4,524	4,524	795	0	54.30
60.00 06000	LABORATORY	19,375	19,375	7,280	0	60.00
60.01 06001	BLOOD	2,436	2,436	382	0	60.01
65.00 06500	RESPIRATORY THERAPY	7,903	7,903	4,012	0	65.00
66.00 06600	PHYSICAL THERAPY	15,367	15,367	5,524	0	66.00
69.00 06900	ELECTROCARDIOLOGY	6,146	6,146	1,374	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	220	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	1,243	1,243	1,267	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	881	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	952	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	1,440	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	191	0	90.02
90.03 09003	STATELINE CLINIC	0	0	609	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	8,450	8,450	1,306	0	90.04
90.05 09005	PULMONOLOGY CLINIC	1,603	1,603	696	0	90.05
90.06 09006	CVT CLINIC	1,072	1,072	28	0	90.06
90.07 09007	MWH CLINIC	15,319	15,319	1,540	0	90.07
90.08 09008	NEUROSURGERY CLINIC	2,219	2,219	662	0	90.08
90.09 09009	HEADACHE CLINIC	2,387	2,387	494	0	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	4,646	4,646	296	0	90.10
90.11 09011	MFM CLINIC	2,455	2,455	220	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	553	0	1,644,466	90.12	
90.13 09013 INFECTIOUS DISEASE CLINIC	823	823	133	0	566,990	90.13	
91.00 09100 EMERGENCY	28,033	28,033	12,683	0	14,070,776	91.00	
91.05 09101 AMBULATORY CARE	5,091	5,091	20	0	141,813	91.05	
91.10 09102 PSYCHIATRIC PARTIAL	3,814	3,814	625	0	644,187	91.10	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00	
101.00 10100 HOME HEALTH AGENCY	18,381	18,381	4,600	0	6,363,603	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	987,835	987,835	215,877	-66,657,456	298,278,187	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1,131	1,131	0	0	29,720	190.00	
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 SPECIALISTS/PCPS	46,039	46,039	49,740	0	77,461,144	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	48,405	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	1,618	1,618	485	0	1,196,628	193.60	
193.70 19306 WOMENS CENTER	0	0	0	0	0	193.70	
193.80 19307 MARKETING EXPENSES	0	0	777	0	2,857,623	193.80	
193.90 19308 COMPLIMENTARY MEDICINE	2,510	2,510	2,194	0	2,029,890	193.90	
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	6,525	6,525	1,771	0	2,004,228	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)	7,901,284	19,576,091	3,585,932	66,657,456	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	7.556279	18.721313	13.239843	0.173630	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			211,719	5,695,144	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.781701	0.014835	205.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	820,692				6.00	
7.00	00700	OPERATION OF PLANT	83,415	737,277			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	1,653,961		8.00	
9.00	00900	HOUSEKEEPING	12,631	12,631	0	717,430	9.00	
10.00	01000	DIETARY	30,580	30,580	6,851	30,580	382,237	10.00
11.00	01100	CAFETERIA	0	0	0	0	228,763	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,011	1,011	0	1,011	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	7,875	7,875	0	7,875	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,270	9,270	0	9,270	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	2,227	1,292	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	388	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	160,403	160,403	615,345	160,403	122,382	30.00
31.00	03100	INTENSIVE CARE UNIT	22,154	22,154	110,513	22,154	10,182	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	16,984	16,984	19,200	16,984	20,910	40.00
43.00	04300	NURSERY	12,172	12,172	29,943	12,172	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,138	84,138	198,574	84,138	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	18,061	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	62,945	5,559	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,756	54,756	92,414	54,756	0	54.00
54.10	03480	ONCOLOGY	61,464	61,464	0	61,464	0	54.10
54.20	05401	CT	3,078	3,078	51,513	3,078	0	54.20
54.30	05402	MRI	4,524	4,524	9,570	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	7,903	7,903	139	7,903	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	16,454	6,146	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	2,107	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	1,243	1,243	0	1,243	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	5,125	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,970	4,970	0	4,970	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	3,382	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	8,450	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,603	1,603	0	1,603	0	90.05
90.06	09006	CVT CLINIC	1,072	1,072	0	1,072	0	90.06
90.07	09007	MWH CLINIC	15,319	15,319	0	15,319	0	90.07
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	2,219	0	90.08
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	2,387	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	4,646	0	90.10
90.11	09011	MFM CLINIC	2,455	2,455	0	2,455	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	3,083	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	823	823	0	823	0	90.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
91.00	09100	EMERGENCY	28,033	28,033	401,699	28,033	0 91.00
91.05	09101	AMBULATORY CARE	5,091	5,091	6,969	5,091	0 91.05
91.10	09102	PSYCHIATRIC PARTIAL	3,814	3,814	4,312	3,814	0 91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0 92.00
101.00	10100	HOME HEALTH AGENCY	18,381	18,381	0	18,381	0 101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	762,869	679,454	1,653,961	659,607	382,237 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,131	1,131	0	1,131	0 190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0 190.10
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	SPECIALISTS/PCPS	46,039	46,039	0	46,039	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	1,618	1,618	0	1,618	0 193.60
193.70	19306	WOMENS CENTER	0	0	0	0	0 193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0 193.80
193.90	19308	COMPLIMENTARY MEDICINE	2,510	2,510	0	2,510	0 193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	6,525	6,525	0	6,525	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,560,516	8,249,838	2,062,076	5,508,498	6,160,123 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.119948	11.189604	1.246750	7.678098	16.115978 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,119	2,301,572	237,768	446,497	996,924 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.087876	3.121720	0.143757	0.622356	2.608131 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	137,540					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,019	0	46,294,765			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,783,571		14.00
15.00	01500	PHARMACY	5,059	0	0	0	34,124,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,136	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	215	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	202	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	200	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	363	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,506	0	17,703,170	1,407,205	3,096	30.00
31.00	03100	INTENSIVE CARE UNIT	6,315	0	4,749,146	421,381	1,964	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	3,607	0	1,091,108	725	440	40.00
43.00	04300	NURSERY	3,552	0	2,178,483	3,467	767	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,525	0	6,065,185	70,377	25,397	50.00
50.20	03340	GASTROINTESTINAL SERVICES	835	0	591,792	410,145	2,433	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,485	0	1,949,835	497,224	342	52.00
53.00	05300	ANESTHESIOLOGY	384	0	0	0	830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,491	0	1,777,273	542,981	302,076	54.00
54.10	03480	ONCOLOGY	0	0	1,051,900	0	9,482	54.10
54.20	05401	CT	1,134	0	0	86,325	216,151	54.20
54.30	05402	MRI	795	0	0	0	115,756	54.30
60.00	06000	LABORATORY	6,663	0	0	0	480	60.00
60.01	06001	BLOOD	382	0	0	0	20,700	60.01
65.00	06500	RESPIRATORY THERAPY	3,478	0	83	0	210,496	65.00
66.00	06600	PHYSICAL THERAPY	4,626	0	0	0	493	66.00
69.00	06900	ELECTROCARDIOLOGY	1,282	0	434,481	5,078	15,902	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	220	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	1,267	0	0	0	33,102,281	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	751	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	48	2,057	75.20
76.97	07697	CARDIAC REHABILITATION	952	0	118,523	0	70	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,035	0	722,164	269,675	17,119	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	595	0	207,815	0	232	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	1,306	0	137,735	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	696	0	122,167	0	0	90.05
90.06	09006	CVT CLINIC	28	0	9,998	0	0	90.06
90.07	09007	MWH CLINIC	1,540	0	203,201	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	662	0	61,003	0	0	90.08
90.09	09009	HEADACHE CLINIC	494	0	42	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	296	0	22,069	0	0	90.10
90.11	09011	MFM CLINIC	220	0	7,478	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	553	0	112,532	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.13	09013 INFECTIOUS DISEASE CLINIC	133	0	6,096	0	0	90.13
91.00	09100 EMERGENCY	10,632	0	6,364,454	68,940	24,194	91.00
91.05	09101 AMBULATORY CARE	20	0	169	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	625	0	31,043	0	99	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	129,916	0	45,718,945	3,783,571	34,073,220	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	6,157	0	264,419	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	48,018	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	445	0	271,232	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	1,022	0	40,169	0	3,537	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,686,739	0	3,372,855	1,228,437	9,671,439	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.804849	0.000000	0.072856	0.324677	0.283414	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	596,644	0	82,590	45,808	381,935	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.337967	0.000000	0.001784	0.012107	0.011192	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,292,337,132					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM	0	0				23.00
23.01 02304 PHARMACY RESIDENCY	0	0				23.01
23.20 02301 PARAMED ED PRGM - RADIOLOGY	0	0				23.20
23.30 02302 PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40 02303 PARAMED ED - PARAMEDICAL TECHS	0	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	138,389,797	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	48,806,091	0	0	0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I PF	10,579,548	0	0	0	0	40.00
43.00 04300 NURSERY	11,981,132	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	231,230,474	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	13,128,505	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	21,107,160	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	20,521,510	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	195,803,005	0	0	0	0	54.00
54.10 03480 ONCOLOGY	53,589,528	0	0	0	0	54.10
54.20 05401 CT	100,395,081	0	0	0	0	54.20
54.30 05402 MRI	38,071,051	0	0	0	0	54.30
60.00 06000 LABORATORY	255,394,755	0	0	0	0	60.00
60.01 06001 BLOOD	9,544,043	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	25,969,618	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	41,949,626	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	57,660,194	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,397,188	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	131,677,743	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	231,658,265	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	401,555,526	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	11,914,703	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	575,265	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	4,064,911	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	2,024,204	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	6,583,716	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	632,664	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	15,950,244	0	0	0	0	90.03
90.04 09004 ORTHOPEDICS CLINIC	8,246,702	0	0	0	0	90.04
90.05 09005 PULMONOLOGY CLINIC	1,691,650	0	0	0	0	90.05
90.06 09006 CVT CLINIC	117,886	0	0	0	0	90.06
90.07 09007 MWH CLINIC	13,045,084	0	0	0	0	90.07
90.08 09008 NEUROSURGERY CLINIC	366,585	0	0	0	0	90.08
90.09 09009 HEADACHE CLINIC	4,148,124	0	0	0	0	90.09
90.10 09010 UW GENERAL SURGERY CLINIC	709,789	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
90.11	09011 MFM CLINIC	131,952	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	5,723,308	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	91,047	0	0	0	0	90.13
91.00	09100 EMERGENCY	165,522,203	0	0	0	0	91.00
91.05	09101 AMBULATORY CARE	45,209	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	2,399,024	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
101.00	10100 HOME HEALTH AGENCY	5,943,022	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,292,337,132	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 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 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,703,352	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001616	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	338,500	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000148	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/21/2018 2:00 pm

