

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 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/27/2017 10:02 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/27/2017 Time: 10:02 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH AMERICAN HOSPITAL (14-0228) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	943,776	922,381	0	0	1.00
2.00 Subprovider - IPF	0	70,612	0		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	0		0	9.00
200.00 Total	0	1,014,388	922,381	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228			Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:53 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 1401 EAST STATE ST.	PO Box:		Zip Code: 61104		County: WINNEBAGO				1.00	
2.00	City: ROCKFORD	State: IL								2.00	
		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	
		V		XVIII		XIX					
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)						07/01/2016	06/30/2017		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	Y		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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,189	3,842	2	0	9,622	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:53 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME				
	1.00	2.00	3.00	4.00	5.00				
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count				
	1.00	2.00	3.00	4.00					
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20
						1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			U OF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:53 am																																																																																																																																																																																	
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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	10.64	9.74	0.522080																																																																																																																																																																															
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td>Y</td> <td></td> <td></td> <td></td> <td>70.00</td> </tr> <tr> <td>71.00</td> <td>If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)</td> <td>N</td> <td>N</td> <td>0</td> <td></td> <td>71.00</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td>N</td> <td></td> <td></td> <td></td> <td>75.00</td> </tr> <tr> <td>76.00</td> <td>If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)</td> <td></td> <td></td> <td>0</td> <td></td> <td>76.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="3">1.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td>N</td> <td></td> <td>80.00</td> </tr> <tr> <td>81.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>81.00</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td>N</td> <td></td> <td>85.00</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>86.00</td> </tr> <tr> <td>87.00</td> <td>Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td>N</td> <td></td> <td>87.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> <th colspan="3"></th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th colspan="3"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td>N</td> <td>Y</td> <td></td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td>N</td> <td>N</td> <td></td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td>N</td> <td>N</td> <td></td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td>N</td> <td>N</td> <td></td> <td></td> <td>94.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00			Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00	71.00	If line 70 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. 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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					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:	286,153		0		5,747,941		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N				120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N						122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N						125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:53 am		
		1.00	2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00	
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:		Contractor's Number:		
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	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	
156.00	Subprovider - IPF	N	N	N	N	
157.00	Subprovider - IRF	N	N	N	N	
158.00	SUBPROVIDER					
159.00	SNF	N	N	N	N	
160.00	HOME HEALTH AGENCY	N	N	N	N	
161.00	CMHC		N	N	N	
					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	
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
						1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	
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	
168.01	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)					
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:53 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2016	06/30/2017	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 9:53 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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	10/05/2017	Y	10/05/2017		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 07/01/2016
To 06/30/2017

Worksheet S-2
Part II
Date/Time Prepared:
11/27/2017 9:53 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 9:53 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VICE PRESIDENT, FINANCE & TREASURER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	272	99,384	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)		272	99,384	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	9,006	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)		302	108,390	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)		322				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,160	7,187	49,260			1.00
2.00 HMO and other (see instructions)	5,140	9,622				2.00
3.00 HMO IPF Subprovider	0	1,080				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)	18,160	7,187	49,260			7.00
8.00 INTENSIVE CARE UNIT	2,580	923	6,327			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		799	5,474			13.00
14.00 Total (see instructions)	20,740	8,909	61,061	20.38	2,415.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,383	526	5,408	0.00	83.55	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	11,955	2,813	26,627	0.00	45.54	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)				20.38	2,544.79	27.00
28.00 Observation Bed Days		412	8,234			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	77	851			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	4,308	2,345	15,657	1.00
2.00 HMO and other (see instructions)			1,030	2,596		2.00
3.00 HMO IPF Subprovider				232		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	4,308	2,345	15,657	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	180	117	951	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 9:53 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	193,367,619	-81,955	193,285,664	5,736,645.00	33.69
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		191,692	0	191,692	1,261.00	152.02
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		993,574	0	993,574	13,541.00	73.38
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)		51,072,708	-511,186	50,561,522	1,339,782.00	37.74
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,154,836	0	1,154,836	15,046.00	76.75
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		1,392,282	0	1,392,282	10,413.00	133.71
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)		44,763,149	0	44,763,149		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		14,098,024	0	14,098,024		
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		14,939	0	14,939		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		160,412	0	160,412		
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		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,195,169	24,282	2,219,451	57,559.00	38.56
27.00	Administrative & General	5.00	28,797,701	-427,699	28,370,002	818,258.00	34.67

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 9:53 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,173,533	0	4,173,533	19,621.00	212.71	28.00
29.00	Maintenance & Repairs	6.00	494,816	508,689	1,003,505	41,638.00	24.10	29.00
30.00	Operation of Plant	7.00	1,075,435	-4,140	1,071,295	33,419.00	32.06	30.00
31.00	Laundry & Linen Service	8.00	73,122	0	73,122	6,399.00	11.43	31.00
32.00	Housekeeping	9.00	2,772,662	-5,708	2,766,954	195,922.00	14.12	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,356,058	-12,051	2,344,007	160,306.00	14.62	34.00
35.00	Dietary under contract (see instructions)		601,426	0	601,426	8,320.00	72.29	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	1,503,695	-6,350	1,497,345	78,474.00	19.08	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	5,836,160	-3,481	5,832,679	123,801.00	47.11	40.00
41.00	Medical Records & Medical Records Library	16.00	1,440,344	-8,601	1,431,743	66,517.00	21.52	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 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2017 9:53 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	197,149,004	-81,955	197,067,049	5,751,045.00	34.27	1.00
2.00	Excluded area salaries (see instructions)	51,072,708	-511,186	50,561,522	1,339,782.00	37.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	146,076,296	429,231	146,505,527	4,411,263.00	33.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,547,118	0	2,547,118	25,459.00	100.05	4.00
5.00	Subtotal wage-related costs (see inst.)	44,778,088	0	44,778,088	0.00	30.56	5.00
6.00	Total (sum of lines 3 thru 5)	193,401,502	429,231	193,830,733	4,436,722.00	43.69	6.00
7.00	Total overhead cost (see instructions)	51,320,121	64,941	51,385,062	1,610,234.00	31.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 9:53 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		8,234,525	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		2,468,897	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		32,105,920	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)		0	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)		397,041	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)		1,692,856	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		160,014	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		11,868,081	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		134,669	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		985,599	22.00
23.00	Tuition Reimbursement		988,922	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		59,036,524	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 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/27/2017 9:53 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,154,836	59,036,524	1.00
2.00	Hospital	1,154,836	59,036,524	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 07/01/2016 To 06/30/2017	Worksheet S-4 Date/Time Prepared: 11/27/2017 9:53 am
			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	2,589	128	91	2,808	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	975.00	163.00	418.00	1,556.00	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	3.00
4.00	Director(s) and Assistant Director(s)				0.99	0.99	4.00
5.00	Other Administrative Personnel				21.69	0.26	5.00
6.00	Direct Nursing Service				12.39	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				5.30	0.00	8.00
9.00	Physical Therapy Supervisor				0.39	0.00	9.00
10.00	Occupational Therapy Service				1.96	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				1.00	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				1.35	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	PHARMACY TECH				0.14	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).	20994					20.00
20.01		31540					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	6,142	362	246	26	6,776	21.00
22.00	Skilled Nursing Visit Charges	1,043,225	66,170	44,800	4,960	1,159,155	22.00
23.00	Physical Therapy Visits	3,331	90	32	45	3,498	23.00
24.00	Physical Therapy Visit Charges	584,205	15,905	6,305	8,060	614,475	24.00
25.00	Occupational Therapy Visits	1,057	46	3	17	1,123	25.00
26.00	Occupational Therapy Visit Charges	184,295	7,955	540	3,040	195,830	26.00
27.00	Speech Pathology Visits	115	3	0	3	121	27.00
28.00	Speech Pathology Visit Charges	19,835	480	0	450	20,765	28.00
29.00	Medical Social Service Visits	92	11	3	0	106	29.00
30.00	Medical Social Service Visit Charges	18,045	2,340	675	0	21,060	30.00
31.00	Home Health Aide Visits	292	29	0	10	331	31.00
32.00	Home Health Aide Visit Charges	28,260	2,984	0	944	32,188	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,029	541	284	101	11,955	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)	1,877,865	95,834	52,320	17,454	2,043,473	35.00
36.00	Total Number of Episodes (standard/non outlier)	828		101	8	937	36.00
37.00	Total Number of Outlier Episodes		18		0	18	37.00
38.00	Total Non-Routine Medical Supply Charges	620,369	97,558	43,401	5,183	766,511	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/27/2017 9:53 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.160024	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		37,431,369	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		31,493,208	5.00
6.00	Medicaid charges		460,514,519	6.00
7.00	Medicaid cost (line 1 times line 6)		73,693,375	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,768,798	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)		4,768,798	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)	11,234,725	5,237,638	16,472,363
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,797,826	5,237,638	7,035,464
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,797,826	5,237,638	7,035,464
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, 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)		34,577,550	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,557,434	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,934,514	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		30,643,036	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,280,701	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		13,316,165	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,084,963	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,948,068		8,948,068	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,213,946	4,849,343	20,063,289	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,195,169	3,427,006	-25,749	5,596,426	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,797,701	49,561,268	-6,396,352	71,962,617	5.00
6.00	00600	MAINTENANCE & REPAIRS	494,816	782,628	849,943	2,127,387	6.00
7.00	00700	OPERATION OF PLANT	1,075,435	3,738,386	-7,200	4,806,621	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73,122	1,476,274	-21,768	1,527,628	8.00
9.00	00900	HOUSEKEEPING	2,772,662	1,698,588	-372	4,470,878	9.00
10.00	01000	DIETARY	2,356,058	2,906,636	-124,912	5,137,782	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	1,503,695	576,900	-156	2,080,439	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,478,862	-3,071,679	1,407,183	14.00
15.00	01500	PHARMACY	5,836,160	17,483,801	-9,744,000	13,575,961	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,440,344	1,830,474	-17,280	3,253,538	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	4,820,434	-54	4,820,380	22.00
23.00	02300	PARAMED ED PRGM	145,865	51,903	197,768	197,768	23.00
23.01	02304	PHARMACY RESIDENCY	78,047	45,027	123,074	123,074	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	164,301	85,278	249,579	248,732	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	592,250	747,539	-39,552	1,300,237	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,664,938	14,153,524	738,916	38,557,378	30.00
31.00	03100	INTENSIVE CARE UNIT	4,774,413	3,614,886	197,575	8,586,874	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	2,208,550	2,517,076	-1,446,603	3,279,023	40.00
43.00	04300	NURSERY	1,494,143	1,997,978	1,365,271	4,857,392	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,236,147	35,855,535	-17,785,446	27,306,236	50.00
50.20	03340	GASTROINTESTINAL SERVICES	575,474	557,013	8,142	1,140,629	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,555,053	1,385,613	100,704	4,041,370	52.00
53.00	05300	ANESTHESIOLOGY	117,475	443,588	1,847,902	2,408,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,180,740	13,746,358	-6,145,245	15,781,853	54.00
54.10	03480	ONCOLOGY	9,810,696	24,341,822	-15,408,604	18,743,914	54.10
54.20	05401	CT	863,814	1,424,562	-2,669	2,285,707	54.20
54.30	05402	MRI	687,977	998,710	-23,341	1,663,346	54.30
60.00	06000	LABORATORY	3,468,242	8,652,999	-272,155	11,849,086	60.00
60.01	06001	BLOOD	258,579	1,095,194	-6,696	1,347,077	60.01
65.00	06500	RESPIRATORY THERAPY	2,422,340	1,949,373	-392,142	3,979,571	65.00
66.00	06600	PHYSICAL THERAPY	3,946,632	2,212,371	-1,264	6,157,739	66.00
69.00	06900	ELECTROCARDIOLOGY	982,994	840,647	-20,882	1,802,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,402	120,980	-501	210,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,305,564	9,305,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	14,136,601	14,136,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,771,263	24,771,263	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	473,367	563,513	-4,457	1,032,423	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	109,264	109,264	75.10
75.20	03951	HEMODIALYSIS	0	773,492	394	773,886	75.20
76.97	07697	CARDIAC REHABILITATION	637,150	504,083	-3,902	1,137,331	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	889,095	1,096,848	-370,901	1,615,042	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	312,913	166,587	43,529	523,029	90.02
90.03	09003	STATELINE CLINIC	485,591	785,612	-212	1,270,991	90.03
90.04	09004	ORTHOPEDECS CLINIC	2,963,117	1,422,588	-9,364	4,376,341	90.04
90.05	09005	PULMONOLOGY CLINIC	1,849,094	1,060,724	-383	2,909,435	90.05
90.06	09006	CVT CLINIC	371,663	1,648,080	-4,324	2,015,419	90.06
90.07	09007	MWH CLINIC	1,585,830	3,808,620	-8,153	5,386,297	90.07
90.08	09008	NEUROSURGERY CLINIC	1,935,720	562,355	-105	2,497,970	90.08
90.09	09009	HEADACHE CLINIC	771,038	1,176,388	-293	1,947,133	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	673,831	1,830,050	-37,920	2,465,961	90.10
90.11	09011	MFM CLINIC	1,083,168	297,188	-157	1,380,199	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	466,313	2,264,326	-109	2,730,530	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
91.00	09100	EMERGENCY	8,117,442	5,423,162	13,540,604	136,327	13,676,931	91.00
91.05	09101	AMBULATORY CARE	4,358	2,863	7,221	72	7,293	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	401,260	401,260	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,737,152	1,972,568	5,709,720	-99,782	5,609,938	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,221,076	259,140,294	408,361,370	-2,633,461	405,727,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	41,693,167	34,278,459	75,971,626	-67,791	75,903,835	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	14,026	14,026	0	14,026	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	413,220	588,445	1,001,665	-438	1,001,227	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	291,646	107,392	399,038	2,756,047	3,155,085	193.80
193.90	19308	COMPLEMENTARY MEDICINE	1,014,446	867,180	1,881,626	-3,331	1,878,295	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	734,064	831,632	1,565,696	-51,026	1,514,670	194.00
200.00		TOTAL (SUM OF LINES 118-199)	193,367,619	295,827,428	489,195,047	0	489,195,047	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-874,285	8,073,783	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	168,596	20,231,885	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,009,887	4,586,539	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,636,282	59,326,335	5.00
6.00	00600	MAINTENANCE & REPAIRS	-10,833	2,116,554	6.00
7.00	00700	OPERATION OF PLANT	-7,422	4,799,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,322	1,519,306	8.00
9.00	00900	HOUSEKEEPING	-164	4,470,714	9.00
10.00	01000	DIETARY	-1,430,853	3,706,929	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	-347	2,080,092	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,407,183	14.00
15.00	01500	PHARMACY	-303	13,575,658	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-147,044	3,106,494	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	-220,741	4,599,639	22.00
23.00	02300	PARAMED ED PRGM	0	197,768	23.00
23.01	02304	PHARMACY RESIDENCY	0	123,074	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	-183,785	64,947	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-150,697	1,149,540	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,198,142	34,359,236	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,139,925	7,446,949	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	-561,873	2,717,150	40.00
43.00	04300	NURSERY	-1,344,705	3,512,687	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,878,828	20,427,408	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	-9,689	1,130,940	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	-36	4,041,334	52.00
53.00	05300	ANESTHESIOLOGY	-85,673	2,323,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-339,063	15,442,790	54.00
54.10	03480	ONCOLOGY	-1,634,932	17,108,982	54.10
54.20	05401	CT	-153,585	2,132,122	54.20
54.30	05402	MRI	0	1,663,346	54.30
60.00	06000	LABORATORY	-66,525	11,782,561	60.00
60.01	06001	BLOOD	0	1,347,077	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,979,571	65.00
66.00	06600	PHYSICAL THERAPY	-59,151	6,098,588	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,802,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-67,605	143,276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,305,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,136,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,771,263	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	-16,630	1,015,793	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	109,264	75.10
75.20	03951	HEMODIALYSIS	0	773,886	75.20
76.97	07697	CARDIAC REHABILITATION	-58,622	1,078,709	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-144,310	1,470,732	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	-4,961	518,068	90.02
90.03	09003	STATELINE CLINIC	-156,165	1,114,826	90.03
90.04	09004	ORTHOPEDICS CLINIC	-2,237,959	2,138,382	90.04
90.05	09005	PULMONOLOGY CLINIC	-1,947,475	961,960	90.05
90.06	09006	CVT CLINIC	-1,932,040	83,379	90.06
90.07	09007	MWH CLINIC	-2,999,607	2,386,690	90.07
90.08	09008	NEUROSURGERY CLINIC	-1,066,643	1,431,327	90.08
90.09	09009	HEADACHE CLINIC	322,106	2,269,239	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	-2,147,498	318,463	90.10
90.11	09011	MFM CLINIC	-1,305,817	74,382	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	-1,613,683	1,116,847	90.12
91.00	09100	EMERGENCY	-509,611	13,167,320	91.00
91.05	09101	AMBULATORY CARE	0	7,293	91.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
91.10	09102	PSYCHIATRIC PARTIAL	6.00	7.00	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	401,260	92.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	10,789	5,620,727	101.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-48,860,227	356,867,682	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/PCP'S	-148,492	75,755,343	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	14,026	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	6,647	1,007,874	193.60
193.70	19306	WOMEN'S CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,155,085	193.80
193.90	19308	COMPLIMENTARY MEDICINE	-1,780	1,876,515	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	4,252	1,518,922	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-48,999,600	440,195,447	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	850,099	1.00
	0		0	850,099	
B - CHARGABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,305,564	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,488	2.00
3.00	HEMODIALYSIS	75.20	0	394	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
	0		0	9,307,446	
C - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,771,263	1.00
2.00		0.00	0	0	2.00
	0		0	24,771,263	
D - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	9,597	1.00
	0		0	9,597	
E - PR EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	40,111	1.00
2.00		0.00	0	0	2.00
	0		0	40,111	
F - ANESTHESIA PHYSICIANS					
1.00	ANESTHESIOLOGY	53.00	0	1,875,000	1.00
	0		0	1,875,000	
G - CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,849,343	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/27/2017 9:53 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
0			0	4,849,343	
H - PSYCHIATRIC					
1.00	ADULTS & PEDIATRICS	30.00	526,835	518,845	1.00
2.00	PSYCHIATRIC PARTIAL	91.10	202,163	199,097	2.00
0			728,998	717,942	
I - NURSERY					
1.00	NURSERY	43.00	903,509	415,801	1.00
0			903,509	415,801	
J - NUTRITIONAL SUPPORT					
1.00	NUTRITIONAL SUPPORT	75.10	0	109,264	1.00
0			0	109,264	
K - MARKETING					
1.00	MARKETING EXPENSES	193.80	383,511	2,372,536	1.00
0			383,511	2,372,536	
L - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	33,500	0	1.00
0			33,500	0	
M - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	508,689	0	1.00
0			508,689	0	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,136,601	1.00
2.00		0.00	0	0	2.00
0			0	14,136,601	
O - EQUIPMENT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,349,106	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	302,921	2.00
3.00	SUBPROVIDER - IPF	40.00	0	972	3.00
4.00	NURSERY	43.00	0	9,520	4.00
5.00	OPERATING ROOM	50.00	0	58,821	5.00
6.00	GASTRO INTESTINAL SERVICES	50.20	0	9,541	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,183	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,414	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	5,807	9.00
10.00	EMERGENCY	91.00	0	16,516	10.00
11.00	AMBULATORY CARE	91.05	0	72	11.00
0			0	1,799,873	
R - SHORT TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,218	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	44,188	2.00
3.00	OPERATION OF PLANT	7.00	0	4,140	3.00
4.00	HOUSEKEEPING	9.00	0	5,708	4.00
5.00	DIETARY	10.00	0	12,051	5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,350	6.00
7.00	PHARMACY	15.00	0	3,481	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,601	8.00
9.00	PARAMEDICAL PRGM	23.00	0	5,386	9.00
10.00	PARAMEDICAL - PARAMEDICAL TECHS	23.40	0	3,679	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	119,267	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	19,152	12.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	SUBPROVIDER - IPF	40.00	0	2,819	13.00
14.00	OPERATING ROOM	50.00	0	52,867	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,005	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,036	16.00
17.00	ONCOLOGY	54.10	0	20,863	17.00
18.00	CT	54.20	0	1,615	18.00
19.00	MRI	54.30	0	1,200	19.00
20.00	LABORATORY	60.00	0	14,190	20.00
21.00	BLOOD	60.01	0	3,209	21.00
22.00	RESPIRATORY THERAPY	65.00	0	5,594	22.00
23.00	PHYSICAL THERAPY	66.00	0	8,881	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,086	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,358	25.00
26.00	CARDIAC REHABILITATION	76.97	0	2,745	26.00
27.00	ORTHOPEDECS CLINIC	90.04	0	4,890	27.00
28.00	PULMONOLOGY CLINIC	90.05	0	18,313	28.00
29.00	NEUROSURGERY CLINIC	90.08	0	2,902	29.00
30.00	UW GENERAL SURGERY CLINIC	90.10	0	9,772	30.00
31.00	EMERGENCY	91.00	0	29,763	31.00
32.00	HOME HEALTH AGENCY	101.00	0	29,214	32.00
33.00	SPECIALISTS/PCP'S	192.01	0	90,936	33.00
34.00	PHYSICIAN RELATED AREAS	193.60	0	15,400	34.00
35.00	COMPLEMENTARY MEDICINE	193.90	0	15,391	35.00
36.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	2,874	36.00
			0	624,144	
S - PHLEBOTOMY					
1.00	EMERGENCY	91.00	128,594	76,523	1.00
	TOTALS		128,594	76,523	
T - AMBULATORY SERVICES					
1.00	DIABETES CLINIC	90.02	43,529	0	1.00
	TOTALS		43,529	0	
U - WOMENS HEALTH					
1.00	NURSERY	43.00	36,740	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	72,982	0	2.00
	TOTALS		109,722	0	
500.00	Grand Total: Increases		2,840,052	61,955,543	500.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/27/2017 9:53 am