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	2,540					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		100				22.00
23.00 02300 PARAMED PRGM			100			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	2,000	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	90	0	0	0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00 04300 NURSERY	40	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	80	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	30	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	150	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	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

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	
90.11	09011 MFM CLINIC	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	150	0	0	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,540	100	100	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	0	0	0	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 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 WOMENS CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,571,368	263,297	170,241	94,901	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,193.451969	2,632.970000	1,702.410000	949.010000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	109,251	4,356	3,117	2,156	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	43.012205	43.560000	31.170000	21.560000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/21/2018 2:00 pm

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
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: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
		23.40	
90.13	09013 INFECTIOUS DISEASE CLINIC	0	90.13
91.00	09100 EMERGENCY	100	91.00
91.05	09101 AMBULATORY CARE	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		92.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
	SPECIAL PURPOSE COST CENTERS		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
190.10	19001 MCC WORD PROCESSING	0	190.10
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201 SPECIALISTS/PCPS	0	192.01
192.02	19202 MEDWORKS	0	192.02
192.03	19203 SWEDISH AMERICAN ER	0	192.03
192.20	19204 IDLE SPACE	0	192.20
193.00	19300 NONPAID WORKERS	0	193.00
193.10	19301 HOTEL	0	193.10
193.30	19302 PHYSICIAN BILLING	0	193.30
193.40	19303 MEALS ON WHEELS	0	193.40
193.50	19304 WEE CARE	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	193.60
193.70	19306 WOMENS CENTER	0	193.70
193.80	19307 MARKETING EXPENSES	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,376,354	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13,763.540000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	29,756	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	297.560000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,037,152		54,037,152	3,737	54,040,889	30.00
31.00	03100	INTENSIVE CARE UNIT	11,222,748		11,222,748	6,887	11,229,635	31.00
31.01	03101	PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	4,615,030		4,615,030	0	4,615,030	40.00
43.00	04300	NURSERY	5,735,958		5,735,958	0	5,735,958	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,429,730		30,429,730	37,521	30,467,251	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	2,346,836		2,346,836	12,181	2,359,017	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,433,709		5,433,709	0	5,433,709	52.00
53.00	05300	ANESTHESIOLOGY	2,766,425		2,766,425	11,429	2,777,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,954,631		22,954,631	0	22,954,631	54.00
54.10	03480	ONCOLOGY	24,673,123		24,673,123	211,989	24,885,112	54.10
54.20	05401	CT	3,088,943		3,088,943	0	3,088,943	54.20
54.30	05402	MRI	2,500,551		2,500,551	0	2,500,551	54.30
60.00	06000	LABORATORY	16,677,144		16,677,144	0	16,677,144	60.00
60.01	06001	BLOOD	1,437,633		1,437,633	0	1,437,633	60.01
65.00	06500	RESPIRATORY THERAPY	5,859,749	0	5,859,749	0	5,859,749	65.00
66.00	06600	PHYSICAL THERAPY	8,188,139	0	8,188,139	0	8,188,139	66.00
69.00	06900	ELECTROCARDIOLOGY	2,682,502		2,682,502	0	2,682,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,447		278,447	0	278,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,194,706		12,194,706	0	12,194,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,981,888		18,981,888	0	18,981,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,961,655		50,961,655	0	50,961,655	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	SLEEP LAB	1,560,610		1,560,610	0	1,560,610	75.01
75.10	03950	NUTRITIONAL SUPPORT	146,750		146,750	0	146,750	75.10
75.20	03951	HEMODIALYSIS	1,129,060		1,129,060	0	1,129,060	75.20
76.97	07697	CARDIAC REHABILITATION	1,640,894		1,640,894	0	1,640,894	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,600,055		2,600,055	14,730	2,614,785	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	963,843		963,843	0	963,843	90.02
90.03	09003	STATELINE CLINIC	1,320,716		1,320,716	0	1,320,716	90.03
90.04	09004	ORTHOPEDICS CLINIC	3,292,968		3,292,968	0	3,292,968	90.04
90.05	09005	PULMONOLOGY CLINIC	1,788,813		1,788,813	0	1,788,813	90.05
90.06	09006	CVT CLINIC	388,902		388,902	0	388,902	90.06
90.07	09007	MWH CLINIC	4,168,677		4,168,677	0	4,168,677	90.07
90.08	09008	NEUROSURGERY CLINIC	2,135,795		2,135,795	0	2,135,795	90.08
90.09	09009	HEADACHE CLINIC	1,580,749		1,580,749	0	1,580,749	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	742,066		742,066	0	742,066	90.10
90.11	09011	MFM CLINIC	629,213		629,213	0	629,213	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	2,030,055		2,030,055	0	2,030,055	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	687,688		687,688	0	687,688	90.13
91.00	09100	EMERGENCY	20,052,839		20,052,839	16,813	20,069,652	91.00
91.05	09101	AMBULATORY CARE	287,685		287,685	0	287,685	91.05
91.10	09102	PSYCHIATRIC PARTIAL	868,193		868,193	0	868,193	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,848,308		8,848,308	0	8,848,308	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,882,274		7,882,274	0	7,882,274	101.00
200.00		Subtotal (see instructions)	351,812,852	0	351,812,852	315,287	352,128,139	200.00
201.00		Less Observation Beds	8,848,308		8,848,308	0	8,848,308	201.00
202.00		Total (see instructions)	342,964,544	0	342,964,544	315,287	343,279,831	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,988,192		115,988,192		30.00
31.00	03100	INTENSIVE CARE UNIT	48,806,091		48,806,091		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	10,579,548		10,579,548		40.00
43.00	04300	NURSERY	11,981,132		11,981,132		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,428,918	141,801,556	231,230,474	0.131599	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	3,229,657	9,898,848	13,128,505	0.178759	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,770,507	336,653	21,107,160	0.257434	52.00
53.00	05300	ANESTHESIOLOGY	9,220,624	11,300,886	20,521,510	0.134806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,946,396	144,856,609	195,803,005	0.117233	54.00
54.10	03480	ONCOLOGY	1,835,896	51,753,632	53,589,528	0.460409	54.10
54.20	05401	CT	21,411,989	78,983,092	100,395,081	0.030768	54.20
54.30	05402	MRI	5,691,918	32,379,133	38,071,051	0.065681	54.30
60.00	06000	LABORATORY	60,310,486	195,084,269	255,394,755	0.065299	60.00
60.01	06001	BLOOD	6,911,351	2,632,692	9,544,043	0.150631	60.01
65.00	06500	RESPIRATORY THERAPY	16,407,509	9,562,109	25,969,618	0.225639	65.00
66.00	06600	PHYSICAL THERAPY	12,810,120	29,139,506	41,949,626	0.195190	66.00
69.00	06900	ELECTROCARDIOLOGY	18,631,956	39,028,238	57,660,194	0.046523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	758,583	2,638,605	3,397,188	0.081964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,647,558	59,030,185	131,677,743	0.092610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	161,665,693	69,992,572	231,658,265	0.081939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,710,520	271,845,006	401,555,526	0.126911	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	7,453	11,907,250	11,914,703	0.130982	75.01
75.10	03950	NUTRITIONAL SUPPORT	368	574,897	575,265	0.255100	75.10
75.20	03951	HEMODIALYSIS	3,605,322	459,589	4,064,911	0.277758	75.20
76.97	07697	CARDIAC REHABILITATION	4,381	2,019,823	2,024,204	0.810637	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	63,450	6,520,266	6,583,716	0.394922	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	41,794	590,870	632,664	1.523467	90.02
90.03	09003	STATELINE CLINIC	39,747	15,910,497	15,950,244	0.082802	90.03
90.04	09004	ORTHOPEDICS CLINIC	5,511	8,241,191	8,246,702	0.399307	90.04
90.05	09005	PULMONOLOGY CLINIC	5,413	1,686,237	1,691,650	1.057437	90.05
90.06	09006	CVT CLINIC	9,706	108,180	117,886	3.298967	90.06
90.07	09007	MWH CLINIC	63,150	12,981,934	13,045,084	0.319559	90.07
90.08	09008	NEUROSURGERY CLINIC	1,083	365,502	366,585	5.826193	90.08
90.09	09009	HEADACHE CLINIC	1,512	4,146,612	4,148,124	0.381076	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,547	708,242	709,789	1.045474	90.10
90.11	09011	MFM CLINIC	0	131,952	131,952	4.768499	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	27,122	5,696,186	5,723,308	0.354700	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	773	90,274	91,047	7.553110	90.13
91.00	09100	EMERGENCY	35,379,605	130,142,598	165,522,203	0.121149	91.00
91.05	09101	AMBULATORY CARE	405	44,804	45,209	6.363445	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,184	2,397,840	2,399,024	0.361894	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,538	22,379,067	22,401,605	0.394985	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,943,022	5,943,022		101.00
200.00		Subtotal (see instructions)	909,026,708	1,383,310,424	2,292,337,132		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	909,026,708	1,383,310,424	2,292,337,132		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/21/2018 2:00 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	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	0.131761		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.179687		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257434		52.00
53.00	05300	ANESTHESIOLOGY	0.135363		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117233		54.00
54.10	03480	ONCOLOGY	0.464365		54.10
54.20	05401	CT	0.030768		54.20
54.30	05402	MRI	0.065681		54.30
60.00	06000	LABORATORY	0.065299		60.00
60.01	06001	BLOOD	0.150631		60.01
65.00	06500	RESPIRATORY THERAPY	0.225639		65.00
66.00	06600	PHYSICAL THERAPY	0.195190		66.00
69.00	06900	ELECTROCARDIOLOGY	0.046523		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.081964		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.092610		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.081939		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126911		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	SLEEP LAB	0.130982		75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255100		75.10
75.20	03951	HEMODIALYSIS	0.277758		75.20
76.97	07697	CARDIAC REHABILITATION	0.810637		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.397159		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0.000000		90.01
90.02	09002	DIABETES CLINIC	1.523467		90.02
90.03	09003	STATELINE CLINIC	0.082802		90.03
90.04	09004	ORTHOPEDICS CLINIC	0.399307		90.04
90.05	09005	PULMONOLOGY CLINIC	1.057437		90.05
90.06	09006	CVT CLINIC	3.298967		90.06
90.07	09007	MWH CLINIC	0.319559		90.07
90.08	09008	NEUROSURGERY CLINIC	5.826193		90.08
90.09	09009	HEADACHE CLINIC	0.381076		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.045474		90.10
90.11	09011	MFM CLINIC	4.768499		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.354700		90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	7.553110		90.13
91.00	09100	EMERGENCY	0.121251		91.00
91.05	09101	AMBULATORY CARE	6.363445		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.361894		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.394985		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		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	54,037,152		54,037,152	3,737	54,040,889	30.00
31.00	03100 INTENSIVE CARE UNIT	11,222,748		11,222,748	6,887	11,229,635	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	4,615,030		4,615,030	0	4,615,030	40.00
43.00	04300 NURSERY	5,735,958		5,735,958	0	5,735,958	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,429,730		30,429,730	37,521	30,467,251	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,346,836		2,346,836	12,181	2,359,017	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,433,709		5,433,709	0	5,433,709	52.00
53.00	05300 ANESTHESIOLOGY	2,766,425		2,766,425	11,429	2,777,854	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,954,631		22,954,631	0	22,954,631	54.00
54.10	03480 ONCOLOGY	24,673,123		24,673,123	211,989	24,885,112	54.10
54.20	05401 CT	3,088,943		3,088,943	0	3,088,943	54.20
54.30	05402 MRI	2,500,551		2,500,551	0	2,500,551	54.30
60.00	06000 LABORATORY	16,677,144		16,677,144	0	16,677,144	60.00
60.01	06001 BLOOD	1,437,633		1,437,633	0	1,437,633	60.01
65.00	06500 RESPIRATORY THERAPY	5,859,749	0	5,859,749	0	5,859,749	65.00
66.00	06600 PHYSICAL THERAPY	8,188,139	0	8,188,139	0	8,188,139	66.00
69.00	06900 ELECTROCARDIOLOGY	2,682,502		2,682,502	0	2,682,502	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	278,447		278,447	0	278,447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,194,706		12,194,706	0	12,194,706	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,981,888		18,981,888	0	18,981,888	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,961,655		50,961,655	0	50,961,655	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,560,610		1,560,610	0	1,560,610	75.01
75.10	03950 NUTRITIONAL SUPPORT	146,750		146,750	0	146,750	75.10
75.20	03951 HEMODIALYSIS	1,129,060		1,129,060	0	1,129,060	75.20
76.97	07697 CARDIAC REHABILITATION	1,640,894		1,640,894	0	1,640,894	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,600,055		2,600,055	14,730	2,614,785	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	963,843		963,843	0	963,843	90.02
90.03	09003 STATELINE CLINIC	1,320,716		1,320,716	0	1,320,716	90.03
90.04	09004 ORTHOPEDICS CLINIC	3,292,968		3,292,968	0	3,292,968	90.04
90.05	09005 PULMONOLOGY CLINIC	1,788,813		1,788,813	0	1,788,813	90.05
90.06	09006 CVT CLINIC	388,902		388,902	0	388,902	90.06
90.07	09007 MWH CLINIC	4,168,677		4,168,677	0	4,168,677	90.07
90.08	09008 NEUROSURGERY CLINIC	2,135,795		2,135,795	0	2,135,795	90.08
90.09	09009 HEADACHE CLINIC	1,580,749		1,580,749	0	1,580,749	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	742,066		742,066	0	742,066	90.10
90.11	09011 MFM CLINIC	629,213		629,213	0	629,213	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	2,030,055		2,030,055	0	2,030,055	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	687,688		687,688	0	687,688	90.13
91.00	09100 EMERGENCY	20,052,839		20,052,839	16,813	20,069,652	91.00
91.05	09101 AMBULATORY CARE	287,685		287,685	0	287,685	91.05
91.10	09102 PSYCHIATRIC PARTIAL	868,193		868,193	0	868,193	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,848,308		8,848,308	0	8,848,308	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,882,274		7,882,274	0	7,882,274	101.00
200.00	Subtotal (see instructions)	351,812,852	0	351,812,852	315,287	352,128,139	200.00
201.00	Less Observation Beds	8,848,308		8,848,308	0	8,848,308	201.00
202.00	Total (see instructions)	342,964,544	0	342,964,544	315,287	343,279,831	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,988,192		115,988,192		30.00
31.00	03100	INTENSIVE CARE UNIT	48,806,091		48,806,091		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	10,579,548		10,579,548		40.00
43.00	04300	NURSERY	11,981,132		11,981,132		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,428,918	141,801,556	231,230,474	0.131599	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,229,657	9,898,848	13,128,505	0.178759	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,770,507	336,653	21,107,160	0.257434	52.00
53.00	05300	ANESTHESIOLOGY	9,220,624	11,300,886	20,521,510	0.134806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,946,396	144,856,609	195,803,005	0.117233	54.00
54.10	03480	ONCOLOGY	1,835,896	51,753,632	53,589,528	0.460409	54.10
54.20	05401	CT	21,411,989	78,983,092	100,395,081	0.030768	54.20
54.30	05402	MRI	5,691,918	32,379,133	38,071,051	0.065681	54.30
60.00	06000	LABORATORY	60,310,486	195,084,269	255,394,755	0.065299	60.00
60.01	06001	BLOOD	6,911,351	2,632,692	9,544,043	0.150631	60.01
65.00	06500	RESPIRATORY THERAPY	16,407,509	9,562,109	25,969,618	0.225639	65.00
66.00	06600	PHYSICAL THERAPY	12,810,120	29,139,506	41,949,626	0.195190	66.00
69.00	06900	ELECTROCARDIOLOGY	18,631,956	39,028,238	57,660,194	0.046523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	758,583	2,638,605	3,397,188	0.081964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,647,558	59,030,185	131,677,743	0.092610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	161,665,693	69,992,572	231,658,265	0.081939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,710,520	271,845,006	401,555,526	0.126911	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	7,453	11,907,250	11,914,703	0.130982	75.01
75.10	03950	NUTRITIONAL SUPPORT	368	574,897	575,265	0.255100	75.10
75.20	03951	HEMODIALYSIS	3,605,322	459,589	4,064,911	0.277758	75.20
76.97	07697	CARDIAC REHABILITATION	4,381	2,019,823	2,024,204	0.810637	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	63,450	6,520,266	6,583,716	0.394922	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	41,794	590,870	632,664	1.523467	90.02
90.03	09003	STATELINE CLINIC	39,747	15,910,497	15,950,244	0.082802	90.03
90.04	09004	ORTHOPEDICS CLINIC	5,511	8,241,191	8,246,702	0.399307	90.04
90.05	09005	PULMONOLOGY CLINIC	5,413	1,686,237	1,691,650	1.057437	90.05
90.06	09006	CVT CLINIC	9,706	108,180	117,886	3.298967	90.06
90.07	09007	MWH CLINIC	63,150	12,981,934	13,045,084	0.319559	90.07
90.08	09008	NEUROSURGERY CLINIC	1,083	365,502	366,585	5.826193	90.08
90.09	09009	HEADACHE CLINIC	1,512	4,146,612	4,148,124	0.381076	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,547	708,242	709,789	1.045474	90.10
90.11	09011	MFM CLINIC	0	131,952	131,952	4.768499	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	27,122	5,696,186	5,723,308	0.354700	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	773	90,274	91,047	7.553110	90.13
91.00	09100	EMERGENCY	35,379,605	130,142,598	165,522,203	0.121149	91.00
91.05	09101	AMBULATORY CARE	405	44,804	45,209	6.363445	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,184	2,397,840	2,399,024	0.361894	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,538	22,379,067	22,401,605	0.394985	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,943,022	5,943,022		101.00
200.00		Subtotal (see instructions)	909,026,708	1,383,310,424	2,292,337,132		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	909,026,708	1,383,310,424	2,292,337,132		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/21/2018 2:00 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.000000		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.10	03480	ONCOLOGY	0.000000		54.10
54.20	05401	CT	0.000000		54.20
54.30	05402	MRI	0.000000		54.30
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	SLEEP LAB	0.000000		75.01
75.10	03950	NUTRITIONAL SUPPORT	0.000000		75.10
75.20	03951	HEMODIALYSIS	0.000000		75.20
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0.000000		90.01
90.02	09002	DIABETES CLINIC	0.000000		90.02
90.03	09003	STATELINE CLINIC	0.000000		90.03
90.04	09004	ORTHOPEDICS CLINIC	0.000000		90.04
90.05	09005	PULMONOLOGY CLINIC	0.000000		90.05
90.06	09006	CVT CLINIC	0.000000		90.06
90.07	09007	MWH CLINIC	0.000000		90.07
90.08	09008	NEUROSURGERY CLINIC	0.000000		90.08
90.09	09009	HEADACHE CLINIC	0.000000		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0.000000		90.10
90.11	09011	MFM CLINIC	0.000000		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.000000		90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0.000000		90.13
91.00	09100	EMERGENCY	0.000000		91.00
91.05	09101	AMBULATORY CARE	0.000000		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.000000		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		Title V		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	54,037,152		54,037,152	3,737	54,040,889	30.00
31.00	03100 INTENSIVE CARE UNIT	11,222,748		11,222,748	6,887	11,229,635	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	4,615,030		4,615,030	0	4,615,030	40.00
43.00	04300 NURSERY	5,735,958		5,735,958	0	5,735,958	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,429,730		30,429,730	37,521	30,467,251	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,346,836		2,346,836	12,181	2,359,017	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,433,709		5,433,709	0	5,433,709	52.00
53.00	05300 ANESTHESIOLOGY	2,766,425		2,766,425	11,429	2,777,854	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,954,631		22,954,631	0	22,954,631	54.00
54.10	03480 ONCOLOGY	24,673,123		24,673,123	211,989	24,885,112	54.10
54.20	05401 CT	3,088,943		3,088,943	0	3,088,943	54.20
54.30	05402 MRI	2,500,551		2,500,551	0	2,500,551	54.30
60.00	06000 LABORATORY	16,677,144		16,677,144	0	16,677,144	60.00
60.01	06001 BLOOD	1,437,633		1,437,633	0	1,437,633	60.01
65.00	06500 RESPIRATORY THERAPY	5,859,749	0	5,859,749	0	5,859,749	65.00
66.00	06600 PHYSICAL THERAPY	8,188,139	0	8,188,139	0	8,188,139	66.00
69.00	06900 ELECTROCARDIOLOGY	2,682,502		2,682,502	0	2,682,502	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	278,447		278,447	0	278,447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,194,706		12,194,706	0	12,194,706	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,981,888		18,981,888	0	18,981,888	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,961,655		50,961,655	0	50,961,655	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,560,610		1,560,610	0	1,560,610	75.01
75.10	03950 NUTRITIONAL SUPPORT	146,750		146,750	0	146,750	75.10
75.20	03951 HEMODIALYSIS	1,129,060		1,129,060	0	1,129,060	75.20
76.97	07697 CARDIAC REHABILITATION	1,640,894		1,640,894	0	1,640,894	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,600,055		2,600,055	14,730	2,614,785	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	963,843		963,843	0	963,843	90.02
90.03	09003 STATELINE CLINIC	1,320,716		1,320,716	0	1,320,716	90.03
90.04	09004 ORTHOPEDICS CLINIC	3,292,968		3,292,968	0	3,292,968	90.04
90.05	09005 PULMONOLOGY CLINIC	1,788,813		1,788,813	0	1,788,813	90.05
90.06	09006 CVT CLINIC	388,902		388,902	0	388,902	90.06
90.07	09007 MWH CLINIC	4,168,677		4,168,677	0	4,168,677	90.07
90.08	09008 NEUROSURGERY CLINIC	2,135,795		2,135,795	0	2,135,795	90.08
90.09	09009 HEADACHE CLINIC	1,580,749		1,580,749	0	1,580,749	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	742,066		742,066	0	742,066	90.10
90.11	09011 MFM CLINIC	629,213		629,213	0	629,213	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	2,030,055		2,030,055	0	2,030,055	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	687,688		687,688	0	687,688	90.13
91.00	09100 EMERGENCY	20,052,839		20,052,839	16,813	20,069,652	91.00
91.05	09101 AMBULATORY CARE	287,685		287,685	0	287,685	91.05
91.10	09102 PSYCHIATRIC PARTIAL	868,193		868,193	0	868,193	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,848,308		8,848,308	0	8,848,308	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,882,274		7,882,274	0	7,882,274	101.00
200.00	Subtotal (see instructions)	351,812,852	0	351,812,852	315,287	352,128,139	200.00
201.00	Less Observation Beds	8,848,308		8,848,308	0	8,848,308	201.00
202.00	Total (see instructions)	342,964,544	0	342,964,544	315,287	343,279,831	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,988,192		115,988,192		30.00
31.00	03100	INTENSIVE CARE UNIT	48,806,091		48,806,091		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	10,579,548		10,579,548		40.00
43.00	04300	NURSERY	11,981,132		11,981,132		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,428,918	141,801,556	231,230,474	0.131599	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	3,229,657	9,898,848	13,128,505	0.178759	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,770,507	336,653	21,107,160	0.257434	52.00
53.00	05300	ANESTHESIOLOGY	9,220,624	11,300,886	20,521,510	0.134806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,946,396	144,856,609	195,803,005	0.117233	54.00
54.10	03480	ONCOLOGY	1,835,896	51,753,632	53,589,528	0.460409	54.10
54.20	05401	CT	21,411,989	78,983,092	100,395,081	0.030768	54.20
54.30	05402	MRI	5,691,918	32,379,133	38,071,051	0.065681	54.30
60.00	06000	LABORATORY	60,310,486	195,084,269	255,394,755	0.065299	60.00
60.01	06001	BLOOD	6,911,351	2,632,692	9,544,043	0.150631	60.01
65.00	06500	RESPIRATORY THERAPY	16,407,509	9,562,109	25,969,618	0.225639	65.00
66.00	06600	PHYSICAL THERAPY	12,810,120	29,139,506	41,949,626	0.195190	66.00
69.00	06900	ELECTROCARDIOLOGY	18,631,956	39,028,238	57,660,194	0.046523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	758,583	2,638,605	3,397,188	0.081964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,647,558	59,030,185	131,677,743	0.092610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	161,665,693	69,992,572	231,658,265	0.081939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,710,520	271,845,006	401,555,526	0.126911	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	7,453	11,907,250	11,914,703	0.130982	75.01
75.10	03950	NUTRITIONAL SUPPORT	368	574,897	575,265	0.255100	75.10
75.20	03951	HEMODIALYSIS	3,605,322	459,589	4,064,911	0.277758	75.20
76.97	07697	CARDIAC REHABILITATION	4,381	2,019,823	2,024,204	0.810637	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	63,450	6,520,266	6,583,716	0.394922	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	41,794	590,870	632,664	1.523467	90.02
90.03	09003	STATELINE CLINIC	39,747	15,910,497	15,950,244	0.082802	90.03
90.04	09004	ORTHOPEDICS CLINIC	5,511	8,241,191	8,246,702	0.399307	90.04
90.05	09005	PULMONOLOGY CLINIC	5,413	1,686,237	1,691,650	1.057437	90.05
90.06	09006	CVT CLINIC	9,706	108,180	117,886	3.298967	90.06
90.07	09007	MWH CLINIC	63,150	12,981,934	13,045,084	0.319559	90.07
90.08	09008	NEUROSURGERY CLINIC	1,083	365,502	366,585	5.826193	90.08
90.09	09009	HEADACHE CLINIC	1,512	4,146,612	4,148,124	0.381076	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,547	708,242	709,789	1.045474	90.10
90.11	09011	MFM CLINIC	0	131,952	131,952	4.768499	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	27,122	5,696,186	5,723,308	0.354700	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	773	90,274	91,047	7.553110	90.13
91.00	09100	EMERGENCY	35,379,605	130,142,598	165,522,203	0.121149	91.00
91.05	09101	AMBULATORY CARE	405	44,804	45,209	6.363445	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,184	2,397,840	2,399,024	0.361894	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,538	22,379,067	22,401,605	0.394985	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,943,022	5,943,022		101.00
200.00		Subtotal (see instructions)	909,026,708	1,383,310,424	2,292,337,132		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	909,026,708	1,383,310,424	2,292,337,132		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
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
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000			90.13
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/21/2018 2:00 pm
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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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,050,413	0	6,050,413	53,141	113.86	30.00
31.00	INTENSIVE CARE UNIT	885,279		885,279	5,818	152.16	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	637,275	0	637,275	5,006	127.30	40.00
43.00	NURSERY	459,872		459,872	4,692	98.01	43.00
200.00	Total (lines 30 through 199)	8,032,839		8,032,839	68,657		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	16,322	1,858,423				
31.00	INTENSIVE CARE UNIT	2,160	328,666				
31.01	PEDIATRIC ICU	0	0				
40.00	SUBPROVIDER - IPF	983	125,136				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,465	2,312,225				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part II
Date/Time Prepared:
11/21/2018 2:00 pm