		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	850,099	0		1.00
	O		0	850,099			
B - CHARGABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,271,752	0		1.00
2.00	PHARMACY	15.00	0	10,502	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	19,536	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	179	0		4.00
5.00	NURSERY	43.00	0	299	0		5.00
6.00	OPERATING ROOM	50.00	0	3,665,268	0		6.00
7.00	GASTRO INTESTINAL SERVICES	50.20	0	1,321	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,427	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	27,098	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,716,686	0		10.00
11.00	ONCOLOGY	54.10	0	93,056	0		11.00
12.00	CT	54.20	0	2,339	0		12.00
13.00	MRI	54.30	0	12,762	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	49,363	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	370	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	436	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	393	0		17.00
18.00	SLEEP LAB	75.01	0	2,429	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	2,434	0		19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	0	324,944	0		20.00
21.00	STATELINE CLINIC	90.03	0	212	0		21.00
22.00	ORTHOPEDEICS CLINIC	90.04	0	9,164	0		22.00
23.00	PULMONOLOGY CLINIC	90.05	0	383	0		23.00
24.00	CVT CLINIC	90.06	0	4,324	0		24.00
25.00	MWH CLINIC	90.07	0	807	0		25.00
26.00	HEADACHE CLINIC	90.09	0	293	0		26.00
27.00	UW GENERAL SURGERY CLINIC	90.10	0	300	0		27.00
28.00	MFM CLINIC	90.11	0	157	0		28.00
29.00	ROCKFORD VASCULAR CENTER CLINIC	90.12	0	80	0		29.00
30.00	EMERGENCY	91.00	0	29,836	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	57,296	0		31.00
	O		0	9,307,446			
C - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	9,727,062	0		1.00
2.00	ONCOLOGY	54.10	0	15,044,201	0		2.00
	O		0	24,771,263			
D - MEDICAL SUPPLIES							
1.00	DIETARY	10.00	0	9,597	0		1.00
	O		0	9,597			
E - PR EXPENSE							
1.00	PARAMED PRGM - RADIOLOGY	23.20	0	691	0		1.00
2.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	39,420	0		2.00
	O		0	40,111			
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	25,749	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,830,317	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	156	0		3.00
4.00	OPERATION OF PLANT	7.00	0	7,200	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	21,768	0		5.00
6.00	HOUSEKEEPING	9.00	0	372	0		6.00
7.00	DIETARY	10.00	0	6,051	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	156	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	54	0		9.00
10.00	PHARMACY	15.00	0	6,436	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,280	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	54	0		12.00
13.00	PARAMED PRGM - RADIOLOGY	23.20	0	156	0		13.00
14.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	132	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	32,806	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	85,810	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	456	0		17.00
18.00	OPERATING ROOM	50.00	0	57,248	0		18.00
19.00	GASTRO INTESTINAL SERVICES	50.20	0	78	0		19.00

RECLASSIFICATIONS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/27/2017 9:53 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,034	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	552,123	0		21.00	
22.00	ONCOLOGY	54.10	0	271,347	0		22.00	
23.00	CT	54.20	0	330	0		23.00	
24.00	MRI	54.30	0	10,579	0		24.00	
25.00	LABORATORY	60.00	0	272,155	0		25.00	
26.00	BLOOD	60.01	0	6,696	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	342,779	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	894	0		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	26,253	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	108	0		30.00	
31.00	SLEEP LAB	75.01	0	2,028	0		31.00	
32.00	CARDIAC REHABILITATION	76.97	0	1,468	0		32.00	
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,428	0		33.00	
34.00	ORTHOPEDICS CLINIC	90.04	0	200	0		34.00	
35.00	MWH CLINIC	90.07	0	7,346	0		35.00	
36.00	NEUROSURGERY CLINIC	90.08	0	105	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	29	0		38.00	
39.00	EMERGENCY	91.00	0	55,470	0		39.00	
40.00	HOME HEALTH AGENCY	101.00	0	42,486	0		40.00	
41.00	SPECIALISTS/PCP'S	192.01	0	67,791	0		41.00	
42.00	PHYSICIAN RELATED AREAS	193.60	0	438	0		42.00	
43.00	COMPLEMENTARY MEDICINE	193.90	0	3,331	0		43.00	
44.00	NON-MEDICARE HOME HEALTH SERVICES	194.00	0	51,026	0		44.00	
			0	4,849,343				
H - PSYCHIATRIC								
1.00	SUBPROVIDER - IPF	40.00	728,998	717,942	0		1.00	
2.00		0.00	0	0	0		2.00	
			728,998	717,942				
I - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	903,509	415,801	0		1.00	
			903,509	415,801				
J - NUTRITIONAL SUPPORT								
1.00	DIETARY	10.00	0	109,264	0		1.00	
			0	109,264				
K - MARKETING								
1.00	ADMINISTRATIVE & GENERAL	5.00	383,511	2,372,536	0		1.00	
			383,511	2,372,536				
L - RECRUITMENT BONUS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,500	0		1.00	
			0	33,500				
M - MAINTENANCE & REPAIRS								
1.00	MAINTENANCE & REPAIRS	6.00	0	508,689	0		1.00	
			0	508,689				
N - IMPLANTABLE DEVICES								
1.00	OPERATING ROOM	50.00	0	12,246,751	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,889,850	0		2.00	
			0	14,136,601				
O - EQUIPMENT RENTAL								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,799,873	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
			0	1,799,873				
R - SHORT TERM DISABILITY								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,218	0	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	44,188	0	0		2.00	
3.00	OPERATION OF PLANT	7.00	4,140	0	0		3.00	
4.00	HOUSEKEEPING	9.00	5,708	0	0		4.00	
5.00	DIETARY	10.00	12,051	0	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	6,350	0	0		6.00	
7.00	PHARMACY	15.00	3,481	0	0		7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	8,601	0	0		8.00	
9.00	PARAMEDICAL PRGM	23.00	5,386	0	0		9.00	

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	PARAMED ED - PARAMEDICAL TECHS	23.40	3,679	0	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	119,267	0	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	19,152	0	0			12.00
13.00	SUBPROVIDER - IPF	40.00	2,819	0	0			13.00
14.00	OPERATING ROOM	50.00	52,867	0	0			14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	9,005	0	0			15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	32,036	0	0			16.00
17.00	ONCOLOGY	54.10	20,863	0	0			17.00
18.00	CT	54.20	1,615	0	0			18.00
19.00	MRI	54.30	1,200	0	0			19.00
20.00	LABORATORY	60.00	14,190	0	0			20.00
21.00	BLOOD	60.01	3,209	0	0			21.00
22.00	RESPIRATORY THERAPY	65.00	5,594	0	0			22.00
23.00	PHYSICAL THERAPY	66.00	8,881	0	0			23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	1,086	0	0			24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	7,358	0	0			25.00
26.00	CARDIAC REHABILITATION	76.97	2,745	0	0			26.00
27.00	ORTHOPEDICS CLINIC	90.04	4,890	0	0			27.00
28.00	PULMONOLOGY CLINIC	90.05	18,313	0	0			28.00
29.00	NEUROSURGERY CLINIC	90.08	2,902	0	0			29.00
30.00	UW GENERAL SURGERY CLINIC	90.10	9,772	0	0			30.00
31.00	EMERGENCY	91.00	29,763	0	0			31.00
32.00	HOME HEALTH AGENCY	101.00	29,214	0	0			32.00
33.00	SPECIALISTS/PCP'S	192.01	90,936	0	0			33.00
34.00	PHYSICIAN RELATED AREAS	193.60	15,400	0	0			34.00
35.00	COMPLEMENTARY MEDICINE	193.90	15,391	0	0			35.00
36.00	NON-MEDI CARE HOME HEALTH SERVICES	194.00	2,874	0	0			36.00
			624,144	0	0			
S - PHLEBOTOMY								
1.00	ADULTS & PEDIATRICS	30.00	128,594	76,523	0			1.00
	TOTALS		128,594	76,523	0			
T - AMBULATORY SERVICES								
1.00	HYPERBARIC OXYGEN THERAPY	76.98	43,529	0	0			1.00
	TOTALS		43,529	0	0			
U - WOMENS HEALTH								
1.00	ADULTS & PEDIATRICS	30.00	109,722	0	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		109,722	0	0			
500.00	Grand Total: Decreases		2,922,007	61,873,588				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
11/27/2017 9:53 am

		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	7,272,306	9,977	0	9,977	0	1.00
2.00	Land Improvements	4,433,723	285,669	0	285,669	0	2.00
3.00	Buildings and Fixtures	244,286,792	6,806,922	0	6,806,922	0	3.00
4.00	Building Improvements	4,506,296	4,771,185	0	4,771,185	0	4.00
5.00	Fixed Equipment	1,109,514	52,658	0	52,658	0	5.00
6.00	Movable Equipment	70,856,494	5,581,398	0	5,581,398	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	332,465,125	17,507,809	0	17,507,809	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	332,465,125	17,507,809	0	17,507,809	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,282,283	0				1.00
2.00	Land Improvements	4,719,392	0				2.00
3.00	Buildings and Fixtures	251,093,714	0				3.00
4.00	Building Improvements	9,277,481	0				4.00
5.00	Fixed Equipment	1,162,172	0				5.00
6.00	Movable Equipment	76,437,892	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	349,972,934	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	349,972,934	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,667,648	0	1,280,420	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,213,946	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	22,881,594	0	1,280,420	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	8,948,068				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,213,946				2.00
3.00	Total (sum of lines 1-2)	0	24,162,014				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
11/27/2017 9:53 am

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	273,535,042	0	273,535,042	0.781589	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	76,437,892	0	76,437,892	0.218411	0	2.00
3.00	Total (sum of lines 1-2)	349,972,934	0	349,972,934	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	7,667,648	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,382,542	4,849,343	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,050,190	4,849,343	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 col.s. 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	8,073,783	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,231,885	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	28,305,668	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,280,420	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	-1,343	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	-15,843,419				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	-1,088,080				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,425,259	DIETARY		10.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 CUDDLE CARE	B	-962	ADULTS & PEDIATRICS		30.00	0 33.00
33.01 CT SCANNER LUNG SCREENING	B	-144,435	CT		54.20	0 33.01

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	3.00	
33.02 BABY PICTURES	B	-10,829	ADULTS & PEDIATRICS		30.00	0 33.02
33.03 EMS EDUCATION FEES	B	-155,521	PARAMED ED - PARAMEDICAL TECHS		23.40	0 33.03
33.04 TRAUMA OTHER REVENUE	B	-74,792	EMERGENCY		91.00	0 33.04
33.05 OTHER REVENUE 1	B	-38,315	CARDIAC REHABILITATION		76.97	0 33.05
33.06 TUITION	B	-183,785	PARAMED ED PRGM - RADIOLOGY		23.20	0 33.06
33.07 MED REC TRANSCRIPTS	B	-5,812	RADIOLOGY-DIAGNOSTIC		54.00	0 33.07
33.08 RECYCLING	B	-955	RADIOLOGY-DIAGNOSTIC		54.00	0 33.08
33.09 RADIOLOGY ONCOLOGY OTHER REVENUE	B	1	ONCOLOGY		54.10	0 33.09
33.10 OTHER REVENUE 3	B	-60	PHYSICAL THERAPY		66.00	0 33.10
33.11 HEART SCAN REVENUE	B	-9,150	CT		54.20	0 33.11
33.12 GROSS REVENUE	B	-3,734	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.12
33.13 EMPLOYEE HEALTH	B	-975,092	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.13
33.14 OTHER REVENUE/TRANSCRIPTS	B	-131,035	MEDICAL RECORDS & LIBRARY		16.00	0 33.14
33.15 PHARMACY OTHER REVENUE	B	-303	PHARMACY		15.00	0 33.15
33.16 PHOTO	B	-2,158	ADMINISTRATIVE & GENERAL		5.00	0 33.16
33.17 VENDING MACHINES	B	-164	HOUSEKEEPING		9.00	0 33.17
33.18 NON PATIENT LINEN	B	-8,322	LAUNDRY & LINEN SERVICE		8.00	0 33.18
33.19 GUEST ROOM RENTAL	B	-9,825	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 COMMUNICATIONS	B	-5,427	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21 PHYSICIAN PAGING AND ANSWERING	B	-366,675	ADMINISTRATIVE & GENERAL		5.00	0 33.21
33.22 OTHER REVENUE 4	B	-1,547,568	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 OTHER REVENUE 5	B	-2,651	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.23
33.24 OTHER REVENUE 6	B	106,372	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25 INVESTMENT MANAGEMENT	B	683,549	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	3,672,783	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28 T.V. REPAIR SALARY	A	-10,833	MAINTENANCE & REPAIRS		6.00	0 33.28
33.29 T.V. ELECTRICITY COST	A	-3,669	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	-42,084	ADMINISTRATIVE & GENERAL		5.00	0 33.31
33.32 CORPORATE SPONSORSHIP	A	-33,260	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.33 SITTERS COST	A	-347	NURSING ADMINISTRATIVE		13.00	0 33.33
33.34 SITTERS COST	A	-37,478	ADULTS & PEDIATRICS		30.00	0 33.34
33.35 SITTERS COST	A	-1,516	INTENSIVE CARE UNIT		31.00	0 33.35
33.36 SITTERS COST	A	-132	SUBPROVIDER - IPF		40.00	0 33.36
33.37 SITTERS COST	A	-36	DELIVERY ROOM & LABOR ROOM		52.00	0 33.37
33.38 SITTERS COST	A	-191	NURSERY		43.00	0 33.38
33.39 ALCOHOL COSTS	A	-9,904	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.39
33.40 ALCOHOL COSTS	A	-1,970	ADMINISTRATIVE & GENERAL		5.00	0 33.40
33.41 INTERNAL RENT REVENUE	B	-43,932	OPERATING ROOM		50.00	0 33.41
33.42 MISC PATIENT REVENUE	B	-1,200	ADMINISTRATIVE & GENERAL		5.00	0 33.42
33.43 IPA PROVIDER ASSESSMENT	A	-12,805,511	ADMINISTRATIVE & GENERAL		5.00	0 33.43
33.44 REALIZED SELF INSURANCE	B	-1,268,796	ADMINISTRATIVE & GENERAL		5.00	0 33.44
33.45 CORPORATE SPONSORSHIP	A	-17,520	ONCOLOGY		54.10	0 33.45
33.46 CANCER CENTER PROFESSIONAL OFFSET	A	-984,090	ONCOLOGY		54.10	0 33.46
33.47 STATELINE PROFESSIONAL OFFSET	A	-156,165	STATELINE CLINIC		90.03	0 33.47
33.48 RENAISSANCE PROFESSIONAL OFFSET	A	-2,269,567	ORTHOPEDICS CLINIC		90.04	0 33.48
33.49 RENAISSANCE PROFESSIONAL OFFSET	A	-1,932,475	PULMONOLOGY CLINIC		90.05	0 33.49
33.50 RENAISSANCE PROFESSIONAL OFFSET	A	-1,932,893	CVT CLINIC		90.06	0 33.50
33.51 RENAISSANCE PROFESSIONAL OFFSET	A	-3,016,392	MWH CLINIC		90.07	0 33.51
33.52 RENAISSANCE PROFESSIONAL OFFSET	A	-1,071,720	NEUROSURGERY CLINIC		90.08	0 33.52
33.53 RENAISSANCE PROFESSIONAL OFFSET	A	317,029	HEADACHE CLINIC		90.09	0 33.53
33.54 RENAISSANCE PROFESSIONAL OFFSET	A	-2,153,614	UW GENERAL SURGERY CLINIC		90.10	0 33.54
33.55 RENAISSANCE PROFESSIONAL OFFSET	A	-1,305,817	MFM CLINIC		90.11	0 33.55
33.56 RENAISSANCE PROFESSIONAL OFFSET	A	-1,619,654	ROCKFORD VASCULAR CENTER CLINIC		90.12	0 33.56
33.57 OTHER REVENUE 8	B	-5,118	CVT CLINIC		90.06	0 33.57
33.58 DEPRECIATION FMV ADJ	A	168,596	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.58
33.59 CORPORATE SPONSORSHIP	A	-450	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.59

Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8 Date/Time Prepared: 11/27/2017 9:53 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-48,999,600				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 07/01/2016 To 06/30/2017

Worksheet A-8-1

Date/Time Prepared: 11/27/2017 9:53 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	29,077	294,876 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	757,288	850,099 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	127,128	145,184 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	959,949	1,302,868 3.01
4.00	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	26,427	30,180 4.00
4.01	10.00	DIETARY	RENTAL ADJUSTMENT	39,385	44,979 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	125,056	141,065 4.02
4.03	22.00	IT&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	200,099	420,840 4.03
4.04	23.40	PARAMEDICAL - PARAMEDICAL TECH	RENTAL ADJUSTMENT	132,600	127,776 4.04
4.05	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	17,665	13,500 4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	257,808	237,351 4.06
4.07	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	413,321	448,862 4.07
4.08	75.01	SLEEP LAB	RENTAL ADJUSTMENT	193,398	210,028 4.08
4.09	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	206,507	224,265 4.09
4.10	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	70,233	80,208 4.10
4.11	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	34,930	39,891 4.11
4.12	90.04	ORTHOPEDICS CLINIC	RENTAL ADJUSTMENT	424,632	393,024 4.12
4.13	90.05	PULMONOLOGY CLINIC	RENTAL ADJUSTMENT		15,000 4.13
4.14	90.06	CVT CLINIC	RENTAL ADJUSTMENT	80,216	74,245 4.14
4.15	90.07	MWH CLINIC	RENTAL ADJUSTMENT	225,497	208,712 4.15
4.16	90.08	NEUROSURGERY CLINIC	RENTAL ADJUSTMENT	68,206	63,129 4.16
4.17	90.09	HEADACHE CLINIC	RENTAL ADJUSTMENT	68,206	63,129 4.17
4.18	90.10	UW GENERAL SURGERY CLINIC	RENTAL ADJUSTMENT	82,161	76,045 4.18
4.19	90.12	ROCKFORD VASCULAR CENTER CLINIC	RENTAL ADJUSTMENT	80,216	74,245 4.19
4.20	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	137,506	126,717 4.20
4.21	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	1,774,612	1,923,104 4.21
4.22	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	84,716	78,069 4.22
4.23	193.90	COMPLIMENTARY MEDICINE	RENTAL ADJUSTMENT	12,535	14,315 4.23
4.24	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	54,197	49,945 4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,683,571	7,771,651 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 request 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 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/27/2017 9:53 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-265,799	0		1.00
2.00	-92,811	0		2.00
3.00	-18,056	0		3.00
3.01	-342,919	0		3.01
4.00	-3,753	0		4.00
4.01	-5,594	0		4.01
4.02	-16,009	0		4.02
4.03	-220,741	0		4.03
4.04	4,824	0		4.04
4.05	4,165	0		4.05
4.06	20,457	0		4.06
4.07	-35,541	0		4.07
4.08	-16,630	0		4.08
4.09	-17,758	0		4.09
4.10	-9,975	0		4.10
4.11	-4,961	0		4.11
4.12	31,608	0		4.12
4.13	-15,000	0		4.13
4.14	5,971	0		4.14
4.15	16,785	0		4.15
4.16	5,077	0		4.16
4.17	5,077	0		4.17
4.18	6,116	0		4.18
4.19	5,971	0		4.19
4.20	10,789	0		4.20
4.21	-148,492	0		4.21
4.22	6,647	0		4.22
4.23	-1,780	0		4.23
4.24	4,252	0		4.24
5.00	-1,088,080	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 07/01/2016 To 06/30/2017

Worksheet A-8-2

Date/Time Prepared: 11/27/2017 9:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	4,255,998	4,129,876	126,122	171,400	1,300	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,167,333	1,134,000	33,333	171,400	351	2.00
3.00	40.00	SUBPROVIDER - IPF	591,406	561,406	30,000	171,400	360	3.00
4.00	43.00	NURSERY	1,369,522	1,344,514	25,008	171,400	443	4.00
5.00	50.00	OPERATING ROOM	6,887,884	6,797,884	90,000	200,300	507	5.00
6.00	50.20	GASTROINTESTINAL SERVICES	25,000	0	25,000	200,300	159	6.00
7.00	53.00	ANESTHESIOLOGY	126,503	66,503	60,000	200,300	424	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	418,417	102,750	315,667	231,100	591	8.00
9.00	54.10	ONCOLOGY	895,199	375,005	520,194	231,100	2,357	9.00
10.00	60.00	LABORATORY	289,525	66,525	223,000	171,400	3,855	10.00
11.00	66.00	PHYSICAL THERAPY	23,550	23,550	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	67,605	67,605	0	0	0	12.00
13.00	75.01	SLEEP LAB	6,875	0	6,875	171,400	112	13.00
14.00	76.97	CARDIAC REHABILITATION	10,625	0	10,625	171,400	98	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	139,279	126,779	12,500	171,400	60	15.00
16.00	91.00	EMERGENCY	561,968	400,077	161,891	171,400	1,543	16.00
200.00			16,836,689	15,196,474	1,640,215		12,160	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	107,125	5,356	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	28,924	1,446	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	29,665	1,483	0	0	0	3.00
4.00	43.00	NURSERY	36,505	1,825	0	0	0	4.00
5.00	50.00	OPERATING ROOM	48,823	2,441	0	0	0	5.00
6.00	50.20	GASTROINTESTINAL SERVICES	15,311	766	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	40,830	2,042	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	65,664	3,283	0	0	0	8.00
9.00	54.10	ONCOLOGY	261,876	13,094	0	0	0	9.00
10.00	60.00	LABORATORY	317,667	15,883	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	75.01	SLEEP LAB	9,229	461	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	8,076	404	0	0	0	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	4,944	247	0	0	0	15.00
16.00	91.00	EMERGENCY	127,149	6,357	0	0	0	16.00
200.00			1,101,788	55,088	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	107,125	18,997	4,148,873	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	28,924	4,409	1,138,409	2.00
3.00	40.00	SUBPROVIDER - IPF	0	29,665	335	561,741	3.00
4.00	43.00	NURSERY	0	36,505	0	1,344,514	4.00
5.00	50.00	OPERATING ROOM	0	48,823	41,177	6,839,061	5.00
6.00	50.20	GASTROINTESTINAL SERVICES	0	15,311	9,689	9,689	6.00
7.00	53.00	ANESTHESIOLOGY	0	40,830	19,170	85,673	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	65,664	250,003	352,753	8.00
9.00	54.10	ONCOLOGY	0	261,876	258,318	633,323	9.00
10.00	60.00	LABORATORY	0	317,667	0	66,525	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	23,550	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	67,605	12.00
13.00	75.01	SLEEP LAB	0	9,229	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	8,076	2,549	2,549	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	0	4,944	7,556	134,335	15.00
16.00	91.00	EMERGENCY	0	127,149	34,742	434,819	16.00
200.00			0	1,101,788	646,945	15,843,419	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,073,783	8,073,783			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,231,885		20,231,885		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,586,539	65,720	164,685	4,816,944	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,326,335	1,705,079	4,272,719	786,043	66,090,176
6.00 00600	MAINTENANCE & REPAIRS	2,116,554	11,827	29,638	39,230	2,197,249
7.00 00700	OPERATION OF PLANT	4,799,199	688,486	1,725,259	29,808	7,242,752
8.00 00800	LAUNDRY & LINEN SERVICE	1,519,306	58,860	147,495	5,661	1,731,322
9.00 00900	HOUSEKEEPING	4,470,714	104,367	261,530	172,848	5,009,459
10.00 01000	DIETARY	3,706,929	249,436	625,055	142,043	4,723,463
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	2,080,092	8,247	20,665	31,143	2,140,147
14.00 01400	CENTRAL SERVICES & SUPPLY	1,407,183	8,279	20,747	0	1,436,209
15.00 01500	PHARMACY	13,575,658	71,103	178,176	106,688	13,931,625
16.00 01600	MEDICAL RECORDS & LIBRARY	3,106,494	82,955	207,875	70,467	3,467,791
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	4,599,639	10,539	26,408	0	4,636,586
23.00 02300	PARAMED ED PRGM	197,768	0	0	3,630	201,398
23.01 02304	PHARMACY RESIDENCY	123,074	0	0	3,554	126,628
23.20 02301	PARAMED ED PRGM - RADIOLOGY	64,947	0	0	3,780	68,727
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	1,149,540	3,165	7,931	19,276	1,179,912
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,359,236	1,308,275	3,278,372	674,954	39,620,837
31.00 03100	INTENSIVE CARE UNIT	7,446,949	180,707	452,828	118,535	8,199,019
31.01 03101	PEDIATRIC ICU	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	2,717,150	144,825	362,912	71,990	3,296,877
43.00 04300	NURSERY	3,512,687	98,045	245,689	62,343	3,918,764
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,427,408	686,300	1,719,781	289,785	23,123,274
50.20 03340	GASTRO INTESTINAL SERVICES	1,130,940	56,967	142,753	14,142	1,344,802
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,041,334	45,344	113,626	71,576	4,271,880
53.00 05300	ANESTHESIOLOGY	2,323,292	6,305	15,800	6,488	2,351,885
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,442,790	447,182	1,120,582	241,152	17,251,706
54.10 03480	ONCOLOGY	17,108,982	458,953	1,150,077	149,885	18,867,897
54.20 05401	CT	2,132,122	25,107	62,914	22,041	2,242,184
54.30 05402	MRI	1,663,346	36,902	92,471	16,625	1,809,344
60.00 06000	LABORATORY	11,782,561	158,039	396,025	132,960	12,469,585
60.01 06001	BLOOD	1,347,077	19,870	49,792	7,447	1,424,186
65.00 06500	RESPIRATORY THERAPY	3,979,571	63,827	159,943	71,934	4,275,275
66.00 06600	PHYSICAL THERAPY	6,098,588	125,346	314,102	106,556	6,644,592
69.00 06900	ELECTROCARDIOLOGY	1,802,759	50,132	125,624	27,307	2,005,822
70.00 07000	ELECTROENCEPHALOGRAPHY	143,276	12,423	31,130	3,611	190,440
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,305,564	0	0	0	9,305,564
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,136,601	0	0	0	14,136,601
73.00 07300	DRUGS CHARGED TO PATIENTS	24,771,263	0	0	18,392	24,789,655
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	SLEEP LAB	1,015,793	42,677	106,942	15,572	1,180,984
75.10 03950	NUTRITIONAL SUPPORT	109,264	0	0	0	109,264
75.20 03951	HEMODIALYSIS	773,886	15,286	38,305	0	827,477
76.97 07697	CARDIAC REHABILITATION	1,078,709	68,191	170,878	19,558	1,337,336
76.98 07698	HYPERBARIIC OXYGEN THERAPY	1,470,732	40,123	100,544	22,267	1,633,666
76.99 07699	LI THOTRI PSY	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	518,068	27,586	69,128	2,727	617,509
90.03 09003	STATELINE CLINIC	1,114,826	21,607	54,146	14,556	1,205,135
90.04 09004	ORTHOPEDICS CLINIC	2,138,382	68,925	172,718	13,465	2,393,490
90.05 09005	PULMONOLOGY CLINIC	961,960	13,263	33,235	5,924	1,014,382
90.06 09006	CVT CLINIC	83,379	16,175	40,533	188	140,275
90.07 09007	MWH CLINIC	2,386,690	65,247	163,500	17,753	2,633,190
90.08 09008	NEUROSURGERY CLINIC	1,431,327	18,100	45,356	7,278	1,502,061
90.09 09009	HEADACHE CLINIC	2,269,239	19,470	48,790	4,777	2,342,276
90.10 09010	UW GENERAL SURGERY CLINIC	318,463	37,897	94,964	1,749	453,073

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.11 09011 MFM CLINIC	74,382	20,025	50,180	357	144,944	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	1,116,847	25,148	63,017	5,717	1,210,729	90.12
91.00 09100 EMERGENCY	13,167,320	229,713	575,631	236,601	14,209,265	91.00
91.05 09101 AMBULATORY CARE	7,293	41,526	104,060	357	153,236	91.05
91.10 09102 PSYCHIATRIC PARTIAL	401,260	23,524	58,949	9,403	493,136	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	5,620,727	142,932	358,170	85,643	6,207,472	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	356,867,682	7,930,027	19,871,650	3,985,786	355,532,533 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,225	23,118	0	32,343	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	75,755,343	44,544	111,623	739,290	76,650,800	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	14,026	0	0	0	14,026	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	1,007,874	12,708	31,846	10,720	1,063,148	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	3,155,085	6,069	15,207	15,966	3,192,327	193.80
193.90 19308 COMPLIMENTARY MEDICINE	1,876,515	20,474	51,304	36,634	1,984,927	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	1,518,922	50,736	127,137	28,548	1,725,343	194.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	440,195,447	8,073,783	20,231,885	4,816,944	440,195,447 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,090,176					5.00
6.00	00600	MAINTENANCE & REPAIRS	388,170	2,585,419				6.00
7.00	00700	OPERATION OF PLANT	1,279,519	282,941	8,805,212			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	305,859	24,189		92,505	2,153,875	8.00
9.00	00900	HOUSEKEEPING	884,981	42,891	164,024	0	6,101,355	9.00
10.00	01000	DIETARY	834,456	102,508	392,016	11,330	279,789	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	378,083	3,389	12,960	0	9,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253,724	3,402	13,012	0	9,287	14.00
15.00	01500	PHARMACY	2,461,189	29,221	111,746	0	79,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	612,627	34,091	130,373	0	93,050	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	819,109	4,331	16,563	2,476	11,821	22.00
23.00	02300	PARAMED ED PRGM	35,579	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	22,370	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	12,141	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	208,446	1,301	4,974	0	3,550	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,999,496	537,648	2,056,096	790,734	1,467,474	30.00
31.00	03100	INTENSIVE CARE UNIT	1,448,455	74,263	284,000	156,274	202,696	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	582,433	59,517	227,608	24,047	162,448	40.00
43.00	04300	NURSERY	692,297	40,293	154,089	37,783	109,976	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,085,004	282,042	1,078,596	244,026	769,814	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	237,575	23,411	89,530	18,520	63,900	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	754,679	18,635	71,263	89,398	50,862	52.00
53.00	05300	ANESTHESIOLOGY	415,489	2,591	9,909	0	7,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,047,721	183,774	702,796	111,461	501,599	54.00
54.10	03480	ONCOLOGY	3,333,240	188,612	721,294	0	514,801	54.10
54.20	05401	CT	396,109	10,318	39,458	59,768	28,162	54.20
54.30	05402	MRI	319,642	15,165	57,995	10,726	41,392	54.30
60.00	06000	LABORATORY	2,202,902	64,948	248,375	0	177,270	60.00
60.01	06001	BLOOD	251,600	8,166	31,228	0	22,288	60.01
65.00	06500	RESPIRATORY THERAPY	755,279	26,231	100,312	100	71,594	65.00
66.00	06600	PHYSICAL THERAPY	1,173,847	51,512	196,995	0	140,599	66.00
69.00	06900	ELECTROCARDIOLOGY	354,353	20,602	78,788	19,190	56,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,644	5,105	19,524	2,443	13,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,643,940	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,497,400	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,379,390	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	208,635	17,538	67,071	0	47,870	75.01
75.10	03950	NUTRITIONAL SUPPORT	19,303	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	146,184	6,282	24,023	4,591	17,146	75.20
76.97	07697	CARDIAC REHABILITATION	236,256	28,024	107,170	0	76,489	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	288,607	16,489	63,058	0	45,006	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	109,090	11,337	43,355	0	30,943	90.02
90.03	09003	STATELINE CLINIC	212,902	8,880	33,959	0	24,237	90.03
90.04	09004	ORTHOPEDICS CLINIC	422,839	28,326	108,324	0	77,313	90.04
90.05	09005	PULMONOLOGY CLINIC	179,203	5,451	20,844	0	14,877	90.05
90.06	09006	CVT CLINIC	24,781	6,647	25,421	0	18,143	90.06
90.07	09007	MWH CLINIC	465,185	26,814	102,542	0	73,186	90.07
90.08	09008	NEUROSURGERY CLINIC	265,357	7,438	28,446	0	20,303	90.08
90.09	09009	HEADACHE CLINIC	413,791	8,002	30,600	0	21,840	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	80,041	15,574	59,559	0	42,508	90.10
90.11	09011	MFM CLINIC	25,606	8,230	31,472	0	22,462	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	213,890	10,335	39,522	0	28,208	90.12
91.00	09100	EMERGENCY	2,510,237	94,403	361,019	556,981	257,666	91.00
91.05	09101	AMBULATORY CARE	27,071	17,066	65,263	9,817	46,580	91.05
91.10	09102	PSYCHIATRIC PARTIAL	87,118	9,668	36,971	3,906	26,387	91.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)	5.00	6.00	7.00	8.00	9.00	92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	1,096,624	58,740	224,634	0	160,325	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	51,133,468	2,526,341	8,579,282	2,153,571	5,940,106	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,714	3,791	14,499	0	10,348	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	13,541,271	18,306	70,007	304	49,965	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	2,478	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	187,818	5,223	19,973	0	14,255	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	563,963	2,494	9,538	0	6,807	193.80
193.90	19308 COMPLIMENTARY MEDICINE	350,661	8,414	32,177	0	22,965	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	304,803	20,850	79,736	0	56,909	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	66,090,176	2,585,419	8,805,212	2,153,875	6,101,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,343,562					10.00
11.00	01100	CAFETERIA	4,935,903	4,935,903				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	49,465	0	2,593,294		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,715,634	14.00
15.00	01500	PHARMACY	0	176,661	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	130,729	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	7,066	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	7,066	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	7,066	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	999,831	1,268,426	0	1,027,359	613,146	30.00
31.00	03100	INTENSIVE CARE UNIT	132,074	222,593	0	264,952	191,535	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	161,486	134,262	0	42,910	394	40.00
43.00	04300	NURSERY	114,268	116,596	0	117,197	4,851	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	519,383	0	330,086	29,695	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	28,266	0	27,960	225,367	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	134,262	0	116,538	291,683	52.00
53.00	05300	ANESTHESIOLOGY	0	10,600	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	409,853	0	94,289	242,052	54.00
54.10	03480	ONCOLOGY	0	3,533	0	59,821	7,014	54.10
54.20	05401	CT	0	42,399	0	0	36,181	54.20
54.30	05402	MRI	0	31,799	0	0	0	54.30
60.00	06000	LABORATORY	0	226,126	0	0	0	60.00
60.01	06001	BLOOD	0	14,133	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	116,596	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	169,594	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	49,465	0	29,859	2,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,066	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	35,332	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	24,733	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	35,332	0	14,250	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	31,799	0	32,897	36,878	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	17,666	0	8,650	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	7	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	45,932	0	7,246	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	24,733	0	5,814	0	90.05
90.06	09006	CVT CLINIC	0	7,066	0	187	0	90.06
90.07	09007	MWH CLINIC	0	49,465	0	10,964	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	24,733	0	3,241	0	90.08
90.09	09009	HEADACHE CLINIC	0	21,199	0	30	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	10,600	0	1,251	0	90.10
90.11	09011	MFM CLINIC	0	7,066	0	178	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	14,133	0	3,075	0	90.12
91.00	09100	EMERGENCY	0	378,054	0	361,034	34,457	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	29	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.10	09102 PSYCHIATRIC PARTIAL	0	17,666	0	4,771	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	6,343,562	4,628,514	0	2,564,566	1,715,634	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	0	250,858	0	11,669	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	17,666	0	14,867	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	38,865	0	2,192	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,343,562	4,935,903	0	2,593,294	1,715,634	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	16,790,197					15.00
16.00	01600	0	4,468,661				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
23.01	02304	0	0	0	0		23.01
23.20	02301	0	0	0	0		23.20
23.30	02302	0	0	0	0		23.30
23.40	02303	12,356	0	0	0		23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,731	301,567	0	0	0	30.00
31.00	03100	179	110,672	0	0	0	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	180	23,115	0	0	0	40.00
43.00	04300	61	26,934	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,221	449,259	0	0	0	50.00
50.20	03340	481	24,631	0	0	0	50.20
52.00	05200	1	52,128	0	0	0	52.00
53.00	05300	1,138	39,670	0	0	0	53.00
54.00	05400	142,998	388,718	0	0	0	54.00
54.10	03480	5,389	100,751	0	0	0	54.10
54.20	05401	122,260	193,400	0	0	0	54.20
54.30	05402	50,280	78,877	0	0	0	54.30
60.00	06000	705	501,877	0	0	0	60.00
60.01	06001	16,833	20,803	0	0	0	60.01
65.00	06500	136,249	50,957	0	0	0	65.00
66.00	06600	217	90,443	0	0	0	66.00
69.00	06900	1,717	110,382	0	0	0	69.00
70.00	07000	0	6,367	0	0	0	70.00
71.00	07100	0	242,958	0	0	0	71.00
72.00	07200	0	401,228	0	0	0	72.00
73.00	07300	16,258,733	767,308	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	23,966	0	0	0	75.01
75.10	03950	0	1,082	0	0	0	75.10
75.20	03951	1,372	6,917	0	0	0	75.20
76.97	07697	36	4,997	0	0	0	76.97
76.98	07698	9,943	10,722	0	0	0	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	126	973	0	0	0	90.02
90.03	09003	0	28,186	0	0	0	90.03
90.04	09004	0	17,017	0	0	0	90.04
90.05	09005	0	2,959	0	0	0	90.05
90.06	09006	0	247	0	0	0	90.06
90.07	09007	0	24,367	0	0	0	90.07
90.08	09008	0	742	0	0	0	90.08
90.09	09009	0	7,419	0	0	0	90.09
90.10	09010	0	1,028	0	0	0	90.10
90.11	09011	0	107	0	0	0	90.11
90.12	09012	0	7,179	0	0	0	90.12
91.00	09100	14,212	332,636	0	0	0	91.00
91.05	09101	0	293	0	0	0	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
91.10	09102 PSYCHIATRIC PARTIAL	29	3,754	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	12,025	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	16,782,447	4,468,661	0	0	0	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	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	7,390	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	360	0	0	0	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,790,197	4,468,661	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		5,490,886			22.00
23.00 02300	PARAMED PRGM			244,043		23.00
23.01 02304	PHARMACY RESIDENCY				156,064	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY					87,934
23.30 02302	PARAMED ED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,344,195	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	110,259	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	77,181	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	154,362	0	0	50.00
50.20 03340	GASTROINTESTINAL SERVICES	0	176,414	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	87,934	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	244,043	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	165,388	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	156,064	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	154,362	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