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	3,025,550	231,230,474	0.013085	29,514,410	386,196	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	249,800	13,128,505	0.019027	1,284,408	24,438	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	267,595	21,107,160	0.012678	44,254	561	52.00
53.00	05300	ANESTHESIOLOGY	62,488	20,521,510	0.003045	3,091,647	9,414	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,023,403	195,803,005	0.010334	27,373,470	282,877	54.00
54.10	03480	ONCOLOGY	2,160,392	53,589,528	0.040314	8,314	335	54.10
54.20	05401	CT	158,023	100,395,081	0.001574	9,387,435	14,776	54.20
54.30	05402	MRI	177,332	38,071,051	0.004658	2,220,256	10,342	54.30
60.00	06000	LABORATORY	850,384	255,394,755	0.003330	6,036,509	20,102	60.00
60.01	06001	BLOOD	94,044	9,544,043	0.009854	3,551,135	34,993	60.01
65.00	06500	RESPIRATORY THERAPY	331,805	25,969,618	0.012777	6,986,604	89,268	65.00
66.00	06600	PHYSICAL THERAPY	590,095	41,949,626	0.014067	5,946,883	83,655	66.00
69.00	06900	ELECTROCARDIOLOGY	233,451	57,660,194	0.004049	2,764,400	11,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,708	3,397,188	0.014926	357,538	5,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	170,943	131,677,743	0.001298	26,255,169	34,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	269,489	231,658,265	0.001163	51,943,399	60,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	987,531	401,555,526	0.002459	46,142,842	113,465	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	181,018	11,914,703	0.015193	5,931	90	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,928	575,265	0.003351	359	1	75.10
75.20	03951	HEMODIALYSIS	71,367	4,064,911	0.017557	1,707,397	29,977	75.20
76.97	07697	CARDIAC REHABILITATION	275,047	2,024,204	0.0135879	1,063	144	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	190,146	6,583,716	0.028881	63,428	1,832	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	115,865	632,664	0.183138	10,291	1,885	90.02
90.03	09003	STATELINE CLINIC	19,205	15,950,244	0.001204	218	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	301,118	8,246,702	0.036514	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	74,080	1,691,650	0.043792	0	0	90.05
90.06	09006	CVT CLINIC	37,051	117,886	0.314295	0	0	90.06
90.07	09007	MWH CLINIC	518,887	13,045,084	0.039776	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	96,457	366,585	0.263123	0	0	90.08
90.09	09009	HEADACHE CLINIC	94,082	4,148,124	0.022681	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	149,501	709,789	0.210627	0	0	90.10
90.11	09011	MFM CLINIC	82,266	131,952	0.623454	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	121,103	5,723,308	0.021160	0	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	33,896	91,047	0.372291	0	0	90.13
91.00	09100	EMERGENCY	1,203,540	165,522,203	0.007271	15,346,011	111,581	91.00
91.05	09101	AMBULATORY CARE	156,503	45,209	3.461766	313	1,084	91.05
91.10	09102	PSYCHIATRIC PARTIAL	128,626	2,399,024	0.053616	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	990,657	22,401,605	0.044223	16,380	724	92.00
200.00		Total (lines 50 through 199)	16,545,376	2,099,039,147		240,060,064	1,328,759	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/21/2018 2:00 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	53,141	0.00	16,322	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,818	0.00	2,160	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	0.00	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	5,006	0.00	983	40.00	
43.00	04300	NURSERY	0	0	4,692	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	68,657		19,465	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	94,901	54.00
54.10 03480 ONCOLOGY	0	0	0	0	0	0	54.10
54.20 05401 CT	0	0	0	0	0	0	54.20
54.30 05402 MRI	0	0	0	0	0	0	54.30
60.00 06000 LABORATORY	0	0	0	0	0	263,297	60.00
60.01 06001 BLOOD	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	170,241	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
90.13 09013 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	0	0	0	1,376,354	91.00
91.05 09101 AMBULATORY CARE	0	0	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	1,904,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0228