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Part I
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11/27/2017 9:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.00	09100	EMERGENCY	0	308,725	0	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,490,886	244,043	156,064	87,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,490,886	244,043	156,064	87,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
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		1,410,539			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	60,029,540	-4,344,195	55,685,345	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,396,971	-110,259	11,286,712	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	4,715,277	0	4,715,277	40.00
43.00	04300	NURSERY	0	5,410,290	-77,181	5,333,109	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	31,069,762	-154,362	30,915,400	50.00
50.20	03340	GASTROINTESTINAL SERVICES	0	2,260,857	-176,414	2,084,443	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,851,329	0	5,851,329	52.00
53.00	05300	ANESTHESIOLOGY	0	2,838,355	0	2,838,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,164,901	0	23,164,901	54.00
54.10	03480	ONCOLOGY	0	23,802,352	0	23,802,352	54.10
54.20	05401	CT	0	3,170,239	0	3,170,239	54.20
54.30	05402	MRI	0	2,415,220	0	2,415,220	54.30
60.00	06000	LABORATORY	0	16,135,831	0	16,135,831	60.00
60.01	06001	BLOOD	0	1,789,237	0	1,789,237	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,532,593	0	5,532,593	65.00
66.00	06600	PHYSICAL THERAPY	0	8,467,799	0	8,467,799	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,894,150	-165,388	2,728,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	278,524	0	278,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,192,462	0	11,192,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,035,229	0	17,035,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,386,482	0	46,386,482	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	1,570,797	0	1,570,797	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	129,649	0	129,649	75.10
75.20	03951	HEMODIALYSIS	0	1,188,354	-154,362	1,033,992	75.20
76.97	07697	CARDIAC REHABILITATION	0	1,839,890	0	1,839,890	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,169,065	0	2,169,065	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	839,649	0	839,649	90.02
90.03	09003	STATELINE CLINIC	0	1,513,306	0	1,513,306	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	3,100,487	0	3,100,487	90.04
90.05	09005	PULMONOLOGY CLINIC	0	1,268,263	0	1,268,263	90.05
90.06	09006	CVT CLINIC	0	222,767	0	222,767	90.06
90.07	09007	MWH CLINIC	0	3,385,713	0	3,385,713	90.07
90.08	09008	NEUROSURGERY CLINIC	0	1,852,321	0	1,852,321	90.08
90.09	09009	HEADACHE CLINIC	0	2,845,157	0	2,845,157	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	663,634	0	663,634	90.10
90.11	09011	MFM CLINIC	0	240,065	0	240,065	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	1,527,071	0	1,527,071	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
91.00	09100	EMERGENCY	0	1,410,539	20,829,228	-308,725	20,520,503	91.00
91.05	09101	AMBULATORY CARE	0	0	319,355	0	319,355	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	683,406	0	683,406	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	7,759,820	0	7,759,820	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,410,539	339,785,397	-5,490,886	334,294,511	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	66,695	0	66,695	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	90,593,180	0	90,593,180	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	23,894	0	23,894	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	1,290,417	0	1,290,417	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	3,807,662	0	3,807,662	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	2,440,561	0	2,440,561	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,187,641	0	2,187,641	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,410,539	440,195,447	-5,490,886	434,704,561	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
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	65,720	164,685	230,405	230,405	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,705,079	4,272,719	5,977,798	37,597	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	11,827	29,638	41,465	1,876	6.00
7.00 00700	OPERATION OF PLANT	0	688,486	1,725,259	2,413,745	1,426	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	58,860	147,495	206,355	271	8.00
9.00 00900	HOUSEKEEPING	0	104,367	261,530	365,897	8,268	9.00
10.00 01000	DIETARY	0	249,436	625,055	874,491	6,794	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	8,247	20,665	28,912	1,490	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	8,279	20,747	29,026	0	14.00
15.00 01500	PHARMACY	0	71,103	178,176	249,279	5,103	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	82,955	207,875	290,830	3,371	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	10,539	26,408	36,947	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	174	23.00
23.01 02304	PHARMACY RESIDENCY	0	0	0	0	170	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	181	23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	3,165	7,931	11,096	922	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,308,275	3,278,372	4,586,647	32,285	30.00
31.00 03100	INTENSIVE CARE UNIT	0	180,707	452,828	633,535	5,670	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	0	144,825	362,912	507,737	3,443	40.00
43.00 04300	NURSERY	0	98,045	245,689	343,734	2,982	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	686,300	1,719,781	2,406,081	13,861	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	0	56,967	142,753	199,720	676	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	45,344	113,626	158,970	3,424	52.00
53.00 05300	ANESTHESIOLOGY	0	6,305	15,800	22,105	310	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	447,182	1,120,582	1,567,764	11,535	54.00
54.10 03480	ONCOLOGY	0	458,953	1,150,077	1,609,030	7,169	54.10
54.20 05401	CT	0	25,107	62,914	88,021	1,054	54.20
54.30 05402	MRI	0	36,902	92,471	129,373	795	54.30
60.00 06000	LABORATORY	0	158,039	396,025	554,064	6,360	60.00
60.01 06001	BLOOD	0	19,870	49,792	69,662	356	60.01
65.00 06500	RESPIRATORY THERAPY	0	63,827	159,943	223,770	3,441	65.00
66.00 06600	PHYSICAL THERAPY	0	125,346	314,102	439,448	5,097	66.00
69.00 06900	ELECTROCARDIOLOGY	0	50,132	125,624	175,756	1,306	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	12,423	31,130	43,553	173	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	880	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	42,677	106,942	149,619	745	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	15,286	38,305	53,591	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	68,191	170,878	239,069	936	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	40,123	100,544	140,667	1,065	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	27,586	69,128	96,714	130	90.02
90.03 09003	STATELINE CLINIC	0	21,607	54,146	75,753	696	90.03
90.04 09004	ORTHOPEDICS CLINIC	0	68,925	172,718	241,643	644	90.04
90.05 09005	PULMONOLOGY CLINIC	0	13,263	33,235	46,498	283	90.05
90.06 09006	CVT CLINIC	0	16,175	40,533	56,708	9	90.06
90.07 09007	MWH CLINIC	0	65,247	163,500	228,747	849	90.07
90.08 09008	NEUROSURGERY CLINIC	0	18,100	45,356	63,456	348	90.08
90.09 09009	HEADACHE CLINIC	0	19,470	48,790	68,260	228	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	0	37,897	94,964	132,861	84	90.10
90.11 09011	MFM CLINIC	0	20,025	50,180	70,205	17	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	25,148	63,017	88,165	273	90.12
91.00 09100 EMERGENCY	0	229,713	575,631	805,344	11,317	91.00
91.05 09101 AMBULATORY CARE	0	41,526	104,060	145,586	17	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	23,524	58,949	82,473	450	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	142,932	358,170	501,102	4,097	101.00
SPECIAL PURPOSE COST CENTERS						
118.00						
SUBTOTALS (SUM OF LINES 1-117)						
	0	7,930,027	19,871,650	27,801,677	190,648	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,225	23,118	32,343	0	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	0	44,544	111,623	156,167	35,362	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	12,708	31,846	44,554	513	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	0	6,069	15,207	21,276	764	193.80
193.90 19308 COMPLIMENTARY MEDICINE	0	20,474	51,304	71,778	1,752	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	0	50,736	127,137	177,873	1,366	194.00
200.00				0		200.00
Cross Foot Adjustments						
201.00				0		201.00
Negative Cost Centers						
202.00				0		202.00
TOTAL (sum lines 118-201)						
	0	8,073,783	20,231,885	28,305,668	230,405	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 9:53 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,015,395					5.00
6.00	00600	MAINTENANCE & REPAIRS	35,330	78,671				6.00
7.00	00700	OPERATION OF PLANT	116,456	8,609	2,540,236			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,838	736	26,687	261,887		8.00
9.00	00900	HOUSEKEEPING	80,547	1,305	47,320	0	503,337	9.00
10.00	01000	DIETARY	75,949	3,119	113,094	1,378	23,081	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	34,411	103	3,739	0	763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,093	104	3,754	0	766	14.00
15.00	01500	PHARMACY	224,007	889	32,238	0	6,580	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,759	1,037	37,612	0	7,676	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	74,552	132	4,778	301	975	22.00
23.00	02300	PARAMED ED PRGM	3,238	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2,036	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	1,105	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	18,972	40	1,435	0	293	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	637,063	16,365	593,165	96,144	121,058	30.00
31.00	03100	INTENSIVE CARE UNIT	131,832	2,260	81,932	19,001	16,722	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	53,010	1,811	65,663	2,924	13,401	40.00
43.00	04300	NURSERY	63,010	1,226	44,453	4,594	9,073	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	371,799	8,582	311,167	29,671	63,507	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	21,623	712	25,829	2,252	5,271	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,688	567	20,559	10,870	4,196	52.00
53.00	05300	ANESTHESIOLOGY	37,816	79	2,859	0	583	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	277,390	5,592	202,751	13,552	41,380	54.00
54.10	03480	ONCOLOGY	303,377	5,739	208,088	0	42,469	54.10
54.20	05401	CT	36,052	314	11,383	7,267	2,323	54.20
54.30	05402	MRI	29,092	461	16,731	1,304	3,415	54.30
60.00	06000	LABORATORY	200,498	1,976	71,654	0	14,624	60.00
60.01	06001	BLOOD	22,899	248	9,009	0	1,839	60.01
65.00	06500	RESPIRATORY THERAPY	68,742	798	28,939	12	5,906	65.00
66.00	06600	PHYSICAL THERAPY	106,838	1,567	56,832	0	11,599	66.00
69.00	06900	ELECTROCARDIOLOGY	32,252	627	22,730	2,333	4,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,062	155	5,632	297	1,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149,624	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	227,302	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	398,593	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	18,989	534	19,349	0	3,949	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,757	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	13,305	191	6,931	558	1,414	75.20
76.97	07697	CARDIAC REHABILITATION	21,503	853	30,918	0	6,310	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	26,268	502	18,192	0	3,713	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	9,929	345	12,508	0	2,553	90.02
90.03	09003	STATELINE CLINIC	19,377	270	9,797	0	1,999	90.03
90.04	09004	ORTHOPEDICS CLINIC	38,485	862	31,251	0	6,378	90.04
90.05	09005	PULMONOLOGY CLINIC	16,310	166	6,013	0	1,227	90.05
90.06	09006	CVT CLINIC	2,255	202	7,334	0	1,497	90.06
90.07	09007	MWH CLINIC	42,339	816	29,583	0	6,038	90.07
90.08	09008	NEUROSURGERY CLINIC	24,152	226	8,207	0	1,675	90.08
90.09	09009	HEADACHE CLINIC	37,661	243	8,828	0	1,802	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	7,285	474	17,182	0	3,507	90.10
90.11	09011	MFM CLINIC	2,331	250	9,079	0	1,853	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	19,467	314	11,402	0	2,327	90.12
91.00	09100	EMERGENCY	228,471	2,873	104,151	67,723	21,256	91.00
91.05	09101	AMBULATORY CARE	2,464	519	18,828	1,194	3,843	91.05
91.10	09102	PSYCHIATRIC PARTIAL	7,929	294	10,666	475	2,177	91.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	5.00	6.00	7.00	8.00	9.00	92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	99,810	1,787	64,805	0	13,226	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	4,653,942	76,874	2,475,057	261,850	490,033	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	520	115	4,183	0	854	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	1,232,626	557	20,196	37	4,122	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	226	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	17,094	159	5,762	0	1,176	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	51,329	76	2,752	0	562	193.80
193.90	19308 COMPLIMENTARY MEDICINE	31,916	256	9,283	0	1,895	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	27,742	634	23,003	0	4,695	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,015,395	78,671	2,540,236	261,887	503,337	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 9:53 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,097,906					10.00
11.00	01100	CAFETERIA	854,276	854,276				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,561	0	77,979		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	56,743	14.00
15.00	01500	PHARMACY	0	30,575	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,626	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,223	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	1,223	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	1,223	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	173,045	219,527	0	30,882	20,279	30.00
31.00	03100	INTENSIVE CARE UNIT	22,859	38,525	0	7,969	6,335	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	27,949	23,237	0	1,291	13	40.00
43.00	04300	NURSERY	19,777	20,180	0	3,525	160	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	89,892	0	9,928	982	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	4,892	0	841	7,454	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,237	0	3,505	9,647	52.00
53.00	05300	ANESTHESIOLOGY	0	1,835	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,935	0	2,836	8,005	54.00
54.10	03480	ONCOLOGY	0	612	0	1,799	232	54.10
54.20	05401	CT	0	7,338	0	0	1,197	54.20
54.30	05402	MRI	0	5,504	0	0	0	54.30
60.00	06000	LABORATORY	0	39,136	0	0	0	60.00
60.01	06001	BLOOD	0	2,446	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	20,180	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,352	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,561	0	898	78	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,223	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	6,115	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	4,281	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	6,115	0	429	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,504	0	989	1,220	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	3,058	0	260	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	7,950	0	218	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	4,281	0	175	0	90.05
90.06	09006	CVT CLINIC	0	1,223	0	6	0	90.06
90.07	09007	MWH CLINIC	0	8,561	0	330	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	4,281	0	97	0	90.08
90.09	09009	HEADACHE CLINIC	0	3,669	0	1	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	1,835	0	38	0	90.10
90.11	09011	MFM CLINIC	0	1,223	0	5	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	2,446	0	92	0	90.12
91.00	09100	EMERGENCY	0	65,431	0	10,858	1,140	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	1	91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.10	09102 PSYCHIATRIC PARTIAL	0	3,058	0	143	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,097,906	801,074	0	77,115	56,743	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 SPECIALISTS/PCP'S	0	43,417	0	351	0	192.01
192.02	19202 MEDWORKS	0	0	0	0	0	192.02
192.03	19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301 HOTEL	0	0	0	0	0	193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304 WEE CARE	0	0	0	0	0	193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307 MARKETING EXPENSES	0	3,058	0	447	0	193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	6,727	0	66	0	193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,097,906	854,276	0	77,979	56,743	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 9:53 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	548,671					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	418,911				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED PRGM	0	0				23.00
23.01	02304	PHARMACY RESIDENCY	0	0				23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0				23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	404	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89	28,338		0		30.00
31.00	03100	INTENSIVE CARE UNIT	6	10,400		0		31.00
31.01	03101	PEDIATRIC ICU	0	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	6	2,172		0		40.00
43.00	04300	NURSERY	2	2,531		0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	138	42,217		0		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	16	2,315		0		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,898		0		52.00
53.00	05300	ANESTHESIOLOGY	37	3,728		0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,673	36,528		0		54.00
54.10	03480	ONCOLOGY	176	9,467		0		54.10
54.20	05401	CT	3,995	18,174		0		54.20
54.30	05402	MRI	1,643	7,412		0		54.30
60.00	06000	LABORATORY	23	47,161		0		60.00
60.01	06001	BLOOD	550	1,955		0		60.01
65.00	06500	RESPIRATORY THERAPY	4,452	4,788		0		65.00
66.00	06600	PHYSICAL THERAPY	7	8,499		0		66.00
69.00	06900	ELECTROCARDIOLOGY	56	10,373		0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	598		0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,831		0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,703		0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	531,305	71,093		0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0		75.00
75.01	07501	SLEEP LAB	0	2,252		0		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	102		0		75.10
75.20	03951	HEMODIALYSIS	45	650		0		75.20
76.97	07697	CARDIAC REHABILITATION	1	470		0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	325	1,008		0		76.98
76.99	07699	LITHOTRIpsy	0	0		0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0		0		90.00
90.01	09001	CHILDRENS CLINIC	0	0		0		90.01
90.02	09002	DIABETES CLINIC	4	91		0		90.02
90.03	09003	STATELINE CLINIC	0	2,649		0		90.03
90.04	09004	ORTHOPEDICS CLINIC	0	1,599		0		90.04
90.05	09005	PULMONOLOGY CLINIC	0	278		0		90.05
90.06	09006	CVT CLINIC	0	23		0		90.06
90.07	09007	MWH CLINIC	0	2,290		0		90.07
90.08	09008	NEUROSURGERY CLINIC	0	70		0		90.08
90.09	09009	HEADACHE CLINIC	0	697		0		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	97		0		90.10
90.11	09011	MFM CLINIC	0	10		0		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	675		0		90.12
91.00	09100	EMERGENCY	464	31,258		0		91.00
91.05	09101	AMBULATORY CARE	0	28		0		91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.10	09102	PSYCHIATRIC PARTIAL	1	353	0			91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	1,130	0			101.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	548,418	418,911	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.10	19001	MCC WORD PROCESSING	0	0	0			190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0			192.01
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	241	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMEN'S CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	12	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	548,671	418,911	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
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		117,685			22.00
23.00 02300	PARAMED PRGM			4,635		23.00
23.01 02304	PHARMACY RESIDENCY				3,429	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				2,509	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	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.00	09100	EMERGENCY			23.00	23.01	23.20	91.00
91.05	09101	AMBULATORY CARE						91.05
91.10	09102	PSYCHIATRIC PARTIAL						91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.10	19001	MCC WORD PROCESSING						190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCP'S						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDI SHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMEN'S CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	117,685	4,635	3,429	2,509	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	117,685	4,635	3,429	2,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 9:53 am
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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02304	PHARMACY RESIDENCY					23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		33,162			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,554,887	0	6,554,887	30.00
31.00	03100	INTENSIVE CARE UNIT		977,046	0	977,046	31.00
31.01	03101	PEDIATRIC ICU		0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF		702,657	0	702,657	40.00
43.00	04300	NURSERY		515,247	0	515,247	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,347,825	0	3,347,825	50.00
50.20	03340	GASTROINTESTINAL SERVICES		271,601	0	271,601	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		308,561	0	308,561	52.00
53.00	05300	ANESTHESIOLOGY		69,352	0	69,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,242,941	0	2,242,941	54.00
54.10	03480	ONCOLOGY		2,188,158	0	2,188,158	54.10
54.20	05401	CT		177,118	0	177,118	54.20
54.30	05402	MRI		195,730	0	195,730	54.30
60.00	06000	LABORATORY		935,496	0	935,496	60.00
60.01	06001	BLOOD		108,964	0	108,964	60.01
65.00	06500	RESPIRATORY THERAPY		361,028	0	361,028	65.00
66.00	06600	PHYSICAL THERAPY		659,239	0	659,239	66.00
69.00	06900	ELECTROCARDIOLOGY		259,609	0	259,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		55,843	0	55,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		172,455	0	172,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		265,005	0	265,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,007,986	0	1,007,986	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	SLEEP LAB		199,718	0	199,718	75.01
75.10	03950	NUTRITIONAL SUPPORT		1,859	0	1,859	75.10
75.20	03951	HEMODIALYSIS		76,685	0	76,685	75.20
76.97	07697	CARDIAC REHABILITATION		306,604	0	306,604	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		199,453	0	199,453	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	CHILDRENS CLINIC		0	0	0	90.01
90.02	09002	DIABETES CLINIC		125,592	0	125,592	90.02
90.03	09003	STATELINE CLINIC		110,541	0	110,541	90.03
90.04	09004	ORTHOPEDICS CLINIC		329,030	0	329,030	90.04
90.05	09005	PULMONOLOGY CLINIC		75,231	0	75,231	90.05
90.06	09006	CVT CLINIC		69,257	0	69,257	90.06
90.07	09007	MWH CLINIC		319,553	0	319,553	90.07
90.08	09008	NEUROSURGERY CLINIC		102,512	0	102,512	90.08
90.09	09009	HEADACHE CLINIC		121,389	0	121,389	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		163,363	0	163,363	90.10
90.11	09011	MFM CLINIC		84,973	0	84,973	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		125,161	0	125,161	90.12

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 9:53 am
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Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
91.00	09100	EMERGENCY			1,350,286	0	1,350,286	91.00
91.05	09101	AMBULATORY CARE			172,480	0	172,480	91.05
91.10	09102	PSYCHIATRIC PARTIAL			108,019	0	108,019	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS			685,957	0	685,957	101.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	26,104,411	0	26,104,411	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			38,015	0	38,015	190.00
190.10	19001	MCC WORD PROCESSING			0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S			1,492,835	0	1,492,835	192.01
192.02	19202	MEDWORKS			0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER			0	0	0	192.03
192.20	19204	IDLE SPACE			0	0	0	192.20
193.00	19300	NONPAID WORKERS			467	0	467	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			69,258	0	69,258	193.60
193.70	19306	WOMEN'S CENTER			0	0	0	193.70
193.80	19307	MARKETING EXPENSES			80,264	0	80,264	193.80
193.90	19308	COMPLIMENTARY MEDICINE			123,685	0	123,685	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES			235,313	0	235,313	194.00
200.00		Cross Foot Adjustments	0	33,162	161,420	0	161,420	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	33,162	28,305,668	0	28,305,668	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	989,818				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		989,818			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,057	8,057	256,136		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	209,037	209,037	41,797	-66,090,176	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,450	1,450	2,086	0	6.00
7.00 00700	OPERATION OF PLANT	84,406	84,406	1,585	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,216	7,216	301	0	8.00
9.00 00900	HOUSEKEEPING	12,795	12,795	9,191	0	9.00
10.00 01000	DIETARY	30,580	30,580	7,553	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	1,656	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	14.00
15.00 01500	PHARMACY	8,717	8,717	5,673	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,170	10,170	3,747	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	193	0	23.00
23.01 02304	PHARMACY RESIDENCY	0	0	189	0	23.01
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	201	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	1,025	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	160,390	160,390	35,890	0	30.00
31.00 03100	INTENSIVE CARE UNIT	22,154	22,154	6,303	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	17,755	17,755	3,828	0	40.00
43.00 04300	NURSERY	12,020	12,020	3,315	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,138	84,138	15,409	0	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	6,984	6,984	752	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	3,806	0	52.00
53.00 05300	ANESTHESIOLOGY	773	773	345	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,823	54,823	12,823	0	54.00
54.10 03480	ONCOLOGY	56,266	56,266	7,970	0	54.10
54.20 05401	CT	3,078	3,078	1,172	0	54.20
54.30 05402	MRI	4,524	4,524	884	0	54.30
60.00 06000	LABORATORY	19,375	19,375	7,070	0	60.00
60.01 06001	BLOOD	2,436	2,436	396	0	60.01
65.00 06500	RESPIRATORY THERAPY	7,825	7,825	3,825	0	65.00
66.00 06600	PHYSICAL THERAPY	15,367	15,367	5,666	0	66.00
69.00 06900	ELECTROCARDIOLOGY	6,146	6,146	1,452	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	192	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	978	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	828	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	1,874	1,874	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	8,360	8,360	1,040	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	4,919	4,919	1,184	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	145	0	90.02
90.03 09003	STATELINE CLINIC	2,649	2,649	774	0	90.03
90.04 09004	ORTHOPEDICS CLINIC	8,450	8,450	716	0	90.04
90.05 09005	PULMONOLOGY CLINIC	1,626	1,626	315	0	90.05
90.06 09006	CVT CLINIC	1,983	1,983	10	0	90.06
90.07 09007	MWH CLINIC	7,999	7,999	944	0	90.07
90.08 09008	NEUROSURGERY CLINIC	2,219	2,219	387	0	90.08
90.09 09009	HEADACHE CLINIC	2,387	2,387	254	0	90.09
90.10 09010	UW GENERAL SURGERY CLINIC	4,646	4,646	93	0	90.10
90.11 09011	MFM CLINIC	2,455	2,455	19	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00						
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	304	0	1,210,729	90.12		
91.00 09100 EMERGENCY	28,162	28,162	12,581	0	14,209,265	91.00		
91.05 09101 AMBULATORY CARE	5,091	5,091	19	0	153,236	91.05		
91.10 09102 PSYCHIATRIC PARTIAL	2,884	2,884	500	0	493,136	91.10		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	17,523	17,523	4,554	0	6,207,472	101.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		972,194	972,194	211,940	-66,090,176	289,442,357	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	1,131	0	0	32,343	190.00		
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
192.01 19201 SPECIALISTS/PCP'S	5,461	5,461	39,311	0	76,650,800	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	14,026	193.00		
193.10 19301 HOTEL	0	0	0	0	0	193.10		
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30		
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40		
193.50 19304 WEE CARE	0	0	0	0	0	193.50		
193.60 19305 PHYSICIAN RELATED AREAS	1,558	1,558	570	0	1,063,148	193.60		
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70		
193.80 19307 MARKETING EXPENSES	744	744	849	0	3,192,327	193.80		
193.90 19308 COMPLIMENTARY MEDICINE	2,510	2,510	1,948	0	1,984,927	193.90		
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	6,220	6,220	1,518	0	1,725,343	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)	8,073,783	20,231,885	4,816,944	66,090,176	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	8.156836	20.440005	18.806197	0.176662	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			230,405	6,015,395	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.899542	0.016079	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	771,274				6.00
7.00	00700	OPERATION OF PLANT	84,406	686,868			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,216	7,216	1,859,267		8.00
9.00	00900	HOUSEKEEPING	12,795	12,795	0	666,857	9.00
10.00	01000	DIETARY	30,580	30,580	9,780	30,580	303,889
11.00	01100	CAFETERIA	0	0	0	0	236,455
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,011	1,011	0	1,011	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0
15.00	01500	PHARMACY	8,717	8,717	0	8,717	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,170	10,170	0	10,170	0
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	1,292	1,292	2,137	1,292	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	0
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0	0	0	0
23.40	02303	PARAMED - PARAMEDICAL TECHS	388	388	0	388	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,390	160,390	682,578	160,390	47,897
31.00	03100	INTENSIVE CARE UNIT	22,154	22,154	134,899	22,154	6,327
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	17,755	17,755	20,758	17,755	7,736
43.00	04300	NURSERY	12,020	12,020	32,615	12,020	5,474
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	84,138	84,138	210,648	84,138	0
50.20	03340	GASTRO INTESTINAL SERVICES	6,984	6,984	15,987	6,984	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,559	5,559	77,170	5,559	0
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,823	54,823	96,215	54,823	0
54.10	03480	ONCOLOGY	56,266	56,266	0	56,266	0
54.20	05401	CT	3,078	3,078	51,593	3,078	0
54.30	05402	MRI	4,524	4,524	9,259	4,524	0
60.00	06000	LABORATORY	19,375	19,375	0	19,375	0
60.01	06001	BLOOD	2,436	2,436	0	2,436	0
65.00	06500	RESPIRATORY THERAPY	7,825	7,825	86	7,825	0
66.00	06600	PHYSICAL THERAPY	15,367	15,367	0	15,367	0
69.00	06900	ELECTROCARDIOLOGY	6,146	6,146	16,565	6,146	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,523	1,523	2,109	1,523	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	5,232	5,232	0	5,232	0
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0
75.20	03951	HEMODIALYSIS	1,874	1,874	3,963	1,874	0
76.97	07697	CARDIAC REHABILITATION	8,360	8,360	0	8,360	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,919	4,919	0	4,919	0
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	3,382	3,382	0	3,382	0
90.03	09003	STATELINE CLINIC	2,649	2,649	0	2,649	0
90.04	09004	ORTHOPEDICS CLINIC	8,450	8,450	0	8,450	0
90.05	09005	PULMONOLOGY CLINIC	1,626	1,626	0	1,626	0
90.06	09006	CVT CLINIC	1,983	1,983	0	1,983	0
90.07	09007	MWH CLINIC	7,999	7,999	0	7,999	0
90.08	09008	NEUROSURGERY CLINIC	2,219	2,219	0	2,219	0
90.09	09009	HEADACHE CLINIC	2,387	2,387	0	2,387	0
90.10	09010	UW GENERAL SURGERY CLINIC	4,646	4,646	0	4,646	0
90.11	09011	MFM CLINIC	2,455	2,455	0	2,455	0
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,083	3,083	0	3,083	0
91.00	09100	EMERGENCY	28,162	28,162	480,797	28,162	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
91.05	09101	5,091	5,091	8,474	5,091	0	91.05
91.10	09102	2,884	2,884	3,372	2,884	0	91.10
92.00	09200						92.00
OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)							
101.00	10100	17,523	17,523	0	17,523	0	101.00
HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							
118.00		753,650	669,244	1,859,005	649,233	303,889	118.00
SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS							
190.00	19000	1,131	1,131	0	1,131	0	190.00
GIFT, FLOWER, COFFEE SHOP & CANTEEN							
190.10	19001	0	0	0	0	0	190.10
MCC WORD PROCESSING							
192.00	19200	0	0	0	0	0	192.00
PHYSICIANS' PRIVATE OFFICES							
192.01	19201	5,461	5,461	262	5,461	0	192.01
SPECIALISTS/PCP'S							
192.02	19202	0	0	0	0	0	192.02
MEDWORKS							
192.03	19203	0	0	0	0	0	192.03
SWEDISH AMERICAN ER							
192.20	19204	0	0	0	0	0	192.20
IDLE SPACE							
193.00	19300	0	0	0	0	0	193.00
NONPAID WORKERS							
193.10	19301	0	0	0	0	0	193.10
HOTEL							
193.30	19302	0	0	0	0	0	193.30
PHYSICIAN BILLING							
193.40	19303	0	0	0	0	0	193.40
MEALS ON WHEELS							
193.50	19304	0	0	0	0	0	193.50
WEE CARE							
193.60	19305	1,558	1,558	0	1,558	0	193.60
PHYSICIAN RELATED AREAS							
193.70	19306	0	0	0	0	0	193.70
WOMEN'S CENTER							
193.80	19307	744	744	0	744	0	193.80
MARKETING EXPENSES							
193.90	19308	2,510	2,510	0	2,510	0	193.90
COMPLIMENTARY MEDICINE							
194.00	07950	6,220	6,220	0	6,220	0	194.00
NON-MEDICARE HOME HEALTH SERVICES							
200.00							200.00
Cross Foot Adjustments							
201.00							201.00
Negative Cost Centers							
202.00		2,585,419	8,805,212	2,153,875	6,101,355	6,343,562	202.00
Cost to be allocated (per Wkst. B, Part I)							
203.00		3.352141	12.819366	1.158454	9.149420	20.874602	203.00
Unit cost multiplier (Wkst. B, Part I)							
204.00		78,671	2,540,236	261,887	503,337	1,097,906	204.00
Cost to be allocated (per Wkst. B, Part II)							
205.00		0.102001	3.698288	0.140855	0.754790	3.612852	205.00
Unit cost multiplier (Wkst. B, Part II)							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTE'S)	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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,397					11.00
12.00	01200	0	0				12.00
13.00	01300	14	0	44,416,548			13.00
14.00	01400	0	0	0	4,235,045		14.00
15.00	01500	50	0	0	0	30,970,241	15.00
16.00	01600	37	0	0	0	0	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	0	0	0	0	22.00
23.00	02300	2	0	0	0	0	23.00
23.01	02304	2	0	0	0	0	23.01
23.20	02301	2	0	0	0	0	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	0	0	0	0	22,792	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	359	0	17,596,147	1,513,548	5,037	30.00
31.00	03100	63	0	4,537,929	472,805	330	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	38	0	734,944	972	332	40.00
43.00	04300	33	0	2,007,287	11,975	113	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	147	0	5,653,512	73,302	7,785	50.00
50.20	03340	8	0	478,875	556,320	887	50.20
52.00	05200	38	0	1,995,999	720,021	1	52.00
53.00	05300	3	0	0	0	2,100	53.00
54.00	05400	116	0	1,614,919	597,506	263,765	54.00
54.10	03480	1	0	1,024,583	17,315	9,940	54.10
54.20	05401	12	0	0	89,312	225,513	54.20
54.30	05402	9	0	0	0	92,744	54.30
60.00	06000	64	0	0	0	1,300	60.00
60.01	06001	4	0	0	0	31,050	60.01
65.00	06500	33	0	0	0	251,317	65.00
66.00	06600	48	0	0	0	400	66.00
69.00	06900	14	0	511,411	5,807	3,168	69.00
70.00	07000	2	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	10	0	0	0	29,989,933	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	7	0	0	0	0	75.01
75.10	03950	0	0	0	0	0	75.10
75.20	03951	0	0	0	0	2,531	75.20
76.97	07697	10	0	244,063	0	67	76.97
76.98	07698	9	0	563,438	91,034	18,341	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	5	0	148,159	0	232	90.02
90.03	09003	0	0	115	0	0	90.03
90.04	09004	13	0	124,098	0	0	90.04
90.05	09005	7	0	99,583	0	0	90.05
90.06	09006	2	0	3,208	0	0	90.06
90.07	09007	14	0	187,783	0	0	90.07
90.08	09008	7	0	55,516	0	0	90.08
90.09	09009	6	0	518	0	0	90.09
90.10	09010	3	0	21,428	0	0	90.10
90.11	09011	2	0	3,048	0	0	90.11
90.12	09012	4	0	52,674	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	107	0	6,183,570	85,056	26,214	91.00
91.05	09101	AMBULATORY CARE	0	0	0	72	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	5	0	81,710	0	54	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,310	0	43,924,517	4,235,045	30,955,946	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	71	0	199,862	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	13,631	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	5	0	254,628	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	11	0	37,541	0	664	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)	4,935,903	0	2,593,294	1,715,634	16,790,197	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,533.216178	0.000000	0.058386	0.405104	0.542140	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	854,276	0	77,979	56,743	548,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	611.507516	0.000000	0.001756	0.013398	0.017716	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
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	2,089,028,285				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED PRGM	0	0			23.00
23.01	02304	PHARMACY RESIDENCY	0	0			23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0			23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0			23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	140,985,263	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51,739,944	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	10,806,391	0	0	0	40.00
43.00	04300	NURSERY	12,591,870	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	210,032,429	0	0	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	11,515,427	0	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,370,184	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,546,063	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,728,873	0	0	0	54.00
54.10	03480	ONCOLOGY	47,101,781	0	0	0	54.10
54.20	05401	CT	90,416,027	0	0	0	54.20
54.30	05402	MRI	36,875,432	0	0	0	54.30
60.00	06000	LABORATORY	234,631,579	0	0	0	60.00
60.01	06001	BLOOD	9,725,353	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,823,019	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	42,282,702	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	51,604,533	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,976,684	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,584,671	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,577,223	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	358,615,348	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	11,204,347	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	505,893	0	0	0	75.10
75.20	03951	HEMODIALYSIS	3,233,922	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	2,336,032	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	5,012,667	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	454,761	0	0	0	90.02
90.03	09003	STATELINE CLINIC	13,177,008	0	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	7,955,627	0	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	1,383,487	0	0	0	90.05
90.06	09006	CVT CLINIC	115,575	0	0	0	90.06
90.07	09007	MWH CLINIC	11,391,639	0	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	346,798	0	0	0	90.08
90.09	09009	HEADACHE CLINIC	3,468,603	0	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	480,614	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
90.11	09011	MFM CLINIC	49,893	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	3,356,407	0	0	0	0	90.12
91.00	09100	EMERGENCY	155,510,091	0	0	0	0	91.00
91.05	09101	AMBULATORY CARE	137,189	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,755,185	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	5,621,751	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,089,028,285	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,468,661	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002139	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	418,911	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000201	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
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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	2,490					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		100				22.00
23.00 02300 PARAMED PRGM						23.00
23.01 02304 PHARMACY RESIDENCY			100			23.01
23.20 02301 PARAMED PRGM - RADIOLOGY				100		23.20
23.30 02302 PARAMED - RADIATION ONCOLOGY					0	23.30
23.40 02303 PARAMED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,970	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	50	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	35	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	70	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	80	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	75	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	70	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 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 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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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	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	140	0	0	0	0	0	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)							92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,490	100	100	100	100	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	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)	5,490,886	244,043	156,064	87,934		0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,205.175100	2,440.430000	1,560.640000	879.340000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	117,685	4,635	3,429	2,509		0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	47.263052	46.350000	34.290000	25.090000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0228

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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 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
			23.40	
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 SPECIAL PURPOSE COST CENTERS	0	101.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	100	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.10	19001	MCC WORD PROCESSING	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	192.01
192.02	19202	MEDWORKS	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	192.03
192.20	19204	IDLE SPACE	0	192.20
193.00	19300	NONPAID WORKERS	0	193.00
193.10	19301	HOTEL	0	193.10
193.30	19302	PHYSICIAN BILLING	0	193.30
193.40	19303	MEALS ON WHEELS	0	193.40
193.50	19304	WEE CARE	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	193.60
193.70	19306	WOMEN'S CENTER	0	193.70
193.80	19307	MARKETING EXPENSES	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,410,539	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14,105.390000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	331.620000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

		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		55,685,345		55,685,345	18,997	55,704,342	30.00
31.00	03100	INTENSIVE CARE UNIT		11,286,712		11,286,712	4,409	11,291,121	31.00
31.01	03101	PEDIATRIC ICU		0		0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF		4,715,277		4,715,277	335	4,715,612	40.00
43.00	04300	NURSERY		5,333,109		5,333,109	0	5,333,109	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		30,915,400		30,915,400	41,177	30,956,577	50.00
50.20	03340	GASTRO INTESTINAL SERVICES		2,084,443		2,084,443	9,689	2,094,132	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM		5,851,329		5,851,329	0	5,851,329	52.00
53.00	05300	ANESTHESIOLOGY		2,838,355		2,838,355	19,170	2,857,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		23,164,901		23,164,901	250,003	23,414,904	54.00
54.10	03480	ONCOLOGY		23,802,352		23,802,352	258,318	24,060,670	54.10
54.20	05401	CT		3,170,239		3,170,239	0	3,170,239	54.20
54.30	05402	MRI		2,415,220		2,415,220	0	2,415,220	54.30
60.00	06000	LABORATORY		16,135,831		16,135,831	0	16,135,831	60.00
60.01	06001	BLOOD		1,789,237		1,789,237	0	1,789,237	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,532,593		5,532,593	0	5,532,593	65.00
66.00	06600	PHYSICAL THERAPY	0	8,467,799		8,467,799	0	8,467,799	66.00
69.00	06900	ELECTROCARDIOLOGY		2,728,762		2,728,762	0	2,728,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		278,524		278,524	0	278,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		11,192,462		11,192,462	0	11,192,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,035,229		17,035,229	0	17,035,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		46,386,482		46,386,482	0	46,386,482	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0		0	0	0	75.00
75.01	07501	SLEEP LAB		1,570,797		1,570,797	0	1,570,797	75.01
75.10	03950	NUTRITIONAL SUPPORT		129,649		129,649	0	129,649	75.10
75.20	03951	HEMODIALYSIS		1,033,992		1,033,992	0	1,033,992	75.20
76.97	07697	CARDIAC REHABILITATION		1,839,890		1,839,890	2,549	1,842,439	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		2,169,065		2,169,065	7,556	2,176,621	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		839,649		839,649	0	839,649	90.02
90.03	09003	STATELINE CLINIC		1,513,306		1,513,306	0	1,513,306	90.03
90.04	09004	ORTHOPEDICS CLINIC		3,100,487		3,100,487	0	3,100,487	90.04
90.05	09005	PULMONOLOGY CLINIC		1,268,263		1,268,263	0	1,268,263	90.05
90.06	09006	CVT CLINIC		222,767		222,767	0	222,767	90.06
90.07	09007	MWH CLINIC		3,385,713		3,385,713	0	3,385,713	90.07
90.08	09008	NEUROSURGERY CLINIC		1,852,321		1,852,321	0	1,852,321	90.08
90.09	09009	HEADACHE CLINIC		2,845,157		2,845,157	0	2,845,157	90.09
90.10	09010	UW GENERAL SURGERY CLINIC		663,634		663,634	0	663,634	90.10
90.11	09011	MFM CLINIC		240,065		240,065	0	240,065	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC		1,527,071		1,527,071	0	1,527,071	90.12
91.00	09100	EMERGENCY		20,520,503		20,520,503	34,742	20,555,245	91.00
91.05	09101	AMBULATORY CARE		319,355		319,355	0	319,355	91.05
91.10	09102	PSYCHIATRIC PARTIAL		683,406		683,406	0	683,406	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		7,977,676		7,977,676	0	7,977,676	92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY		7,759,820		7,759,820		7,759,820	101.00
200.00		Subtotal (see instructions)	0	342,272,187		342,272,187	646,945	342,919,132	200.00
201.00		Less Observation Beds		7,977,676		7,977,676		7,977,676	201.00
202.00		Total (see instructions)	0	334,294,511		334,294,511	646,945	334,941,456	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	120,998,930		120,998,930		30.00
31.00	03100	INTENSIVE CARE UNIT	51,739,944		51,739,944		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	10,806,391		10,806,391		40.00
43.00	04300	NURSERY	12,591,870		12,591,870		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,256,783	123,775,646	210,032,429	0.147193	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	3,261,842	8,253,585	11,515,427	0.181013	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,972,262	397,922	24,370,184	0.240102	52.00
53.00	05300	ANESTHESIOLOGY	9,145,379	9,400,684	18,546,063	0.153044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,030,775	130,698,098	181,728,873	0.127470	54.00
54.10	03480	ONCOLOGY	1,211,514	45,890,267	47,101,781	0.505339	54.10
54.20	05401	CT	20,796,015	69,620,012	90,416,027	0.035063	54.20
54.30	05402	MRI	6,063,674	30,811,758	36,875,432	0.065497	54.30
60.00	06000	LABORATORY	61,595,613	173,035,966	234,631,579	0.068771	60.00
60.01	06001	BLOOD	7,350,864	2,374,489	9,725,353	0.183977	60.01
65.00	06500	RESPIRATORY THERAPY	16,029,872	7,793,147	23,823,019	0.232237	65.00
66.00	06600	PHYSICAL THERAPY	13,196,508	29,086,194	42,282,702	0.200266	66.00
69.00	06900	ELECTROCARDIOLOGY	17,939,920	33,664,613	51,604,533	0.052878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	928,778	2,047,906	2,976,684	0.093569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,486,441	48,098,230	113,584,671	0.098538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,998,952	51,578,271	187,577,223	0.090817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,958,984	226,656,364	358,615,348	0.129349	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	14,196	11,190,151	11,204,347	0.140195	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	505,893	505,893	0.256278	75.10
75.20	03951	HEMODIALYSIS	2,931,525	302,397	3,233,922	0.319733	75.20
76.97	07697	CARDIAC REHABILITATION	5,193	2,330,839	2,336,032	0.787613	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	49,787	4,962,880	5,012,667	0.432717	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	49,549	405,212	454,761	1.846352	90.02
90.03	09003	STATELINE CLINIC	53,295	13,123,713	13,177,008	0.114844	90.03
90.04	09004	ORTHOPEDICS CLINIC	4,592	7,951,035	7,955,627	0.389723	90.04
90.05	09005	PULMONOLOGY CLINIC	16,237	1,367,250	1,383,487	0.916715	90.05
90.06	09006	CVT CLINIC	16,250	99,325	115,575	1.927467	90.06
90.07	09007	MWH CLINIC	77,657	11,313,982	11,391,639	0.297210	90.07
90.08	09008	NEUROSURGERY CLINIC	1,907	344,891	346,798	5.341210	90.08
90.09	09009	HEADACHE CLINIC	140	3,468,463	3,468,603	0.820260	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,527	479,087	480,614	1.380805	90.10
90.11	09011	MFM CLINIC	0	49,893	49,893	4.811597	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	10,252	3,346,155	3,356,407	0.454972	90.12
91.00	09100	EMERGENCY	34,062,378	121,447,713	155,510,091	0.131956	91.00
91.05	09105	AMBULATORY CARE	357	136,832	137,189	2.327847	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,755,185	1,755,185	0.389364	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	352,788	19,633,545	19,986,333	0.399157	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,621,751	5,621,751		101.00
200.00		Subtotal (see instructions)	886,008,941	1,203,019,344	2,089,028,285		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,008,941	1,203,019,344	2,089,028,285		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 9:53 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	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	0.147390		50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.181854		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240102		52.00
53.00	05300	ANESTHESIOLOGY	0.154077		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128845		54.00
54.10	03480	ONCOLOGY	0.510823		54.10
54.20	05401	CT	0.035063		54.20
54.30	05402	MRI	0.065497		54.30
60.00	06000	LABORATORY	0.068771		60.00
60.01	06001	BLOOD	0.183977		60.01
65.00	06500	RESPIRATORY THERAPY	0.232237		65.00
66.00	06600	PHYSICAL THERAPY	0.200266		66.00
69.00	06900	ELECTROCARDIOLOGY	0.052878		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093569		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.098538		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.090817		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129349		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	SLEEP LAB	0.140195		75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256278		75.10
75.20	03951	HEMODIALYSIS	0.319733		75.20
76.97	07697	CARDIAC REHABILITATION	0.788705		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.434224		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	1.846352		90.02
90.03	09003	STATELINE CLINIC	0.114844		90.03
90.04	09004	ORTHOPEDICS CLINIC	0.389723		90.04
90.05	09005	PULMONOLOGY CLINIC	0.916715		90.05
90.06	09006	CVT CLINIC	1.927467		90.06
90.07	09007	MWH CLINIC	0.297210		90.07
90.08	09008	NEUROSURGERY CLINIC	5.341210		90.08
90.09	09009	HEADACHE CLINIC	0.820260		90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.380805		90.10
90.11	09011	MFM CLINIC	4.811597		90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.454972		90.12
91.00	09100	EMERGENCY	0.132179		91.00
91.05	09101	AMBULATORY CARE	2.327847		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.389364		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.399157		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 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	55,685,345	55,685,345	18,997	55,704,342	30.00
31.00	03100 INTENSIVE CARE UNIT	11,286,712	11,286,712	4,409	11,291,121	31.00
31.01	03101 PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	4,715,277	4,715,277	335	4,715,612	40.00
43.00	04300 NURSERY	5,333,109	5,333,109	0	5,333,109	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	30,915,400	30,915,400	41,177	30,956,577	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,084,443	2,084,443	9,689	2,094,132	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,851,329	5,851,329	0	5,851,329	52.00
53.00	05300 ANESTHESIOLOGY	2,838,355	2,838,355	19,170	2,857,525	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,164,901	23,164,901	250,003	23,414,904	54.00
54.10	03480 ONCOLOGY	23,802,352	23,802,352	258,318	24,060,670	54.10
54.20	05401 CT	3,170,239	3,170,239	0	3,170,239	54.20
54.30	05402 MRI	2,415,220	2,415,220	0	2,415,220	54.30
60.00	06000 LABORATORY	16,135,831	16,135,831	0	16,135,831	60.00
60.01	06001 BLOOD	1,789,237	1,789,237	0	1,789,237	60.01
65.00	06500 RESPIRATORY THERAPY	5,532,593	5,532,593	0	5,532,593	65.00
66.00	06600 PHYSICAL THERAPY	8,467,799	8,467,799	0	8,467,799	66.00
69.00	06900 ELECTROCARDIOLOGY	2,728,762	2,728,762	0	2,728,762	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	278,524	278,524	0	278,524	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,192,462	11,192,462	0	11,192,462	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,035,229	17,035,229	0	17,035,229	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,386,482	46,386,482	0	46,386,482	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501 SLEEP LAB	1,570,797	1,570,797	0	1,570,797	75.01
75.10	03950 NUTRITIONAL SUPPORT	129,649	129,649	0	129,649	75.10
75.20	03951 HEMODIALYSIS	1,033,992	1,033,992	0	1,033,992	75.20
76.97	07697 CARDIAC REHABILITATION	1,839,890	1,839,890	2,549	1,842,439	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,169,065	2,169,065	7,556	2,176,621	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	839,649	839,649	0	839,649	90.02
90.03	09003 STATELINE CLINIC	1,513,306	1,513,306	0	1,513,306	90.03
90.04	09004 ORTHOPEDICS CLINIC	3,100,487	3,100,487	0	3,100,487	90.04
90.05	09005 PULMONOLOGY CLINIC	1,268,263	1,268,263	0	1,268,263	90.05
90.06	09006 CVT CLINIC	222,767	222,767	0	222,767	90.06
90.07	09007 MWH CLINIC	3,385,713	3,385,713	0	3,385,713	90.07
90.08	09008 NEUROSURGERY CLINIC	1,852,321	1,852,321	0	1,852,321	90.08
90.09	09009 HEADACHE CLINIC	2,845,157	2,845,157	0	2,845,157	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	663,634	663,634	0	663,634	90.10
90.11	09011 MFM CLINIC	240,065	240,065	0	240,065	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	1,527,071	1,527,071	0	1,527,071	90.12
91.00	09100 EMERGENCY	20,520,503	20,520,503	34,742	20,555,245	91.00
91.05	09101 AMBULATORY CARE	319,355	319,355	0	319,355	91.05
91.10	09102 PSYCHIATRIC PARTIAL	683,406	683,406	0	683,406	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,977,676	7,977,676	0	7,977,676	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	7,759,820	7,759,820	0	7,759,820	101.00
200.00	Subtotal (see instructions)	342,272,187	342,272,187	646,945	342,919,132	200.00
201.00	Less Observation Beds	7,977,676	7,977,676	0	7,977,676	201.00
202.00	Total (see instructions)	334,294,511	334,294,511	646,945	334,941,456	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