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	231,230,474	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	13,128,505	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,107,160	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,521,510	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,901	94,901	195,803,005	0.000485	54.00
54.10	03480	ONCOLOGY	0	0	0	53,589,528	0.000000	54.10
54.20	05401	CT	0	0	0	100,395,081	0.000000	54.20
54.30	05402	MRI	0	0	0	38,071,051	0.000000	54.30
60.00	06000	LABORATORY	0	263,297	263,297	255,394,755	0.001031	60.00
60.01	06001	BLOOD	0	0	0	9,544,043	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,969,618	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,949,626	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	57,660,194	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,397,188	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	131,677,743	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	231,658,265	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	170,241	170,241	401,555,526	0.000424	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	0	0	0	11,914,703	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	575,265	0.000000	75.10
75.20	03951	HEMODIALYSIS	0	0	0	4,064,911	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,024,204	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,583,716	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	0	0	0	632,664	0.000000	90.02
90.03	09003	STATELINE CLINIC	0	0	0	15,950,244	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,246,702	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	1,691,650	0.000000	90.05
90.06	09006	CVT CLINIC	0	0	0	117,886	0.000000	90.06
90.07	09007	MWH CLINIC	0	0	0	13,045,084	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	366,585	0.000000	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	4,148,124	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	709,789	0.000000	90.10
90.11	09011	MFM CLINIC	0	0	0	131,952	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	5,723,308	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	91,047	0.000000	90.13
91.00	09100	EMERGENCY	0	1,376,354	1,376,354	165,522,203	0.008315	91.00
91.05	09101	AMBULATORY CARE	0	0	0	45,209	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	2,399,024	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	22,401,605	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,904,793	1,904,793	2,099,039,147		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	29,514,410	0	23,791,136	0	50.00	
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	1,284,408	0	2,708,510	0	50.20	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	44,254	0	2,802	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	3,091,647	0	1,888,903	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000485	27,373,470	13,276	31,511,492	15,283	54.00	
54.10	03480 ONCOLOGY	0.000000	8,314	0	21,051,038	0	54.10	
54.20	05401 CT	0.000000	9,387,435	0	19,164,696	0	54.20	
54.30	05402 MRI	0.000000	2,220,256	0	7,468,515	0	54.30	
60.00	06000 LABORATORY	0.001031	6,036,509	6,224	17,707,251	18,256	60.00	
60.01	06001 BLOOD	0.000000	3,551,135	0	462,648	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.000000	6,986,604	0	2,634,637	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	5,946,883	0	653,693	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,764,400	0	11,175,125	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	357,538	0	470,229	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,255,169	0	12,524,030	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	51,943,399	0	20,265,767	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000424	46,142,842	19,565	86,039,192	36,481	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501 SLEEP LAB	0.000000	5,931	0	2,241,208	0	75.01	
75.10	03950 NUTRITIONAL SUPPORT	0.000000	359	0	13,368	0	75.10	
75.20	03951 HEMODIALYSIS	0.000000	1,707,397	0	211,086	0	75.20	
76.97	07697 CARDIAC REHABILITATION	0.000000	1,063	0	721,888	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	63,428	0	3,271,673	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01	
90.02	09002 DIABETES CLINIC	0.000000	10,291	0	24,442	0	90.02	
90.03	09003 STATELINE CLINIC	0.000000	218	0	763,781	0	90.03	
90.04	09004 ORTHOPEDICS CLINIC	0.000000	0	0	2,356,744	0	90.04	
90.05	09005 PULMONOLOGY CLINIC	0.000000	0	0	454,634	0	90.05	
90.06	09006 CVT CLINIC	0.000000	0	0	50,012	0	90.06	
90.07	09007 MWH CLINIC	0.000000	0	0	3,545,569	0	90.07	
90.08	09008 NEUROSURGERY CLINIC	0.000000	0	0	134,175	0	90.08	
90.09	09009 HEADACHE CLINIC	0.000000	0	0	346,885	0	90.09	
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	0	0	161,437	0	90.10	
90.11	09011 MFM CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	0	0	1,736,848	0	90.12	
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	0	0	37,348	0	90.13	
91.00	09100 EMERGENCY	0.008315	15,346,011	127,602	19,989,427	166,212	91.00	
91.05	09101 AMBULATORY CARE	0.000000	313	0	27,239	0	91.05	
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	0	0	59,849	0	91.10	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	16,380	0	7,111,563	0	92.00	
200.00	Total (lines 50 through 199)		240,060,064	166,667	302,778,840	236,232	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.131599	23,791,136	0	0	3,130,890
50.20 03340 GASTRO INTESTINAL SERVICES	0.178759	2,708,510	0	0	484,171
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.257434	2,802	0	0	721
53.00 05300 ANESTHESIOLOGY	0.134806	1,888,903	0	0	254,635
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.117233	31,511,492	0	0	3,694,187
54.10 03480 ONCOLOGY	0.460409	21,051,038	0	5	9,692,087
54.20 05401 CT	0.030768	19,164,696	0	0	589,659
54.30 05402 MRI	0.065681	7,468,515	0	0	490,540
60.00 06000 LABORATORY	0.065299	17,707,251	0	0	1,156,266
60.01 06001 BLOOD	0.150631	462,648	0	0	69,689
65.00 06500 RESPIRATORY THERAPY	0.225639	2,634,637	0	0	594,477
66.00 06600 PHYSICAL THERAPY	0.195190	653,693	0	0	127,594
69.00 06900 ELECTROCARDIOLOGY	0.046523	11,175,125	0	0	519,900
70.00 07000 ELECTROENCEPHALOGRAPHY	0.081964	470,229	0	0	38,542
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.092610	12,524,030	0	0	1,159,850
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.081939	20,265,767	0	0	1,660,557
73.00 07300 DRUGS CHARGED TO PATIENTS	0.126911	86,039,192	0	297,773	10,919,320
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 SLEEP LAB	0.130982	2,241,208	0	0	293,558
75.10 03950 NUTRITIONAL SUPPORT	0.255100	13,368	0	0	3,410
75.20 03951 HEMODIALYSIS	0.277758	211,086	0	0	58,631
76.97 07697 CARDIAC REHABILITATION	0.810637	721,888	0	0	585,189
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.394922	3,271,673	0	0	1,292,056
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	1.523467	24,442	0	0	37,237
90.03 09003 STATELINE CLINIC	0.082802	763,781	0	0	63,243
90.04 09004 ORTHOPEDICS CLINIC	0.399307	2,356,744	0	0	941,064
90.05 09005 PULMONOLOGY CLINIC	1.057437	454,634	0	1	480,747
90.06 09006 CVT CLINIC	3.298967	50,012	0	0	164,988
90.07 09007 MWH CLINIC	0.319559	3,545,569	0	0	1,133,018
90.08 09008 NEUROSURGERY CLINIC	5.826193	134,175	0	0	781,729
90.09 09009 HEADACHE CLINIC	0.381076	346,885	0	0	132,190
90.10 09010 UW GENERAL SURGERY CLINIC	1.045474	161,437	0	0	168,778
90.11 09011 MFM CLINIC	4.768499	0	0	0	0
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0.354700	1,736,848	0	0	616,060
90.13 09013 INFECTIOUS DISEASE CLINIC	7.553110	37,348	0	0	282,094
91.00 09100 EMERGENCY	0.121149	19,989,427	0	0	2,421,699
91.05 09101 AMBULATORY CARE	6.363445	27,239	0	0	173,334
91.10 09102 PSYCHIATRIC PARTIAL	0.361894	59,849	0	0	21,659
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.394985	7,111,563	0	0	2,808,961
200.00	Subtotal (see instructions)	302,778,840	0	297,779	47,042,730
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	302,778,840	0	297,779	47,042,730

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03480 ONCOLOGY	0	2		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	37,791		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	1		90.05
90.06 09006 CVT CLINIC	0	0		90.06
90.07 09007 MWH CLINIC	0	0		90.07
90.08 09008 NEUROSURGERY CLINIC	0	0		90.08
90.09 09009 HEADACHE CLINIC	0	0		90.09
90.10 09010 UW GENERAL SURGERY CLINIC	0	0		90.10
90.11 09011 MFM CLINIC	0	0		90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	0		90.12
90.13 09013 INFECTIOUS DISEASE CLINIC	0	0		90.13
91.00 09100 EMERGENCY	0	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	37,794		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	37,794		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet D