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			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	120,998,930		120,998,930		30.00
31.00	03100	INTENSIVE CARE UNIT	51,739,944		51,739,944		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	10,806,391		10,806,391		40.00
43.00	04300	NURSERY	12,591,870		12,591,870		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,256,783	123,775,646	210,032,429	0.147193	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,261,842	8,253,585	11,515,427	0.181013	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,972,262	397,922	24,370,184	0.240102	52.00
53.00	05300	ANESTHESIOLOGY	9,145,379	9,400,684	18,546,063	0.153044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,030,775	130,698,098	181,728,873	0.127470	54.00
54.10	03480	ONCOLOGY	1,211,514	45,890,267	47,101,781	0.505339	54.10
54.20	05401	CT	20,796,015	69,620,012	90,416,027	0.035063	54.20
54.30	05402	MRI	6,063,674	30,811,758	36,875,432	0.065497	54.30
60.00	06000	LABORATORY	61,595,613	173,035,966	234,631,579	0.068771	60.00
60.01	06001	BLOOD	7,350,864	2,374,489	9,725,353	0.183977	60.01
65.00	06500	RESPIRATORY THERAPY	16,029,872	7,793,147	23,823,019	0.232237	65.00
66.00	06600	PHYSICAL THERAPY	13,196,508	29,086,194	42,282,702	0.200266	66.00
69.00	06900	ELECTROCARDIOLOGY	17,939,920	33,664,613	51,604,533	0.052878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	928,778	2,047,906	2,976,684	0.093569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,486,441	48,098,230	113,584,671	0.098538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,998,952	51,578,271	187,577,223	0.090817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,958,984	226,656,364	358,615,348	0.129349	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	14,196	11,190,151	11,204,347	0.140195	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	505,893	505,893	0.256278	75.10
75.20	03951	HEMODIALYSIS	2,931,525	302,397	3,233,922	0.319733	75.20
76.97	07697	CARDIAC REHABILITATION	5,193	2,330,839	2,336,032	0.787613	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	49,787	4,962,880	5,012,667	0.432717	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	49,549	405,212	454,761	1.846352	90.02
90.03	09003	STATELINE CLINIC	53,295	13,123,713	13,177,008	0.114844	90.03
90.04	09004	ORTHOPEDICS CLINIC	4,592	7,951,035	7,955,627	0.389723	90.04
90.05	09005	PULMONOLOGY CLINIC	16,237	1,367,250	1,383,487	0.916715	90.05
90.06	09006	CVT CLINIC	16,250	99,325	115,575	1.927467	90.06
90.07	09007	MWH CLINIC	77,657	11,313,982	11,391,639	0.297210	90.07
90.08	09008	NEUROSURGERY CLINIC	1,907	344,891	346,798	5.341210	90.08
90.09	09009	HEADACHE CLINIC	140	3,468,463	3,468,603	0.820260	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,527	479,087	480,614	1.380805	90.10
90.11	09011	MFM CLINIC	0	49,893	49,893	4.811597	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	10,252	3,346,155	3,356,407	0.454972	90.12
91.00	09100	EMERGENCY	34,062,378	121,447,713	155,510,091	0.131956	91.00
91.05	09101	AMBULATORY CARE	357	136,832	137,189	2.327847	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,755,185	1,755,185	0.389364	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	352,788	19,633,545	19,986,333	0.399157	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,621,751	5,621,751		101.00
200.00		Subtotal (see instructions)	886,008,941	1,203,019,344	2,089,028,285		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,008,941	1,203,019,344	2,089,028,285		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	55,685,345		55,685,345	18,997	55,704,342	30.00
31.00	03100 INTENSIVE CARE UNIT	11,286,712		11,286,712	4,409	11,291,121	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	4,715,277		4,715,277	335	4,715,612	40.00
43.00	04300 NURSERY	5,333,109		5,333,109	0	5,333,109	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,915,400		30,915,400	41,177	30,956,577	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,084,443		2,084,443	9,689	2,094,132	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,851,329		5,851,329	0	5,851,329	52.00
53.00	05300 ANESTHESIOLOGY	2,838,355		2,838,355	19,170	2,857,525	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,164,901		23,164,901	250,003	23,414,904	54.00
54.10	03480 ONCOLOGY	23,802,352		23,802,352	258,318	24,060,670	54.10
54.20	05401 CT	3,170,239		3,170,239	0	3,170,239	54.20
54.30	05402 MRI	2,415,220		2,415,220	0	2,415,220	54.30
60.00	06000 LABORATORY	16,135,831		16,135,831	0	16,135,831	60.00
60.01	06001 BLOOD	1,789,237		1,789,237	0	1,789,237	60.01
65.00	06500 RESPIRATORY THERAPY	5,532,593	0	5,532,593	0	5,532,593	65.00
66.00	06600 PHYSICAL THERAPY	8,467,799	0	8,467,799	0	8,467,799	66.00
69.00	06900 ELECTROCARDIOLOGY	2,728,762		2,728,762	0	2,728,762	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	278,524		278,524	0	278,524	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,192,462		11,192,462	0	11,192,462	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,035,229		17,035,229	0	17,035,229	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,386,482		46,386,482	0	46,386,482	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,570,797		1,570,797	0	1,570,797	75.01
75.10	03950 NUTRITIONAL SUPPORT	129,649		129,649	0	129,649	75.10
75.20	03951 HEMODIALYSIS	1,033,992		1,033,992	0	1,033,992	75.20
76.97	07697 CARDIAC REHABILITATION	1,839,890		1,839,890	2,549	1,842,439	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,169,065		2,169,065	7,556	2,176,621	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	839,649		839,649	0	839,649	90.02
90.03	09003 STATELINE CLINIC	1,513,306		1,513,306	0	1,513,306	90.03
90.04	09004 ORTHOPEDICS CLINIC	3,100,487		3,100,487	0	3,100,487	90.04
90.05	09005 PULMONOLOGY CLINIC	1,268,263		1,268,263	0	1,268,263	90.05
90.06	09006 CVT CLINIC	222,767		222,767	0	222,767	90.06
90.07	09007 MWH CLINIC	3,385,713		3,385,713	0	3,385,713	90.07
90.08	09008 NEUROSURGERY CLINIC	1,852,321		1,852,321	0	1,852,321	90.08
90.09	09009 HEADACHE CLINIC	2,845,157		2,845,157	0	2,845,157	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	663,634		663,634	0	663,634	90.10
90.11	09011 MFM CLINIC	240,065		240,065	0	240,065	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	1,527,071		1,527,071	0	1,527,071	90.12
91.00	09100 EMERGENCY	20,520,503		20,520,503	34,742	20,555,245	91.00
91.05	09101 AMBULATORY CARE	319,355		319,355	0	319,355	91.05
91.10	09102 PSYCHIATRIC PARTIAL	683,406		683,406	0	683,406	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,977,676		7,977,676	0	7,977,676	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,759,820		7,759,820	0	7,759,820	101.00
200.00	Subtotal (see instructions)	342,272,187	0	342,272,187	646,945	342,919,132	200.00
201.00	Less Observation Beds	7,977,676		7,977,676	0	7,977,676	201.00
202.00	Total (see instructions)	334,294,511	0	334,294,511	646,945	334,941,456	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
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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			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	120,998,930		120,998,930		30.00
31.00	03100	INTENSIVE CARE UNIT	51,739,944		51,739,944		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - IPF	10,806,391		10,806,391		40.00
43.00	04300	NURSERY	12,591,870		12,591,870		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,256,783	123,775,646	210,032,429	0.147193	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	3,261,842	8,253,585	11,515,427	0.181013	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,972,262	397,922	24,370,184	0.240102	52.00
53.00	05300	ANESTHESIOLOGY	9,145,379	9,400,684	18,546,063	0.153044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,030,775	130,698,098	181,728,873	0.127470	54.00
54.10	03480	ONCOLOGY	1,211,514	45,890,267	47,101,781	0.505339	54.10
54.20	05401	CT	20,796,015	69,620,012	90,416,027	0.035063	54.20
54.30	05402	MRI	6,063,674	30,811,758	36,875,432	0.065497	54.30
60.00	06000	LABORATORY	61,595,613	173,035,966	234,631,579	0.068771	60.00
60.01	06001	BLOOD	7,350,864	2,374,489	9,725,353	0.183977	60.01
65.00	06500	RESPIRATORY THERAPY	16,029,872	7,793,147	23,823,019	0.232237	65.00
66.00	06600	PHYSICAL THERAPY	13,196,508	29,086,194	42,282,702	0.200266	66.00
69.00	06900	ELECTROCARDIOLOGY	17,939,920	33,664,613	51,604,533	0.052878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	928,778	2,047,906	2,976,684	0.093569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,486,441	48,098,230	113,584,671	0.098538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,998,952	51,578,271	187,577,223	0.090817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,958,984	226,656,364	358,615,348	0.129349	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	14,196	11,190,151	11,204,347	0.140195	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	505,893	505,893	0.256278	75.10
75.20	03951	HEMODIALYSIS	2,931,525	302,397	3,233,922	0.319733	75.20
76.97	07697	CARDIAC REHABILITATION	5,193	2,330,839	2,336,032	0.787613	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	49,787	4,962,880	5,012,667	0.432717	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	49,549	405,212	454,761	1.846352	90.02
90.03	09003	STATELINE CLINIC	53,295	13,123,713	13,177,008	0.114844	90.03
90.04	09004	ORTHOPEDICS CLINIC	4,592	7,951,035	7,955,627	0.389723	90.04
90.05	09005	PULMONOLOGY CLINIC	16,237	1,367,250	1,383,487	0.916715	90.05
90.06	09006	CVT CLINIC	16,250	99,325	115,575	1.927467	90.06
90.07	09007	MWH CLINIC	77,657	11,313,982	11,391,639	0.297210	90.07
90.08	09008	NEUROSURGERY CLINIC	1,907	344,891	346,798	5.341210	90.08
90.09	09009	HEADACHE CLINIC	140	3,468,463	3,468,603	0.820260	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1,527	479,087	480,614	1.380805	90.10
90.11	09011	MFM CLINIC	0	49,893	49,893	4.811597	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	10,252	3,346,155	3,356,407	0.454972	90.12
91.00	09100	EMERGENCY	34,062,378	121,447,713	155,510,091	0.131956	91.00
91.05	09101	AMBULATORY CARE	357	136,832	137,189	2.327847	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,755,185	1,755,185	0.389364	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	352,788	19,633,545	19,986,333	0.399157	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,621,751	5,621,751		101.00
200.00		Subtotal (see instructions)	886,008,941	1,203,019,344	2,089,028,285		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	886,008,941	1,203,019,344	2,089,028,285		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 9:53 am

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 CHI LDRENS CLINIC	0.000000			90.01
90.02	09002 DI ABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
90.04	09004 ORTHOPEDICS CLINIC	0.000000			90.04
90.05	09005 PULMONOLOGY CLINIC	0.000000			90.05
90.06	09006 CVT CLINIC	0.000000			90.06
90.07	09007 MWH CLINIC	0.000000			90.07
90.08	09008 NEUROSURGERY CLINIC	0.000000			90.08
90.09	09009 HEADACHE CLINIC	0.000000			90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0.000000			90.10
90.11	09011 MFM CLINIC	0.000000			90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0.000000			90.12
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/27/2017 9:53 am
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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	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,554,887	0	6,554,887	57,494	114.01	30.00
31.00	INTENSIVE CARE UNIT	977,046		977,046	6,327	154.42	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	702,657	0	702,657	5,408	129.93	40.00
43.00	NURSERY	515,247		515,247	5,474	94.13	43.00
200.00	Total (lines 30-199)	8,749,837		8,749,837	74,703		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	18,160	2,070,422				30.00
31.00	INTENSIVE CARE UNIT	2,580	398,404				31.00
31.01	PEDIATRIC ICU	0	0				31.01
40.00	SUBPROVIDER - IPF	1,383	179,693				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	22,123	2,648,519				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0228

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part II Date/Time Prepared: 11/27/2017 9:53 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,347,825	210,032,429	0.015940	28,447,783	453,458	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	271,601	11,515,427	0.023586	1,339,856	31,602	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	308,561	24,370,184	0.012661	95,250	1,206	52.00
53.00	05300 ANESTHESIOLOGY	69,352	18,546,063	0.003739	3,113,773	11,642	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,242,941	181,728,873	0.012342	26,989,942	333,110	54.00
54.10	03480 ONCOLOGY	2,188,158	47,101,781	0.046456	185,468	8,616	54.10
54.20	05401 CT	177,118	90,416,027	0.001959	8,769,854	17,180	54.20
54.30	05402 MRI	195,730	36,875,432	0.005308	2,247,988	11,932	54.30
60.00	06000 LABORATORY	935,496	234,631,579	0.003987	5,960,546	23,765	60.00
60.01	06001 BLOOD	108,964	9,725,353	0.011204	3,999,828	44,814	60.01
65.00	06500 RESPIRATORY THERAPY	361,028	23,823,019	0.015155	7,314,106	110,845	65.00
66.00	06600 PHYSICAL THERAPY	659,239	42,282,702	0.015591	6,434,336	100,318	66.00
69.00	06900 ELECTROCARDIOLOGY	259,609	51,604,533	0.005031	2,515,510	12,656	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,843	2,976,684	0.018760	365,502	6,857	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	172,455	113,584,671	0.001518	24,181,506	36,708	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	265,005	187,577,223	0.001413	46,879,386	66,241	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,007,986	358,615,348	0.002811	48,178,641	135,430	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	199,718	11,204,347	0.017825	13,946	249	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,859	505,893	0.003675	0	0	75.10
75.20	03951 HEMODIALYSIS	76,685	3,233,922	0.023713	1,594,603	37,813	75.20
76.97	07697 CARDIAC REHABILITATION	306,604	2,336,032	0.131250	900	118	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	199,453	5,012,667	0.039790	47,877	1,905	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	125,592	454,761	0.276171	14,805	4,089	90.02
90.03	09003 STATELINE CLINIC	110,541	13,177,008	0.008389	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	329,030	7,955,627	0.041358	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	75,231	1,383,487	0.054378	0	0	90.05
90.06	09006 CVT CLINIC	69,257	115,575	0.599239	0	0	90.06
90.07	09007 MWH CLINIC	319,553	11,391,639	0.028052	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	102,512	346,798	0.295596	0	0	90.08
90.09	09009 HEADACHE CLINIC	121,389	3,468,603	0.034997	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	163,363	480,614	0.339905	0	0	90.10
90.11	09011 MFM CLINIC	84,973	49,893	1.703105	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	125,161	3,356,407	0.037290	0	0	90.12
91.00	09100 EMERGENCY	1,350,286	155,510,091	0.008683	14,225,694	123,522	91.00
91.05	09101 AMBULATORY CARE	172,480	137,189	1.257244	320	402	91.05
91.10	09102 PSYCHIATRIC PARTIAL	108,019	1,755,185	0.061543	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	938,757	19,986,333	0.046970	50,466	2,370	92.00
200.00	Total (lines 50-199)	17,607,374	1,887,269,399		232,967,886	1,576,848	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/27/2017 9:53 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,494	0.00	18,160	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,327	0.00	2,580	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0.00	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	5,408	0.00	1,383	0	0	40.00
43.00	04300	NURSERY	5,474	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	74,703		22,123	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:53 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	87,934	0	87,934 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	244,043	0	244,043 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	156,064	0	156,064 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	SLEEP LAB	0	0	0	0	0 75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0 75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0 75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0 90.02
90.03	09003	STATELINE CLINIC	0	0	0	0	0 90.03
90.04	09004	ORTHOPEDICS CLINIC	0	0	0	0	0 90.04
90.05	09005	PULMONOLOGY CLINIC	0	0	0	0	0 90.05
90.06	09006	CVT CLINIC	0	0	0	0	0 90.06
90.07	09007	MWH CLINIC	0	0	0	0	0 90.07
90.08	09008	NEUROSURGERY CLINIC	0	0	0	0	0 90.08
90.09	09009	HEADACHE CLINIC	0	0	0	0	0 90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	0	0	0	0 90.10
90.11	09011	MFM CLINIC	0	0	0	0	0 90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0 90.12
91.00	09100	EMERGENCY	0	0	1,410,539	0	1,410,539 91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0 91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0 91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (Lines 50-199)	0	0	1,898,580	0	1,898,580 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	210,032,429	0.000000	0.000000	28,447,783	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	11,515,427	0.000000	0.000000	1,339,856	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,370,184	0.000000	0.000000	95,250	52.00
53.00	05300	ANESTHESIOLOGY	0	18,546,063	0.000000	0.000000	3,113,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,934	181,728,873	0.000484	0.000484	26,989,942	54.00
54.10	03480	ONCOLOGY	0	47,101,781	0.000000	0.000000	185,468	54.10
54.20	05401	CT	0	90,416,027	0.000000	0.000000	8,769,854	54.20
54.30	05402	MRI	0	36,875,432	0.000000	0.000000	2,247,988	54.30
60.00	06000	LABORATORY	244,043	234,631,579	0.001040	0.001040	5,960,546	60.00
60.01	06001	BLOOD	0	9,725,353	0.000000	0.000000	3,999,828	60.01
65.00	06500	RESPIRATORY THERAPY	0	23,823,019	0.000000	0.000000	7,314,106	65.00
66.00	06600	PHYSICAL THERAPY	0	42,282,702	0.000000	0.000000	6,434,336	66.00
69.00	06900	ELECTROCARDIOLOGY	0	51,604,533	0.000000	0.000000	2,515,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,976,684	0.000000	0.000000	365,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	113,584,671	0.000000	0.000000	24,181,506	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	187,577,223	0.000000	0.000000	46,879,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	156,064	358,615,348	0.000435	0.000435	48,178,641	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	SLEEP LAB	0	11,204,347	0.000000	0.000000	13,946	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	505,893	0.000000	0.000000	0	75.10
75.20	03951	HEMODIALYSIS	0	3,233,922	0.000000	0.000000	1,594,603	75.20
76.97	07697	CARDIAC REHABILITATION	0	2,336,032	0.000000	0.000000	900	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,012,667	0.000000	0.000000	47,877	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	0	454,761	0.000000	0.000000	14,805	90.02
90.03	09003	STATELINE CLINIC	0	13,177,008	0.000000	0.000000	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0	7,955,627	0.000000	0.000000	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0	1,383,487	0.000000	0.000000	0	90.05
90.06	09006	CVT CLINIC	0	115,575	0.000000	0.000000	0	90.06
90.07	09007	MWH CLINIC	0	11,391,639	0.000000	0.000000	0	90.07
90.08	09008	NEUROSURGERY CLINIC	0	346,798	0.000000	0.000000	0	90.08
90.09	09009	HEADACHE CLINIC	0	3,468,603	0.000000	0.000000	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	0	480,614	0.000000	0.000000	0	90.10
90.11	09011	MFM CLINIC	0	49,893	0.000000	0.000000	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0	3,356,407	0.000000	0.000000	0	90.12
91.00	09100	EMERGENCY	1,410,539	155,510,091	0.009070	0.009070	14,225,694	91.00
91.05	09101	AMBULATORY CARE	0	137,189	0.000000	0.000000	320	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,755,185	0.000000	0.000000	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,986,333	0.000000	0.000000	50,466	92.00
200.00		Total (lines 50-199)	1,898,580	1,887,269,399			232,967,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:53 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	20,743,745	0		50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	2,219,946	0		50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	478	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,533,278	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,063	27,126,762	13,129		54.00
54.10	03480 ONCOLOGY	0	21,166,324	0		54.10
54.20	05401 CT	0	17,949,305	0		54.20
54.30	05402 MRI	0	7,425,802	0		54.30
60.00	06000 LABORATORY	6,199	15,939,407	16,577		60.00
60.01	06001 BLOOD	0	356,587	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	2,399,892	0		65.00
66.00	06600 PHYSICAL THERAPY	0	645,382	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	9,347,092	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	427,917	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,280,556	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,704,963	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,958	71,409,681	31,063		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 SLEEP LAB	0	2,194,292	0		75.01
75.10	03950 NUTRITIONAL SUPPORT	0	6,381	0		75.10
75.20	03951 HEMODIALYSIS	0	227,882	0		75.20
76.97	07697 CARDIAC REHABILITATION	0	846,583	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,602,092	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 CHILDRENS CLINIC	0	0	0		90.01
90.02	09002 DIABETES CLINIC	0	6,823	0		90.02
90.03	09003 STATELINE CLINIC	0	909,811	0		90.03
90.04	09004 ORTHOPEDICS CLINIC	0	2,837,228	0		90.04
90.05	09005 PULMONOLOGY CLINIC	0	310,177	0		90.05
90.06	09006 CVT CLINIC	0	51,327	0		90.06
90.07	09007 MWH CLINIC	0	4,382,247	0		90.07
90.08	09008 NEUROSURGERY CLINIC	0	158,174	0		90.08
90.09	09009 HEADACHE CLINIC	0	343,926	0		90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	134,814	0		90.10
90.11	09011 MFM CLINIC	0	0	0		90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	1,275,879	0		90.12
91.00	09100 EMERGENCY	129,027	18,837,485	170,856		91.00
91.05	09101 AMBULATORY CARE	0	71,381	0		91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0		91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,533,116	0		92.00
200.00	Total (lines 50-199)	169,247	264,406,735	231,625		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part V
Date/Time Prepared:
11/27/2017 9:53 am