Component CCN: 14-S228

To 06/30/2018

Part II
Date/Time Prepared:
11/21/2018 2:00 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,025,550	231,230,474	0.013085	8,782	115	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	249,800	13,128,505	0.019027	14	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	267,595	21,107,160	0.012678	58	1	52.00
53.00	05300 ANESTHESIOLOGY	62,488	20,521,510	0.003045	494	2	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,023,403	195,803,005	0.010334	49,392	510	54.00
54.10	03480 ONCOLOGY	2,160,392	53,589,528	0.040314	60	2	54.10
54.20	05401 CT	158,023	100,395,081	0.001574	47,082	74	54.20
54.30	05402 MRI	177,332	38,071,051	0.004658	5,955	28	54.30
60.00	06000 LABORATORY	850,384	255,394,755	0.003330	98,108	327	60.00
60.01	06001 BLOOD	94,044	9,544,043	0.009854	44,873	442	60.01
65.00	06500 RESPIRATORY THERAPY	331,805	25,969,618	0.012777	23,432	299	65.00
66.00	06600 PHYSICAL THERAPY	590,095	41,949,626	0.014067	12,398	174	66.00
69.00	06900 ELECTROCARDIOLOGY	233,451	57,660,194	0.004049	60,334	244	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	50,708	3,397,188	0.014926	4,777	71	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	170,943	131,677,743	0.001298	22,851	30	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	269,489	231,658,265	0.001163	1,850	2	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	987,531	401,555,526	0.002459	436,461	1,073	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	181,018	11,914,703	0.015193	82	1	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,928	575,265	0.003351	9	0	75.10
75.20	03951 HEMODIALYSIS	71,367	4,064,911	0.017557	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	275,047	2,024,204	0.135879	21	3	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	190,146	6,583,716	0.028881	22	1	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	115,865	632,664	0.183138	262	48	90.02
90.03	09003 STATELINE CLINIC	19,205	15,950,244	0.001204	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	301,118	8,246,702	0.036514	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	74,080	1,691,650	0.043792	0	0	90.05
90.06	09006 CVT CLINIC	37,051	117,886	0.314295	0	0	90.06
90.07	09007 MWH CLINIC	518,887	13,045,084	0.039776	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	96,457	366,585	0.263123	0	0	90.08
90.09	09009 HEADACHE CLINIC	94,082	4,148,124	0.022681	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	149,501	709,789	0.210627	0	0	90.10
90.11	09011 MFM CLINIC	82,266	131,952	0.623454	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	121,103	5,723,308	0.021160	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	33,896	91,047	0.372291	0	0	90.13
91.00	09100 EMERGENCY	1,203,540	165,522,203	0.007271	375,690	2,732	91.00
91.05	09101 AMBULATORY CARE	156,503	45,209	3.461766	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	128,626	2,399,024	0.053616	719	39	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22,401,605	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	15,554,719	2,099,039,147		1,193,726	6,218	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	94,901	54.00
54.10	03480 ONCOLOGY	0	0	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	0	0	263,297	60.00
60.01	06001 BLOOD	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	170,241	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
90.13	09013 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	0	0	0	0	1,376,354	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,904,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	231,230,474	0.000000	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	13,128,505	0.000000	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,107,160	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,521,510	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,901	94,901	195,803,005	0.000485	54.00
54.10	03480	ONCOLOGY	0	0	0	53,589,528	0.000000	54.10
54.20	05401	CT	0	0	0	100,395,081	0.000000	54.20
54.30	05402	MRI	0	0	0	38,071,051	0.000000	54.30
60.00	06000	LABORATORY	0	263,297	263,297	255,394,755	0.001031	60.00
60.01	06001	BLOOD	0	0	0	9,544,043	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,969,618	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,949,626	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	57,660,194	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,397,188	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	131,677,743	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	231,658,265	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	170,241	170,241	401,555,526	0.000424	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	0	0	0	11,914,703	0.000000	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	575,265	0.000000	75.10
75.20	03951	HEMODIALYSIS	0	0	0	4,064,911	0.000000	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,024,204	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,583,716	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	0	0	0	632,664	0.000000	90.02
90.03	09003	STATELINE CLINIC	0	0	0	15,950,244	0.000000	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	8,246,702	0.000000	90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	1,691,650	0.000000	90.05
90.06	09006	CVT CLINIC	0	0	0	117,886	0.000000	90.06
90.07	09007	MWH CLINIC	0	0	0	13,045,084	0.000000	90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	366,585	0.000000	90.08
90.09	09009	HEADACHE CLINIC	0	0	0	4,148,124	0.000000	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	709,789	0.000000	90.10
90.11	09011	MFM CLINIC	0	0	0	131,952	0.000000	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	5,723,308	0.000000	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	0	0	0	91,047	0.000000	90.13
91.00	09100	EMERGENCY	0	1,376,354	1,376,354	165,522,203	0.008315	91.00
91.05	09101	AMBULATORY CARE	0	0	0	45,209	0.000000	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	2,399,024	0.000000	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	22,401,605	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,904,793	1,904,793	2,099,039,147		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/21/2018 2:00 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	8,782	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000	14	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	58	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	494	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000485	49,392	24	0	0	54.00
54.10	03480 ONCOLOGY	0.000000	60	0	8	0	54.10
54.20	05401 CT	0.000000	47,082	0	0	0	54.20
54.30	05402 MRI	0.000000	5,955	0	0	0	54.30
60.00	06000 LABORATORY	0.001031	98,108	101	0	0	60.00
60.01	06001 BLOOD	0.000000	44,873	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	23,432	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	12,398	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	60,334	0	421	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,777	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	22,851	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,850	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000424	436,461	185	586	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0.000000	82	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000	9	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0.000000	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0.000000	21	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	22	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0.000000	262	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000	0	0	2	0	90.05
90.06	09006 CVT CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0.000000	0	0	105	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 INFECTIOUS DISEASE CLINIC	0.000000	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.008315	375,690	3,124	0	0	91.00
91.05	09101 AMBULATORY CARE	0.000000	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000	719	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,193,726	3,434	1,122	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/21/2018 2:00 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.131599	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0.178759	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.257434	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.134806	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.117233	0	0	0	0	54.00
54.10 03480 ONCOLOGY	0.460409	8	0	0	4	54.10
54.20 05401 CT	0.030768	0	0	0	0	54.20
54.30 05402 MRI	0.065681	0	0	0	0	54.30
60.00 06000 LABORATORY	0.065299	0	0	0	0	60.00
60.01 06001 BLOOD	0.150631	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.225639	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.195190	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.046523	421	0	0	20	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.081964	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.092610	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.081939	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.126911	586	0	1,969	74	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0.130982	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0.255100	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	0.277758	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0.810637	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.394922	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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 CHILDERNS CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	1.523467	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	0.082802	0	0	0	0	90.03
90.04 09004 ORTHOPEDICS CLINIC	0.399307	0	0	0	0	90.04
90.05 09005 PULMONOLOGY CLINIC	1.057437	2	0	0	2	90.05
90.06 09006 CVT CLINIC	3.298967	0	0	0	0	90.06
90.07 09007 MWH CLINIC	0.319559	105	0	0	34	90.07
90.08 09008 NEUROSURGERY CLINIC	5.826193	0	0	0	0	90.08
90.09 09009 HEADACHE CLINIC	0.381076	0	0	0	0	90.09
90.10 09010 UW GENERAL SURGERY CLINIC	1.045474	0	0	0	0	90.10
90.11 09011 MFM CLINIC	4.768499	0	0	0	0	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0.354700	0	0	0	0	90.12
90.13 09013 INFECTIOUS DISEASE CLINIC	7.553110	0	0	0	0	90.13
91.00 09100 EMERGENCY	0.121149	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	6.363445	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0.361894	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.394985	0	0	0	0	92.00
200.00 Subtotal (see instructions)		1,122	0	1,969	134	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		1,122	0	1,969	134	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/21/2018 2:00 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
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	250	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
90.13 09013 INFECTIOUS DISEASE CLINIC	0	0	90.13
91.00 09100 EMERGENCY	0	0	91.00
91.05 09101 AMBULATORY CARE	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	250	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	250	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/21/2018 2:00 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,141	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		44,440	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)		16,322	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)		54,040,889	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)		54,040,889	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)		54,040,889	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,016.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,598,331	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)		16,598,331	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		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	11,229,635	5,818	1,930.15	2,160	4,169,124	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)					26,951,104	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,718,559	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)					2,187,089	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,495,426	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,682,515	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,036,044	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					8,701	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,016.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,848,308	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/21/2018 2:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,050,413	54,040,889	0.111960	8,848,308	990,657	90.00
91.00	Nursing School cost	0	54,040,889	0.000000	8,848,308	0	91.00
92.00	Allied health cost	0	54,040,889	0.000000	8,848,308	0	92.00
93.00	All other Medical Education	0	54,040,889	0.000000	8,848,308	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/21/2018 2:00 pm
		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)		5,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,006	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,006	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)		983	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)		4,615,030	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)		4,615,030	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)		4,615,030	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)		921.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		906,228	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)		906,228	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1		
		Component CCN: 14-S228				Date/Time Prepared: 11/21/2018 2:00 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 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)						136,882		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,043,110		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)						125,136		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						9,652		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						134,788		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						908,322		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)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/21/2018 2:00 pm	
		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	637,275	4,615,030	0.138087	0	0	90.00
91.00	Nursing School cost	0	4,615,030	0.000000	0	0	91.00
92.00	Allied health cost	0	4,615,030	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,615,030	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/21/2018 2:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		50,310,929	30.00
31.00	03100	INTENSIVE CARE UNIT		20,734,283	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131761	29,514,410	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.179687	1,284,408	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257434	44,254	52.00
53.00	05300	ANESTHESIOLOGY	0.135363	3,091,647	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117233	27,373,470	54.00
54.10	03480	ONCOLOGY	0.464365	8,314	54.10
54.20	05401	CT	0.030768	9,387,435	54.20
54.30	05402	MRI	0.065681	2,220,256	54.30
60.00	06000	LABORATORY	0.065299	6,036,509	60.00
60.01	06001	BLOOD	0.150631	3,551,135	60.01
65.00	06500	RESPIRATORY THERAPY	0.225639	6,986,604	65.00
66.00	06600	PHYSICAL THERAPY	0.195190	5,946,883	66.00
69.00	06900	ELECTROCARDIOLOGY	0.046523	2,764,400	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.081964	357,538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.092610	26,255,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.081939	51,943,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126911	46,142,842	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.130982	5,931	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255100	359	75.10
75.20	03951	HEMODIALYSIS	0.277758	1,707,397	75.20
76.97	07697	CARDIAC REHABILITATION	0.810637	1,063	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.397159	63,428	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	1.523467	10,291	90.02
90.03	09003	STATELINE CLINIC	0.082802	218	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.399307	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1.057437	0	90.05
90.06	09006	CVT CLINIC	3.298967	0	90.06
90.07	09007	MWH CLINIC	0.319559	0	90.07
90.08	09008	NEUROSURGERY CLINIC	5.826193	0	90.08
90.09	09009	HEADACHE CLINIC	0.381076	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.045474	0	90.10
90.11	09011	MFM CLINIC	4.768499	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.354700	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	7.553110	0	90.13
91.00	09100	EMERGENCY	0.121251	15,346,011	91.00
91.05	09101	AMBULATORY CARE	6.363445	313	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.361894	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.394985	16,380	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		240,060,064	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)		240,060,064	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/21/2018 2:00 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		2,353,035	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131761	8,782	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.179687	14	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257434	58	52.00
53.00	05300	ANESTHESIOLOGY	0.135363	494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117233	49,392	54.00
54.10	03480	ONCOLOGY	0.464365	60	54.10
54.20	05401	CT	0.030768	47,082	54.20
54.30	05402	MRI	0.065681	5,955	54.30
60.00	06000	LABORATORY	0.065299	98,108	60.00
60.01	06001	BLOOD	0.150631	44,873	60.01
65.00	06500	RESPIRATORY THERAPY	0.225639	23,432	65.00
66.00	06600	PHYSICAL THERAPY	0.195190	12,398	66.00
69.00	06900	ELECTROCARDIOLOGY	0.046523	60,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.081964	4,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.092610	22,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.081939	1,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126911	436,461	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.130982	82	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.255100	9	75.10
75.20	03951	HEMODIALYSIS	0.277758	0	75.20
76.97	07697	CARDIAC REHABILITATION	0.810637	21	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.397159	22	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	1.523467	262	90.02
90.03	09003	STATELINE CLINIC	0.082802	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.399307	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1.057437	0	90.05
90.06	09006	CVT CLINIC	3.298967	0	90.06
90.07	09007	MWH CLINIC	0.319559	0	90.07
90.08	09008	NEUROSURGERY CLINIC	5.826193	0	90.08
90.09	09009	HEADACHE CLINIC	0.381076	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.045474	0	90.10
90.11	09011	MFM CLINIC	4.768499	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.354700	0	90.12
90.13	09013	INFECTIOUS DISEASE CLINIC	7.553110	0	90.13
91.00	09100	EMERGENCY	0.121251	375,690	91.00
91.05	09101	AMBULATORY CARE	6.363445	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.361894	719	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.394985	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,193,726	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)		1,193,726	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,489,369	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,158,672	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)		740,885	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		12,988,622	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		276.16	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 § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.83	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).		0.044829	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045117	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044829	21.00
22.00	IME payment adjustment (see instructions)		910,744	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		314,208	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.45	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)		910,744	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		314,208	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.67	31.00
32.00	Sum of lines 30 and 31		31.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.00	33.00
34.00	Disproportionate share adjustment (see instructions)		1,411,801	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/21/2018 2:00 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00	
35.01	Factor 3 (see instructions)	0.000549403	0.000464325	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,284,049	3,141,947	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	827,761	2,350,004	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,177,765		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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	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)	43,889,236		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)		44,203,444	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,401,829	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).		317,760	52.00	
53.00	Nursing and Allied Health Managed Care payment		130,663	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		166,667	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		48,220,363	59.00	
60.00	Primary payer payments		52,175	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,168,188	61.00	
62.00	Deductibles billed to program beneficiaries		4,046,928	62.00	
63.00	Coinurance billed to program beneficiaries		29,563	63.00	
64.00	Allowable bad debts (see instructions)		1,594,801	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		1,036,621	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,305,375	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,128,318	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-37,840	70.93	
70.94	HRR adjustment amount (see instructions)		-166,087	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/21/2018 2:00 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			44,924,391	71.00
71.01	Sequestration adjustment (see instructions)			898,488	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			44,405,793	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, 71.02, 72, and 73)			-379,890	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,971,712	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,489,369	0	9,489,369		9,489,369	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,158,672	0		37,648,041	37,648,041	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	740,885	0	0	740,885	740,885	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,988,622	0	0	12,988,622	12,988,622	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044829	0.044829	0.044829	0.044829		5.00
6.00	IME payment adjustment (see instructions)	22.00	910,744	0	229,557	681,187	910,744	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	314,208	0	0	314,208	314,208	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	910,744	0	229,557	681,187	910,744	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	314,208	0	0	314,208	314,208	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1500	0.1500	0.1500	0.1500		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,411,801	0	355,851	1,055,950	1,411,801	11.00
11.01	Uncompensated care payments	36.00	3,177,765	0	827,761	2,350,004	3,177,765	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,889,236	0	10,902,538	32,986,698	43,889,236	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	44,203,444	0	10,902,538	33,300,906	44,203,444	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,401,829	0	0	3,401,829	3,401,829	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,902,538	36,702,735	47,605,273	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,061,533	0	0	3,061,533	3,061,533	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	62,921	0	0	62,921	62,921	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0253	0.0253	0.0253	0.0253		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	77,457	0	0	77,457	77,457	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0653	0.0653	0.0653	0.0653		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	199,918	0	0	199,918	199,918	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,401,829	0	0	3,401,829	3,401,829	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0228		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2018 2:00 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,489,369	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,158,672		37,648,041	37,648,041	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	740,885	0	740,885	740,885	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,988,622	0	12,988,622	12,988,622	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044829	0.044829	0.044829		5.00
6.00	IME payment adjustment (see instructions)	22.00	910,744	0	910,744	910,744	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	314,208	0	314,208	314,208	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	910,744	0	910,744	910,744	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	314,208	0	314,208	314,208	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1500	0.1500	0.1500		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,411,801	0	1,411,801	1,411,801	11.00
11.01	Uncompensated care payments	36.00	3,177,765	827,761	2,350,004	3,177,765	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,889,236	827,761	43,061,475	43,889,236	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	44,203,444	827,761	43,375,683	44,203,444	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,401,829	0	3,401,829	3,401,829	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			827,761	46,777,512	47,605,273	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,061,533	0	3,061,533	3,061,533	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	62,921	0	62,921	62,921	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0253	0.0253	0.0253		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	77,457	0	77,457	77,457	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0653	0.0653	0.0653		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	199,918	0	199,918	199,918	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,401,829	0	3,401,829	3,401,829	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-37,840	0	-37,840	-37,840	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-166,087	0	-166,087	-166,087	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		37,794	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,806,498	2.00
3.00	OPPS payments		36,867,327	3.00
4.00	Outlier payment (see instructions)		700,838	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		236,232	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		37,794	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		297,779	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)		297,779	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)		297,779	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		259,985	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		37,794	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		37,804,397	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)		7,156,424	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)		30,685,767	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		307,116	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)		30,992,883	30.00
31.00	Primary payer payments		3,099	31.00
32.00	Subtotal (line 30 minus line 31)		30,989,784	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)		1,786,878	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,161,471	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,364,455	36.00
37.00	Subtotal (see instructions)		32,151,255	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-40	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		32,151,295	40.00
40.01	Sequestration adjustment (see instructions)		643,026	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		31,618,662	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-110,393	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		752,830	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		250	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		134	2.00
3.00	OPPS payments		194	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		250	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,969	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,969	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)		1,969	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,719	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		250	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		194	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)		11	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)		433	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)		433	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		433	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)		775	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		504	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		775	36.00
37.00	Subtotal (see instructions)		937	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		937	40.00
40.01	Sequestration adjustment (see instructions)		19	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		566	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		352	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		76	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,932,493		31,070,462	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/06/2018	260,500	02/06/2018	406,000	3.01	
3.02		06/12/2018	212,800	06/12/2018	142,200	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)		473,300		548,200	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)		44,405,793		31,618,662	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		379,890		110,393	6.02	
7.00	Total Medicare program liability (see instructions)		44,025,903		31,508,269	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0228
Component CCN: 14-S228