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	0.147193	20,743,745	0	0	3,053,334	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.181013	2,219,946	0	0	401,839	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240102	478	0	0	115	52.00
53.00	05300	ANESTHESIOLOGY	0.153044	1,533,278	0	0	234,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127470	27,126,762	0	0	3,457,848	54.00
54.10	03480	ONCOLOGY	0.505339	21,166,324	1,353	16	10,696,169	54.10
54.20	05401	CT	0.035063	17,949,305	0	0	629,356	54.20
54.30	05402	MRI	0.065497	7,425,802	0	0	486,368	54.30
60.00	06000	LABORATORY	0.068771	15,939,407	23,337	0	1,096,169	60.00
60.01	06001	BLOOD	0.183977	356,587	0	0	65,604	60.01
65.00	06500	RESPIRATORY THERAPY	0.232237	2,399,892	0	0	557,344	65.00
66.00	06600	PHYSICAL THERAPY	0.200266	645,382	0	0	129,248	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052878	9,347,092	0	0	494,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093569	427,917	0	0	40,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.098538	10,280,556	0	0	1,013,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.090817	13,704,963	0	0	1,244,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129349	71,409,681	272	361,863	9,236,771	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0.140195	2,194,292	0	0	307,629	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256278	6,381	0	0	1,635	75.10
75.20	03951	HEMODIALYSIS	0.319733	227,882	0	0	72,861	75.20
76.97	07697	CARDIAC REHABILITATION	0.787613	846,583	0	0	666,780	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.432717	2,602,092	0	0	1,125,969	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	1.846352	6,823	0	0	12,598	90.02
90.03	09003	STATELINE CLINIC	0.114844	909,811	128	0	104,486	90.03
90.04	09004	ORTHOPEDECS CLINIC	0.389723	2,837,228	0	0	1,105,733	90.04
90.05	09005	PULMONOLOGY CLINIC	0.916715	310,177	0	0	284,344	90.05
90.06	09006	CVT CLINIC	1.927467	51,327	0	0	98,931	90.06
90.07	09007	MWH CLINIC	0.297210	4,382,247	0	3	1,302,448	90.07
90.08	09008	NEUROSURGERY CLINIC	5.341210	158,174	0	0	844,841	90.08
90.09	09009	HEADACHE CLINIC	0.820260	343,926	0	0	282,109	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.380805	134,814	61	0	186,152	90.10
90.11	09011	MFM CLINIC	4.811597	0	0	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.454972	1,275,879	0	0	580,489	90.12
91.00	09100	EMERGENCY	0.131956	18,837,485	0	0	2,485,719	91.00
91.05	09101	AMBULATORY CARE	2.327847	71,381	0	0	166,164	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.389364	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.399157	6,533,116	0	0	2,607,739	92.00
200.00		Subtotal (see instructions)		264,406,735	25,151	361,882	45,073,416	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		264,406,735	25,151	361,882	45,073,416	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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	684	8		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	1,605	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	35	46,807		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	15	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	1		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	84	0		90.10
90.11 09011 MFM CLINIC	0	0		90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	0		90.12
91.00 09100 EMERGENCY	0	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	2,423	46,816		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,423	46,816		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 9:53 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,347,825	210,032,429	0.015940	8,905	142	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	271,601	11,515,427	0.023586	446	11	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,561	24,370,184	0.012661	23	0	52.00
53.00	05300	ANESTHESIOLOGY	69,352	18,546,063	0.003739	884	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,242,941	181,728,873	0.012342	55,215	681	54.00
54.10	03480	ONCOLOGY	2,188,158	47,101,781	0.046456	66	3	54.10
54.20	05401	CT	177,118	90,416,027	0.001959	47,936	94	54.20
54.30	05402	MRI	195,730	36,875,432	0.005308	9,157	49	54.30
60.00	06000	LABORATORY	935,496	234,631,579	0.003987	117,412	468	60.00
60.01	06001	BLOOD	108,964	9,725,353	0.011204	54,381	609	60.01
65.00	06500	RESPIRATORY THERAPY	361,028	23,823,019	0.015155	11,796	179	65.00
66.00	06600	PHYSICAL THERAPY	659,239	42,282,702	0.015591	10,582	165	66.00
69.00	06900	ELECTROCARDIOLOGY	259,609	51,604,533	0.005031	62,410	314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,843	2,976,684	0.018760	2,969	56	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,455	113,584,671	0.001518	8,647	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,005	187,577,223	0.001413	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,007,986	358,615,348	0.002811	1,116,115	3,137	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	199,718	11,204,347	0.017825	117	2	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,859	505,893	0.003675	0	0	75.10
75.20	03951	HEMODIALYSIS	76,685	3,233,922	0.023713	60,691	1,439	75.20
76.97	07697	CARDIAC REHABILITATION	306,604	2,336,032	0.131250	21	3	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	199,453	5,012,667	0.039790	1,141	45	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	125,592	454,761	0.276171	443	122	90.02
90.03	09003	STATELINE CLINIC	110,541	13,177,008	0.008389	0	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	329,030	7,955,627	0.041358	0	0	90.04
90.05	09005	PULMONOLOGY CLINIC	75,231	1,383,487	0.054378	0	0	90.05
90.06	09006	CVT CLINIC	69,257	115,575	0.599239	0	0	90.06
90.07	09007	MWH CLINIC	319,553	11,391,639	0.028052	0	0	90.07
90.08	09008	NEUROSURGERY CLINIC	102,512	346,798	0.295596	0	0	90.08
90.09	09009	HEADACHE CLINIC	121,389	3,468,603	0.034997	0	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	163,363	480,614	0.339905	0	0	90.10
90.11	09011	MFM CLINIC	84,973	49,893	1.703105	0	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	125,161	3,356,407	0.037290	0	0	90.12
91.00	09100	EMERGENCY	1,350,286	155,510,091	0.008683	451,824	3,923	91.00
91.05	09101	AMBULATORY CARE	172,480	137,189	1.257244	10	13	91.05
91.10	09102	PSYCHIATRIC PARTIAL	108,019	1,755,185	0.061543	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,986,333	0.000000	0	0	92.00
200.00		Total (lines 50-199)	16,668,617	1,887,269,399		2,021,191	11,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:53 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	87,934	0	87,934	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	244,043	0	244,043	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	156,064	0	156,064	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006 CVT CLINIC	0	0	0	0	0	90.06
90.07	09007 MWH CLINIC	0	0	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011 MFM CLINIC	0	0	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	0	0	1,410,539	0	1,410,539	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,898,580	0	1,898,580	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:53 am
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	210,032,429	0.000000	0.000000	8,905	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	11,515,427	0.000000	0.000000	446	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	24,370,184	0.000000	0.000000	23	52.00
53.00 05300 ANESTHESIOLOGY	0	18,546,063	0.000000	0.000000	884	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	87,934	181,728,873	0.000484	0.000484	55,215	54.00
54.10 03480 ONCOLOGY	0	47,101,781	0.000000	0.000000	66	54.10
54.20 05401 CT	0	90,416,027	0.000000	0.000000	47,936	54.20
54.30 05402 MRI	0	36,875,432	0.000000	0.000000	9,157	54.30
60.00 06000 LABORATORY	244,043	234,631,579	0.001040	0.001040	117,412	60.00
60.01 06001 BLOOD	0	9,725,353	0.000000	0.000000	54,381	60.01
65.00 06500 RESPIRATORY THERAPY	0	23,823,019	0.000000	0.000000	11,796	65.00
66.00 06600 PHYSICAL THERAPY	0	42,282,702	0.000000	0.000000	10,582	66.00
69.00 06900 ELECTROCARDIOLOGY	0	51,604,533	0.000000	0.000000	62,410	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,976,684	0.000000	0.000000	2,969	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	113,584,671	0.000000	0.000000	8,647	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	187,577,223	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	156,064	358,615,348	0.000435	0.000435	1,116,115	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 07501 SLEEP LAB	0	11,204,347	0.000000	0.000000	117	75.01
75.10 03950 NUTRITIONAL SUPPORT	0	505,893	0.000000	0.000000	0	75.10
75.20 03951 HEMODIALYSIS	0	3,233,922	0.000000	0.000000	60,691	75.20
76.97 07697 CARDIAC REHABILITATION	0	2,336,032	0.000000	0.000000	21	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	5,012,667	0.000000	0.000000	1,141	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02 09002 DIABETES CLINIC	0	454,761	0.000000	0.000000	443	90.02
90.03 09003 STATELINE CLINIC	0	13,177,008	0.000000	0.000000	0	90.03
90.04 09004 ORTHOPEDICS CLINIC	0	7,955,627	0.000000	0.000000	0	90.04
90.05 09005 PULMONOLOGY CLINIC	0	1,383,487	0.000000	0.000000	0	90.05
90.06 09006 CVT CLINIC	0	115,575	0.000000	0.000000	0	90.06
90.07 09007 MWH CLINIC	0	11,391,639	0.000000	0.000000	0	90.07
90.08 09008 NEUROSURGERY CLINIC	0	346,798	0.000000	0.000000	0	90.08
90.09 09009 HEADACHE CLINIC	0	3,468,603	0.000000	0.000000	0	90.09
90.10 09010 UW GENERAL SURGERY CLINIC	0	480,614	0.000000	0.000000	0	90.10
90.11 09011 MFM CLINIC	0	49,893	0.000000	0.000000	0	90.11
90.12 09012 ROCKFORD VASCULAR CENTER CLINIC	0	3,356,407	0.000000	0.000000	0	90.12
91.00 09100 EMERGENCY	1,410,539	155,510,091	0.009070	0.009070	451,824	91.00
91.05 09101 AMBULATORY CARE	0	137,189	0.000000	0.000000	10	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	1,755,185	0.000000	0.000000	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,986,333	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,898,580	1,887,269,399			2,021,191	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:53 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27	0	0	54.00
54.10	03480 ONCOLOGY	0	0	0	54.10
54.20	05401 CT	0	0	0	54.20
54.30	05402 MRI	0	0	0	54.30
60.00	06000 LABORATORY	122	0	0	60.00
60.01	06001 BLOOD	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	486	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	90.03
90.04	09004 ORTHOPEDICS CLINIC	0	0	0	90.04
90.05	09005 PULMONOLOGY CLINIC	0	0	0	90.05
90.06	09006 CVT CLINIC	0	0	0	90.06
90.07	09007 MWH CLINIC	0	0	0	90.07
90.08	09008 NEUROSURGERY CLINIC	0	0	0	90.08
90.09	09009 HEADACHE CLINIC	0	0	0	90.09
90.10	09010 UW GENERAL SURGERY CLINIC	0	0	0	90.10
90.11	09011 MFM CLINIC	0	0	0	90.11
90.12	09012 ROCKFORD VASCULAR CENTER CLINIC	0	0	0	90.12
91.00	09100 EMERGENCY	4,098	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	4,733	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:53 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,494	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)		49,260	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)		18,160	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)		55,704,342	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)		55,704,342	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)		55,704,342	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)		968.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,594,679	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,594,679	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		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	11,291,121	6,327	1,784.59	2,580	4,604,242	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)					28,600,354	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,799,275	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)					2,468,826	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,746,095	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,214,921	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,584,354	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)					8,234	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					968.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,977,676	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 9:53 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,554,887	55,704,342	0.117673	7,977,676	938,757	90.00
91.00	Nursing School cost	0	55,704,342	0.000000	7,977,676	0	91.00
92.00	Allied health cost	0	55,704,342	0.000000	7,977,676	0	92.00
93.00	All other Medical Education	0	55,704,342	0.000000	7,977,676	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,408	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,408	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)		5,408	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,383	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)		4,715,612	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)		4,715,612	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)		4,715,612	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)		871.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,205,935	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,205,935	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 9:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	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)					263,197	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,469,132	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)					179,693	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,204	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					195,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,273,235	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0228 Component CCN: 14-S228		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 9:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	702,657	4,715,612	0.149007	0	0	90.00
91.00	Nursing School cost	0	4,715,612	0.000000	0	0	91.00
92.00	Allied health cost	0	4,715,612	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,715,612	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 9:53 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,191,123	30.00
31.00	03100	INTENSIVE CARE UNIT		23,912,087	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		285,621	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.147390	28,447,783	4,192,919 50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.181854	1,339,856	243,658 50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240102	95,250	22,870 52.00
53.00	05300	ANESTHESIOLOGY	0.154077	3,113,773	479,761 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128845	26,989,942	3,477,519 54.00
54.10	03480	ONCOLOGY	0.510823	185,468	94,741 54.10
54.20	05401	CT	0.035063	8,769,854	307,497 54.20
54.30	05402	MRI	0.065497	2,247,988	147,236 54.30
60.00	06000	LABORATORY	0.068771	5,960,546	409,913 60.00
60.01	06001	BLOOD	0.183977	3,999,828	735,876 60.01
65.00	06500	RESPIRATORY THERAPY	0.232237	7,314,106	1,698,606 65.00
66.00	06600	PHYSICAL THERAPY	0.200266	6,434,336	1,288,579 66.00
69.00	06900	ELECTROCARDIOLOGY	0.052878	2,515,510	133,015 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093569	365,502	34,200 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.098538	24,181,506	2,382,797 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.090817	46,879,386	4,257,445 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129349	48,178,641	6,231,859 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	SLEEP LAB	0.140195	13,946	1,955 75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256278	0	0 75.10
75.20	03951	HEMODIALYSIS	0.319733	1,594,603	509,847 75.20
76.97	07697	CARDIAC REHABILITATION	0.788705	900	710 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.434224	47,877	20,789 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	0 90.01
90.02	09002	DIABETES CLINIC	1.846352	14,805	27,335 90.02
90.03	09003	STATELINE CLINIC	0.114844	0	0 90.03
90.04	09004	ORTHOPEDICS CLINIC	0.389723	0	0 90.04
90.05	09005	PULMONOLOGY CLINIC	0.916715	0	0 90.05
90.06	09006	CVT CLINIC	1.927467	0	0 90.06
90.07	09007	MWH CLINIC	0.297210	0	0 90.07
90.08	09008	NEUROSURGERY CLINIC	5.341210	0	0 90.08
90.09	09009	HEADACHE CLINIC	0.820260	0	0 90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.380805	0	0 90.10
90.11	09011	MFM CLINIC	4.811597	0	0 90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.454972	0	0 90.12
91.00	09100	EMERGENCY	0.132179	14,225,694	1,880,338 91.00
91.05	09101	AMBULATORY CARE	2.327847	320	745 91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.389364	0	0 91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.399157	50,466	20,144 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		232,967,886	28,600,354 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		232,967,886	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 9:53 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		2,711,876	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.147390	8,905	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.181854	446	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240102	23	52.00
53.00	05300	ANESTHESIOLOGY	0.154077	884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128845	55,215	54.00
54.10	03480	ONCOLOGY	0.510823	66	54.10
54.20	05401	CT	0.035063	47,936	54.20
54.30	05402	MRI	0.065497	9,157	54.30
60.00	06000	LABORATORY	0.068771	117,412	60.00
60.01	06001	BLOOD	0.183977	54,381	60.01
65.00	06500	RESPIRATORY THERAPY	0.232237	11,796	65.00
66.00	06600	PHYSICAL THERAPY	0.200266	10,582	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052878	62,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093569	2,969	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.098538	8,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.090817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129349	1,116,115	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.140195	117	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.256278	0	75.10
75.20	03951	HEMODIALYSIS	0.319733	60,691	75.20
76.97	07697	CARDIAC REHABILITATION	0.788705	21	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.434224	1,141	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	1.846352	443	90.02
90.03	09003	STATELINE CLINIC	0.114844	0	90.03
90.04	09004	ORTHOPEDICS CLINIC	0.389723	0	90.04
90.05	09005	PULMONOLOGY CLINIC	0.916715	0	90.05
90.06	09006	CVT CLINIC	1.927467	0	90.06
90.07	09007	MWH CLINIC	0.297210	0	90.07
90.08	09008	NEUROSURGERY CLINIC	5.341210	0	90.08
90.09	09009	HEADACHE CLINIC	0.820260	0	90.09
90.10	09010	UW GENERAL SURGERY CLINIC	1.380805	0	90.10
90.11	09011	MFM CLINIC	4.811597	0	90.11
90.12	09012	ROCKFORD VASCULAR CENTER CLINIC	0.454972	0	90.12
91.00	09100	EMERGENCY	0.132179	451,824	91.00
91.05	09101	AMBULATORY CARE	2.327847	10	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.389364	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.399157	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,021,191	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)		2,021,191	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,924,353	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,774,136	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)		883,110	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		10,026,816	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		274.40	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.38	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.38	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).		0.045117	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045923	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.045117	21.00
22.00	IME payment adjustment (see instructions)		917,770	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		244,103	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.00	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)		917,770	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		244,103	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.13	31.00
32.00	Sum of lines 30 and 31		35.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.88	33.00
34.00	Disproportionate share adjustment (see instructions)		1,779,369	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,443,435	3,284,049	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	865,562	2,456,288	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,321,850		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)	44,600,588		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)		44,844,691	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,429,678	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).		316,163	52.00
53.00	Nursing and Allied Health Managed Care payment		116,540	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)		169,247	58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,876,319	59.00
60.00	Primary payer payments		27,112	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,849,207	61.00
62.00	Deductibles billed to program beneficiaries		4,136,440	62.00
63.00	Coinurance billed to program beneficiaries		80,150	63.00
64.00	Allowable bad debts (see instructions)		1,750,314	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,137,704	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		723,344	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,770,321	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-124,018	70.93
70.94	HRR adjustment amount (see instructions)		-264,273	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:53 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			45,382,030	71.00
71.01	Sequestration adjustment (see instructions)			907,641	71.01
72.00	Interim payments			43,530,613	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			943,776	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,248,312	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