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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		746,946		566	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/06/2018	53,200		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)		53,200		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)		800,146		566	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		352	6.01
6.02	SETTLEMENT TO PROGRAM		4,291		0	6.02
7.00	Total Medicare program liability (see instructions)		795,855		918	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			857,688 1.00
2.00	Net IPF PPS Outlier Payments			1,510 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			13.715068 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			859,198 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			859,198 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			859,198 18.00
19.00	Deductibles			128,660 19.00
20.00	Subtotal (line 18 minus line 19)			730,538 20.00
21.00	Coinsurance			9,308 21.00
22.00	Subtotal (line 20 minus line 21)			721,230 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			134,512 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			87,433 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			107,121 25.00
26.00	Subtotal (sum of lines 22 and 24)			808,663 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)			3,434 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			812,097 31.00
31.01	Sequestration adjustment (see instructions)			16,242 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			800,146 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-4,291 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			10,444 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			1,510 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: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/21/2018 2:00 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on 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)			20.83	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.	19.83	1.00	20.83	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.33	0.72	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.33	0.72		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.68	0.37		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.78	0.27		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.60	0.45		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.60	0.45		17.00
18.00	Per resident amount	93,244.51	88,569.89		18.00
19.00	Approved amount for resident costs	1,361,370	39,856	1,401,226	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)			5.78	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,401,226	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	19,465	6,386		26.00
27.00	Total Inpatient Days (see instructions)	55,945	55,945		27.00
28.00	Ratio of inpatient days to total inpatient days	0.347931	0.114148		28.00
29.00	Program direct GME amount	487,530	159,947		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,601		30.00
31.00	Net Program direct GME amount			624,876	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		48,761,669	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)		52,175	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,709,494	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		47,080,923	42.00
43.00	Primary payer payments (see instructions)		3,099	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		47,077,824	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		95,787,318	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.508517	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.491483	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		624,876	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		317,760	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		307,116	50.00

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

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet G
Date/Time Prepared:
11/21/2018 2:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	61,464,999	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	64,618,942	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	9,792,167	0	0	0	7.00
8.00	Prepaid expenses	17,296,894	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)	153,173,002	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,990,596	0	0	0	12.00
13.00	Land improvements	5,951,345	0	0	0	13.00
14.00	Accumulated depreciation	-1,510,147	0	0	0	14.00
15.00	Buildings	233,489,582	0	0	0	15.00
16.00	Accumulated depreciation	-21,067,353	0	0	0	16.00
17.00	Leasehold improvements	30,426,622	0	0	0	17.00
18.00	Accumulated depreciation	-6,857,029	0	0	0	18.00
19.00	Fixed equipment	40,216,607	0	0	0	19.00
20.00	Accumulated depreciation	-11,504,336	0	0	0	20.00
21.00	Automobiles and trucks	3,163	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	62,596,923	0	0	0	23.00
24.00	Accumulated depreciation	-36,585,407	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)	303,150,566	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	266,230,286	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	266,230,286	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	722,553,854	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,435,159	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	112,162,918	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	124,598,077	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	119,039,147	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,591,198	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	128,630,345	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	253,228,422	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	469,325,432	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	469,325,432	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	722,553,854	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/21/2018 2:00 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		346,456,522		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,833,000			2.00
3.00	Total (sum of line 1 and line 2)		377,289,522		0	3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE	92,035,910		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)		92,035,910		0	10.00
11.00	Subtotal (line 3 plus line 10)		469,325,432		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)		469,325,432		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CHANGE IN PRIOR YEAR FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2018 2:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	145,357,634		145,357,634	1.00
2.00	SUBPROVIDER - IPF	17,884,492		17,884,492	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0	0	0	5.00
6.00	Swing bed - NF	0	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)	163,242,126		163,242,126	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	48,952,790		48,952,790	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)	48,952,790		48,952,790	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	212,194,916		212,194,916	17.00
18.00	Ancillary services	720,976,210	1,360,611,188	2,081,587,398	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,943,022	5,943,022	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	157,970,063	157,970,063	27.00
27.01	MISC REVENUE	877,176	40,054,825	40,932,001	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	934,048,302	1,564,579,098	2,498,627,400	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		504,185,995		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)		504,185,995		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/21/2018 2:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,498,627,400	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,931,286,352	2.00
3.00	Net patient revenues (line 1 minus line 2)	567,341,048	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	504,185,995	4.00
5.00	Net income from service to patients (line 3 minus line 4)	63,155,053	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-14,429	6.00
7.00	Income from investments	4,067,291	7.00
8.00	Revenues from telephone and other miscellaneous communication services	384,693	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	6,476	13.00
14.00	Revenue from meals sold to employees and guests	1,379,045	14.00
15.00	Revenue from rental of living quarters	9,245	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	310,124	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	39	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	5,642,997	24.00
25.00	Total other income (sum of lines 6-24)	11,785,481	25.00
26.00	Total (line 5 plus line 25)	74,940,534	26.00
27.00	BAD DEBTS	44,107,534	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	44,107,534	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,833,000	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet H

HHA CCN: 14-7448

To 06/30/2018

Date/Time Prepared: 11/21/2018 2:00 pm

Home Health Agency I

PPS

	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	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,310,356	454,751	2,497	22,127	364,815	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,437,321	498,813	161,598	0	2,868	6.00
7.00	Physical Therapy	845,524	293,434	0	0	0	7.00
8.00	Occupational Therapy	208,569	72,383	0	0	0	8.00
9.00	Speech Pathology	1,682	584	0	0	0	9.00
10.00	Medical Social Services	66,929	23,227	0	0	0	10.00
11.00	Home Health Aide	52,812	18,328	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	74,204	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,923,193	1,361,520	164,095	22,127	441,887	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	-39,695	2,114,851	4,495	2,119,346		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,100,600	0	2,100,600		6.00
7.00	Physical Therapy	0	1,138,958	0	1,138,958		7.00
8.00	Occupational Therapy	0	280,952	0	280,952		8.00
9.00	Speech Pathology	0	2,266	0	2,266		9.00
10.00	Medical Social Services	0	90,156	0	90,156		10.00
11.00	Home Health Aide	0	71,140	0	71,140		11.00
12.00	Supplies (see instructions)	-57,930	16,274	0	16,274		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-97,625	5,815,197	4,495	5,819,692		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet H-1 Part I Date/Time Prepared: 11/21/2018 2:00 pm
		HHA CCN: 14-7448	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					3.00
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	2,119,346	0	0	0	2,119,346	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,100,600	0	0	0	2,100,600	6.00	
7.00	Physical Therapy	1,138,958	0	0	0	1,138,958	7.00	
8.00	Occupational Therapy	280,952	0	0	0	280,952	8.00	
9.00	Speech Pathology	2,266	0	0	0	2,266	9.00	
10.00	Medical Social Services	90,156	0	0	0	90,156	10.00	
11.00	Home Health Aide	71,140	0	0	0	71,140	11.00	
12.00	Supplies (see instructions)	16,274	0	0	0	16,274	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	5,819,692	0	0	0	5,819,692	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	2,119,346					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,203,103	3,303,703				6.00	
7.00	Physical Therapy	652,330	1,791,288				7.00	
8.00	Occupational Therapy	160,913	441,865				8.00	
9.00	Speech Pathology	1,298	3,564				9.00	
10.00	Medical Social Services	51,636	141,792				10.00	
11.00	Home Health Aide	40,745	111,885				11.00	
12.00	Supplies (see instructions)	9,321	25,595				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		5,819,692				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-1 Part II Date/Time Prepared: 11/21/2018 2:00 pm 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	-2,119,346	3,700,346
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,100,600
7.00	Physical Therapy	0	0	0	0	0	1,138,958
8.00	Occupational Therapy	0	0	0	0	0	280,952
9.00	Speech Pathology	0	0	0	0	0	2,266
10.00	Medical Social Services	0	0	0	0	0	90,156
11.00	Home Health Aide	0	0	0	0	0	71,140
12.00	Supplies (see instructions)	0	0	0	0	0	16,274
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,119,346	3,700,346
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	2,119,346
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.572743

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2018

Part I
Date/Time Prepared:
11/21/2018 2:00 pm

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					
		1.00	2.00	4.00				
1.00 Administrative and General	0	138,892	344,116	29,392	512,400	88,968	1.00	
2.00 Skilled Nursing Care	3,303,703	0	0	17,927	3,321,630	576,735	2.00	
3.00 Physical Therapy	1,791,288	0	0	7,441	1,798,729	312,313	3.00	
4.00 Occupational Therapy	441,865	0	0	2,357	444,222	77,130	4.00	
5.00 Speech Pathology	3,564	0	0	13	3,577	621	5.00	
6.00 Medical Social Services	141,792	0	0	1,324	143,116	24,849	6.00	
7.00 Home Health Aide	111,885	0	0	2,449	114,334	19,852	7.00	
8.00 Supplies (see instructions)	25,595	0	0	0	25,595	4,444	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	5,819,692	138,892	344,116	60,903	6,363,603	1,104,912	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	57,348	205,676	0	141,131	0	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	57,348	205,676	0	141,131	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2018

Part I Date/Time Prepared: 11/21/2018 2:00 pm

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	9,604	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	9,604	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		PARAMEDICAL PRGM	PHARMACY RESIDENCY	
		19.00	20.00	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2018

Part I
Date/Time Prepared: 11/21/2018 2:00 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.20	23.30	23.40	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	1,005,523	0	1,005,523	1.00
2.00	Skilled Nursing Care	0	0	0	3,907,969	0	3,907,969	2.00
3.00	Physical Therapy	0	0	0	2,111,042	0	2,111,042	3.00
4.00	Occupational Therapy	0	0	0	521,352	0	521,352	4.00
5.00	Speech Pathology	0	0	0	4,198	0	4,198	5.00
6.00	Medical Social Services	0	0	0	167,965	0	167,965	6.00
7.00	Home Health Aide	0	0	0	134,186	0	134,186	7.00
8.00	Supplies (see instructions)	0	0	0	30,039	0	30,039	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	7,882,274	0	7,882,274	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	571,424	4,479,393					2.00
3.00	Physical Therapy	308,679	2,419,721					3.00
4.00	Occupational Therapy	76,233	597,585					4.00
5.00	Speech Pathology	614	4,812					5.00
6.00	Medical Social Services	24,560	192,525					6.00
7.00	Home Health Aide	19,621	153,807					7.00
8.00	Supplies (see instructions)	4,392	34,431					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	1,005,523	7,882,274					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.	0.146221						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228
HHA CCN: 14-7448

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
11/21/2018 2:00 pm
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	18,381	18,381	2,220	0	512,400	18,381	1.00
2.00 Skilled Nursing Care	0	0	1,354	0	3,321,630	0	2.00
3.00 Physical Therapy	0	0	562	0	1,798,729	0	3.00
4.00 Occupational Therapy	0	0	178	0	444,222	0	4.00
5.00 Speech Pathology	0	0	1	0	3,577	0	5.00
6.00 Medical Social Services	0	0	100	0	143,116	0	6.00
7.00 Home Health Aide	0	0	185	0	114,334	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	25,595	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	18,381	18,381	4,600		6,363,603	18,381	20.00
21.00 Total cost to be allocated	138,892	344,116	60,903		1,104,912	57,348	21.00
22.00 Unit cost multiplier	7.556281	18.721288	13.239783		0.173630	3.119961	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	18,381	0	18,381	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	18,381	0	18,381	0	0	0	20.00
21.00 Total cost to be allocated	205,676	0	141,131	0	0	0	21.00
22.00 Unit cost multiplier	11.189598	0.000000	7.678092	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-2 Part II Date/Time Prepared: 11/21/2018 2:00 pm
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	HOME HEALTH AGENCY I SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,943,022	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	5,943,022	0	0	20.00
21.00	Total cost to be allocated	0	0	0	9,604	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.001616	0.000000	0.000000	22.00

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.20	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228
HHA CCN: 14-7448

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
11/21/2018 2:00 pm
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part I Date/Time Prepared: 11/21/2018 2:00 pm		
				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 (col. 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	4,479,393		4,479,393	14,086	318.00	1.00
2.00	Physical Therapy	3.00	2,419,721	359,288	2,779,009	9,045	307.24	2.00
3.00	Occupational Therapy	4.00	597,585	0	597,585	2,537	235.55	3.00
4.00	Speech Pathology	5.00	4,812	0	4,812	330	14.58	4.00
5.00	Medical Social Services	6.00	192,525		192,525	198	972.35	5.00
6.00	Home Health Aide	7.00	153,807		153,807	1,186	129.69	6.00
7.00	Total (sum of lines 1-6)		7,847,843	359,288	8,207,131	27,382		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description								
Cost Limits								
CBSA No. (1)								
Part A								
3.00								
4.00								
5.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	4			8.00
8.01	Skilled Nursing Care		20994	0	51			8.01
8.02	Skilled Nursing Care		40420	0	4,382			8.02
8.03	Skilled Nursing Care		99914	0	577			8.03
9.00	Physical Therapy		16974	0	8			9.00
9.01	Physical Therapy		20994	0	32			9.01
9.02	Physical Therapy		40420	0	3,104			9.02
9.03	Physical Therapy		99914	0	325			9.03
10.00	Occupational Therapy		16974	0	5			10.00
10.01	Occupational Therapy		20994	0	7			10.01
10.02	Occupational Therapy		40420	0	888			10.02
10.03	Occupational Therapy		99914	0	69			10.03
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		20994	0	0			11.01
11.02	Speech Pathology		40420	0	129			11.02
11.03	Speech Pathology		99914	0	16			11.03
12.00	Medical Social Services		16974	0	0			12.00
12.01	Medical Social Services		20994	0	1			12.01
12.02	Medical Social Services		40420	0	70			12.02
12.03	Medical Social Services		99914	0	7			12.03
13.00	Home Health Aide		16974	0	0			13.00
13.01	Home Health Aide		20994	0	8			13.01
13.02	Home Health Aide		40420	0	529			13.02
13.03	Home Health Aide		99914	0	45			13.03
14.00	Total (sum of lines 8-13)			0	10,257			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 (col. 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	34,431	70,412	104,843	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	41	41	320	0.128125	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period: From 07/01/2017

Worksheet H-3

HHA CCN: 14-7448

To 06/30/2018

Part I
Date/Time Prepared:
11/21/2018 2:00 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	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			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	5,014		0	1,594,452	1.00	
2.00	Physical Therapy	0	3,469		0	1,065,816	2.00	
3.00	Occupational Therapy	0	969		0	228,248	3.00	
4.00	Speech Pathology	0	145		0	2,114	4.00	
5.00	Medical Social Services	0	78		0	75,843	5.00	
6.00	Home Health Aide	0	582		0	75,480	6.00	
7.00	Total (sum of lines 1-6)	0	10,257		0	3,041,953	7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
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	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		120	0		15	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part I Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Home Health Agency I	PPS

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	1,594,452		1.00
2.00	Physical Therapy	1,065,816		2.00
3.00	Occupational Therapy	228,248		3.00
4.00	Speech Pathology	2,114		4.00
5.00	Medical Social Services	75,843		5.00
6.00	Home Health Aide	75,480		6.00
7.00	Total (sum of lines 1-6)	3,041,953		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part II Date/Time Prepared: 11/21/2018 2:00 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.195190	1,840,710	359,288	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.092610	760,312	70,412	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.126911	320	41	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	15	0
2.00	Total charges	0	120	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	120	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	105	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	15
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,861,808
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	138,389
13.00	Total PPS Reimbursement - LUPA Episodes		0	33,832
14.00	Total PPS Reimbursement - PEP Episodes		0	6,980
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	26,652
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,131
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	2,070,807
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,070,807
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,070,807
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,070,807
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	-2,794
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,068,013
31.01	Sequestration adjustment (see instructions)		0	41,361
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,026,659
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	-7
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 HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0228
HHA CCN: 14-7448

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-5
Date/Time Prepared:
11/21/2018 2:00 pm
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		2,026,659	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		2,026,659	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		7	6.02
7.00	Total Medicare program liability (see instructions)		0		2,026,652	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0228	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/21/2018 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,061,533	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		62,921	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)		139.56	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.53	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)		77,457	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.67	8.00
9.00	Sum of lines 7 and 8		31.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.53	10.00
11.00	Disproportionate share adjustment (see instructions)		199,918	11.00
12.00	Total prospective capital payments (see instructions)		3,401,829	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