		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 s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,924,353	8,924,353		8,924,353	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,774,136		28,774,136	28,774,136	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	883,110	173,920	709,190	883,110	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	10,026,816	3,397,838	6,628,978	10,026,816	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.045117	0.045117	0.045117		5.00	
6.00	IME payment adjustment (see instructions)	22.00	917,770	217,263	700,507	917,770	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	244,103	82,720	161,383	244,103	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	917,770	217,263	700,507	917,770	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	244,103	82,720	161,383	244,103	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1888	0.1888	0.1888		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,779,369	421,230	1,358,139	1,779,369	11.00	
11.01	Uncompensated care payments	36.00	3,321,850	865,562	2,456,288	3,321,850	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	44,600,588	10,602,328	33,998,260	44,600,588	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	44,844,691	10,685,048	34,159,643	44,844,691	15.00	
16.00	Payment for inpatient program capital	50.00	3,429,678	804,992	2,624,686	3,429,678	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			11,490,040	36,784,329	48,274,369	19.00	

		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	3,044,919	715,265	2,329,654	3,044,919	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	85,139	19,344	65,795	85,139	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	0.0229	0.0229	0.0229		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	69,729	16,380	53,349	69,729	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0755	0.0755	0.0755		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	229,891	54,003	175,888	229,891	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,429,678	804,992	2,624,686	3,429,678	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	-124,018	-25,783	-98,235	-124,018	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	-264,273	-82,996	-181,277	-264,273	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 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		49,239	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,841,791	2.00
3.00	PPS payments		34,523,029	3.00
4.00	Outlier payment (see instructions)		1,099,733	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		231,625	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		49,239	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		387,033	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)		387,033	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)		387,033	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		337,794	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		49,239	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		35,854,387	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		54	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,746,900	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)		29,156,672	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		273,078	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)		29,429,750	30.00
31.00	Primary payer payments		1,800	31.00
32.00	Subtotal (line 30 minus line 31)		29,427,950	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,004,939	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,303,210	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		917,747	36.00
37.00	Subtotal (see instructions)		30,731,160	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		45,394	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,731,160	40.00
40.01	Sequestration adjustment (see instructions)		614,623	40.01
41.00	Interim payments		29,194,156	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		922,381	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		678,039	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 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 9:53 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,530,613		29,194,156	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		43,530,613		29,194,156	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		943,776		922,381	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,474,389		30,116,537	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 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 9:53 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,100,922		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,100,922		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		70,612		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,171,534		0	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 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			15,657 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			20,740 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			5,140 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			55,587 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,089,028,285 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			16,472,363 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 Component CCN: 14-S228	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,170,273 1.00
2.00	Net IPF PPS Outlier Payments			89,794 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			14.816438 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)			1,260,067 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)			1,260,067 16.00
17.00	Primary payer payments			1,084 17.00
18.00	Subtotal (line 16 less line 17).			1,258,983 18.00
19.00	Deductibles			147,112 19.00
20.00	Subtotal (line 18 minus line 19)			1,111,871 20.00
21.00	Coinsurance			37,681 21.00
22.00	Subtotal (line 20 minus line 21)			1,074,190 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			179,261 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			116,520 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			88,881 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,190,710 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)			4,733 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,195,443 31.00
31.01	Sequestration adjustment (see instructions)			23,909 31.01
32.00	Interim payments			1,100,922 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			70,612 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			8,666 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			89,794 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 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 9:53 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.05	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.38	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.	19.88	0.50	20.38	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.	14.68	0.37	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	14.68	0.37		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.78	0.27		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.81	0.24		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.76	0.29		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	14.76	0.29		17.00
18.00	Per resident amount	91,335.60	86,756.68		18.00
19.00	Approved amount for resident costs	1,348,113	25,159	1,373,272	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)			5.33	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,373,272	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,123	5,140		26.00
27.00	Total Inpatient Days (see instructions)	61,846	61,846		27.00
28.00	Ratio of inpatient days to total inpatient days	0.357711	0.083110		28.00
29.00	Program direct GME amount	491,235	114,133		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		16,127		30.00
31.00	Net Program direct GME amount			589,241	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0228	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		52,268,407	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)		28,196	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,240,211	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		45,122,951	42.00
43.00	Primary payer payments (see instructions)		1,800	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,121,151	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		97,361,362	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.536560	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.463440	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		589,241	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		316,163	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		273,078	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 07/01/2016
To 06/30/2017

Worksheet G

Date/Time Prepared:
11/27/2017 9:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	20,756,604	0	0	0	1.00
2.00	Temporary investments	6,207,619	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	78,044,718	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	10,019,992	0	0	0	7.00
8.00	Prepaid expenses	18,811,844	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)	133,840,777	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,282,283	0	0	0	12.00
13.00	Land improvements	4,719,392	0	0	0	13.00
14.00	Accumulated depreciation	-974,974	0	0	0	14.00
15.00	Buildings	251,093,714	0	0	0	15.00
16.00	Accumulated depreciation	-18,169,347	0	0	0	16.00
17.00	Leasehold improvements	9,277,481	0	0	0	17.00
18.00	Accumulated depreciation	-1,226,803	0	0	0	18.00
19.00	Fixed equipment	1,162,172	0	0	0	19.00
20.00	Accumulated depreciation	-330,914	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	76,437,892	0	0	0	23.00
24.00	Accumulated depreciation	-36,847,457	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)	292,423,439	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	255,777,964	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	255,777,964	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	682,042,180	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,283,833	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	94,436,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	104,720,780	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	123,888,845	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,282,812	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	139,171,657	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	243,892,437	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	438,149,743				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	438,149,743	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	682,042,180	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-1

Date/Time Prepared:
11/27/2017 9:53 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		321,094,274		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,362,248			2.00
3.00	Total (sum of line 1 and line 2)		346,456,522		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		346,456,522		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)		346,456,522		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2017 9:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	149,601,000		149,601,000	1.00
2.00	SUBPROVIDER - IPF	17,135,579		17,135,579	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	166,736,579		166,736,579	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	52,400,902		52,400,902	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)	52,400,902		52,400,902	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	219,137,481		219,137,481	17.00
18.00	Ancillary services	688,570,296	1,183,236,396	1,871,806,692	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		5,621,751	5,621,751	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	190,476,701	190,476,701	27.00
27.01	MISC REVENUE	0	900,830	900,830	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	907,707,777	1,380,235,678	2,287,943,455	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		489,195,047		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)		489,195,047		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0228

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-3

Date/Time Prepared:
11/27/2017 9:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,287,943,455	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,790,921,716	2.00
3.00	Net patient revenues (line 1 minus line 2)	497,021,739	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	489,195,047	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,826,692	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-4,972	6.00
7.00	Income from investments	7,691,147	7.00
8.00	Revenues from telephone and other miscellaneous communication services	4,427	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-300	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	8,322	13.00
14.00	Revenue from meals sold to employees and guests	1,425,259	14.00
15.00	Revenue from rental of living quarters	9,825	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	219	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	189,597	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	164	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	13,010,007	24.00
25.00	Total other income (sum of lines 6-24)	22,333,695	25.00
26.00	Total (line 5 plus line 25)	30,160,387	26.00
27.00	BAD DEBTS	4,798,139	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,798,139	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,362,248	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0228

Period: From 07/01/2016

Worksheet H

HHA CCN: 14-7448

To 06/30/2017

Date/Time Prepared: 11/27/2017 9:53 am

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	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,318,722	458,152	3,101	14,024	373,540	2,167,539	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,329,661	461,953	141,255	0	43,786	1,976,655	6.00
7.00	Physical Therapy	767,285	266,571	0	0	0	1,033,856	7.00
8.00	Occupational Therapy	206,333	71,685	0	0	0	278,018	8.00
9.00	Speech Pathology	5,237	1,819	0	0	0	7,056	9.00
10.00	Medical Social Services	65,971	22,920	0	0	0	88,891	10.00
11.00	Home Health Aide	38,566	13,399	0	0	0	51,965	11.00
12.00	Supplies (see instructions)	0	0	0	0	69,446	69,446	12.00
13.00	Drugs	0	0	0	0	9,580	9,580	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	5,377	1,868	0	0	19,469	26,714	23.00
23.50	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,737,152	1,298,367	144,356	14,024	515,821	5,709,720	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-42,486	2,125,053	10,789	2,135,842			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,976,655	0	1,976,655			6.00
7.00	Physical Therapy	0	1,033,856	0	1,033,856			7.00
8.00	Occupational Therapy	0	278,018	0	278,018			8.00
9.00	Speech Pathology	0	7,056	0	7,056			9.00
10.00	Medical Social Services	0	88,891	0	88,891			10.00
11.00	Home Health Aide	0	51,965	0	51,965			11.00
12.00	Supplies (see instructions)	-57,296	12,150	0	12,150			12.00
13.00	Drugs	0	9,580	0	9,580			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	26,714	0	26,714			23.00
23.50	Tel emedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-99,782	5,609,938	10,789	5,620,727			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 07/01/2016 To 06/30/2017	Worksheet H-1 Part I Date/Time Prepared: 11/27/2017 9:53 am
		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				
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	2,135,842	0	0	0	2,135,842	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,976,655	0	0	0	1,976,655	6.00
7.00	Physical Therapy	1,033,856	0	0	0	1,033,856	7.00
8.00	Occupational Therapy	278,018	0	0	0	278,018	8.00
9.00	Speech Pathology	7,056	0	0	0	7,056	9.00
10.00	Medical Social Services	88,891	0	0	0	88,891	10.00
11.00	Home Health Aide	51,965	0	0	0	51,965	11.00
12.00	Supplies (see instructions)	12,150	0	0	0	12,150	12.00
13.00	Drugs	9,580	0	0	0	9,580	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)	26,714	0	0	0	26,714	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,620,727	0	0	0	5,620,727	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	2,135,842					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,211,466	3,188,121				6.00
7.00	Physical Therapy	633,637	1,667,493				7.00
8.00	Occupational Therapy	170,394	448,412				8.00
9.00	Speech Pathology	4,325	11,381				9.00
10.00	Medical Social Services	54,480	143,371				10.00
11.00	Home Health Aide	31,849	83,814				11.00
12.00	Supplies (see instructions)	7,447	19,597				12.00
13.00	Drugs	5,871	15,451				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)	16,373	43,087				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,620,727				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0228

Period: From 07/01/2016

Worksheet H-1

HHA CCN: 14-7448

To 06/30/2017

Part II
Date/Time Prepared:
11/27/2017 9:53 am

Home Health
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	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	-2,135,842	3,484,885
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,976,655
7.00	Physical Therapy	0	0	0	0	0	1,033,856
8.00	Occupational Therapy	0	0	0	0	0	278,018
9.00	Speech Pathology	0	0	0	0	0	7,056
10.00	Medical Social Services	0	0	0	0	0	88,891
11.00	Home Health Aide	0	0	0	0	0	51,965
12.00	Supplies (see instructions)	0	0	0	0	0	12,150
13.00	Drugs	0	0	0	0	0	9,580
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	26,714
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,135,842	3,484,885
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	2,135,842
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.612887

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0228

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 9:53 am

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	142,932	358,170	42,803	543,905	96,087	1.00	
2.00 Skilled Nursing Care	3,188,121	0	0	26,460	3,214,581	567,893	2.00	
3.00 Physical Therapy	1,667,493	0	0	10,757	1,678,250	296,483	3.00	
4.00 Occupational Therapy	448,412	0	0	3,686	452,098	79,869	4.00	
5.00 Speech Pathology	11,381	0	0	56	11,437	2,020	5.00	
6.00 Medical Social Services	143,371	0	0	1,881	145,252	25,661	6.00	
7.00 Home Health Aide	83,814	0	0	0	83,814	14,807	7.00	
8.00 Supplies (see instructions)	19,597	0	0	0	19,597	3,462	8.00	
9.00 Drugs	15,451	0	0	0	15,451	2,730	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)	43,087	0	0	0	43,087	7,612	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	5,620,727	142,932	358,170	85,643	6,207,472	1,096,624	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	58,740	224,634	0	160,325	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)	58,740	224,634	0	160,325	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 07/01/2016

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2017

Part I
Date/Time Prepared:
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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	12,025	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	12,025	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 07/01/2016

Worksheet H-2

HHA CCN: 14-7448

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 9:53 am

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	1,083,691	0	1,083,691	1.00
2.00	Skilled Nursing Care	0	0	0	3,794,499	0	3,794,499	2.00
3.00	Physical Therapy	0	0	0	1,974,733	0	1,974,733	3.00
4.00	Occupational Therapy	0	0	0	531,967	0	531,967	4.00
5.00	Speech Pathology	0	0	0	13,457	0	13,457	5.00
6.00	Medical Social Services	0	0	0	170,913	0	170,913	6.00
7.00	Home Health Aide	0	0	0	98,621	0	98,621	7.00
8.00	Supplies (see instructions)	0	0	0	23,059	0	23,059	8.00
9.00	Drugs	0	0	0	18,181	0	18,181	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	50,699	0	50,699	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	7,759,820	0	7,759,820	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	615,937	4,410,436					2.00
3.00	Physical Therapy	320,545	2,295,278					3.00
4.00	Occupational Therapy	86,350	618,317					4.00
5.00	Speech Pathology	2,184	15,641					5.00
6.00	Medical Social Services	27,743	198,656					6.00
7.00	Home Health Aide	16,008	114,629					7.00
8.00	Supplies (see instructions)	3,743	26,802					8.00
9.00	Drugs	2,951	21,132					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)	8,230	58,929					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	1,083,691	7,759,820					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.	0.162323						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 07/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	17,523	17,523	2,276	0	543,905	17,523	1.00
2.00 Skilled Nursing Care	0	0	1,407	0	3,214,581	0	2.00
3.00 Physical Therapy	0	0	572	0	1,678,250	0	3.00
4.00 Occupational Therapy	0	0	196	0	452,098	0	4.00
5.00 Speech Pathology	0	0	3	0	11,437	0	5.00
6.00 Medical Social Services	0	0	100	0	145,252	0	6.00
7.00 Home Health Aide	0	0	0	0	83,814	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	19,597	0	8.00
9.00 Drugs	0	0	0	0	15,451	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	43,087	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	17,523	17,523	4,554	0	6,207,472	17,523	20.00
21.00 Total cost to be allocated	142,932	358,170	85,643	0	1,096,624	58,740	21.00
22.00 Unit cost multiplier	8.156822	20.439993	18.806105	0	0.176662	3.352166	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	17,523	0	17,523	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	17,523	0	17,523	0	0	0	20.00
21.00 Total cost to be allocated	224,634	0	160,325	0	0	0	21.00
22.00 Unit cost multiplier	12.819380	0.000000	9.149404	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0228

Period: From 07/01/2016

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HHA CCN: 14-7448

To 06/30/2017

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)					
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,621,751	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	5,621,751	0	0	20.00
21.00	Total cost to be allocated	0	0	0	12,025	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.002139	0.000000	0.000000	22.00

Cost Center Description		INTERNS & RESIDENTS						
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	PHARMACY RESIDENCY		PARAMED PRGM - RADIOLOGY
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(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 07/01/2016
To 06/30/2017

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period: From 07/01/2016

Worksheet H-3

HHA CCN: 14-7448

To 06/30/2017

Part I
Date/Time Prepared:
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Title XVIII

Home Health
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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	4,410,436		4,410,436	14,618	301.71	1.00
2.00	Physical Therapy	3.00	2,295,278	0	2,295,278	8,129	282.36	2.00
3.00	Occupational Therapy	4.00	618,317	0	618,317	2,529	244.49	3.00
4.00	Speech Pathology	5.00	15,641	0	15,641	431	36.29	4.00
5.00	Medical Social Services	6.00	198,656		198,656	177	1,122.35	5.00
6.00	Home Health Aide	7.00	114,629		114,629	743	154.28	6.00
7.00	Total (sum of lines 1-6)		7,652,957	0	7,652,957	26,627		7.00

Program Visits

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B		Ratio (col. 3 + col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		20994	0	43			8.00
8.01	Skilled Nursing Care		31540	0	4			8.01
8.02	Skilled Nursing Care		40420	0	5,853			8.02
8.03	Skilled Nursing Care		99914	0	876			8.03
9.00	Physical Therapy		20994	0	14			9.00
9.01	Physical Therapy		31540	0	4			9.01
9.02	Physical Therapy		40420	0	3,077			9.02
9.03	Physical Therapy		99914	0	403			9.03
10.00	Occupational Therapy		20994	0	8			10.00
10.01	Occupational Therapy		31540	0	2			10.01
10.02	Occupational Therapy		40420	0	1,003			10.02
10.03	Occupational Therapy		99914	0	110			10.03
11.00	Speech Pathology		20994	0	0			11.00
11.01	Speech Pathology		31540	0	0			11.01
11.02	Speech Pathology		40420	0	98			11.02
11.03	Speech Pathology		99914	0	23			11.03
12.00	Medical Social Services		20994	0	0			12.00
12.01	Medical Social Services		31540	0	0			12.01
12.02	Medical Social Services		40420	0	91			12.02
12.03	Medical Social Services		99914	0	15			12.03
13.00	Home Health Aide		20994	0	0			13.00
13.01	Home Health Aide		31540	0	1			13.01
13.02	Home Health Aide		40420	0	286			13.02
13.03	Home Health Aide		99914	0	44			13.03
14.00	Total (sum of lines 8-13)			0	11,955			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	26,802	0	26,802	0	0.000000	15.00
16.00	Cost of Drugs	9.00	21,132	0	21,132	20,000	1.056600	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0228 HHA CCN: 14-7448		Period: From 07/01/2016 To 06/30/2017		Worksheet H-3 Part I Date/Time Prepared: 11/27/2017 9:53 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			Cost of Services					
	Part A	Part B		Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	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	6,776		0	2,044,387		1.00	
2.00	Physical Therapy	0	3,498		0	987,695		2.00	
3.00	Occupational Therapy	0	1,123		0	274,562		3.00	
4.00	Speech Pathology	0	121		0	4,391		4.00	
5.00	Medical Social Services	0	106		0	118,969		5.00	
6.00	Home Health Aide	0	331		0	51,067		6.00	
7.00	Total (sum of lines 1-6)	0	11,955		0	3,481,071		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				
		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	0	15.00	
16.00	Cost of Drugs		280	0		296	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0228

Period: From 07/01/2016

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HHA CCN: 14-7448

To 06/30/2017

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Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,044,387		1.00
2.00	Physical Therapy	987,695		2.00
3.00	Occupational Therapy	274,562		3.00
4.00	Speech Pathology	4,391		4.00
5.00	Medical Social Services	118,969		5.00
6.00	Home Health Aide	51,067		6.00
7.00	Total (sum of lines 1-6)	3,481,071		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 07/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/27/2017 9:53 am
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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	0.200266	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.098538	0	0	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.129349	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0228 HHA CCN: 14-7448	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2017 9:53 am
		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	296	0
2.00	Total charges	0	280	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	280	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	16	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	296
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,325,444
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	54,075
13.00	Total PPS Reimbursement - LUPA Episodes		0	43,564
14.00	Total PPS Reimbursement - PEP Episodes		0	11,114
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	10,862
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,445,355
23.00	Excess reasonable cost (from line 8)		0	16
24.00	Subtotal (line 22 minus line 23)		0	2,445,339
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		0	2,445,339
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,445,339
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,445,339
31.01	Sequestration adjustment (see instructions)		0	48,907
32.00	Interim payments (see instructions)		0	2,396,432
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	0
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 07/01/2016 To 06/30/2017

Worksheet H-5
Date/Time Prepared: 11/27/2017 9:53 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,396,432	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		2,396,432	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		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,396,432	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 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 9:53 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,044,919	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		85,139	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		154.62	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.29	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)		69,729	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.13	8.00
9.00	Sum of lines 7 and 8		35.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.55	10.00
11.00	Disproportionate share adjustment (see instructions)		229,891	11.00
12.00	Total prospective capital payments (see instructions)		3,429,678	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