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: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/22/2017 4:31 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 11/22/2017 Time: 4:31 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended

6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF IOWA HOSP & CLINICS (16-0058) for the cost reporting period beginning 07/01/2016 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-2,647,991	328,950	0	0	1.00
2.00	Subprovider - IPF	0	15,446	21		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-2,632,545	328,971	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

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

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

		From: 1.00	To: 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)	10		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.	3	N	23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,773	1,397	883	293	59,104	249	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

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

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
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)		0.00	0.00			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)	N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

		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)	PEDIATRICS	2000	0.00	36.12	0.000000	65.00
65.01		FAMILY MEDICINE	1350	0.00	14.87	0.000000	65.01
65.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.60	0.000000	65.02
65.03		INTERNAL MEDICINE	1400	0.00	63.51	0.000000	65.03
65.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	3.82	0.000000	65.04

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	529.35	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	0.00	38.58	0.000000	67.00
67.01		FAMILY MEDICINE	1350	0.00	16.04	0.000000	67.01
67.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.87	0.000000	67.02
67.03		INTERNAL MEDICINE	1400	0.00	59.67	0.000000	67.03
67.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	0.49	0.000000	67.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

		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.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	2,648,382	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain 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.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1970		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.	07/27/1998		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.	08/21/1995		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.	02/27/2009		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.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/22/2017 3:29 pm

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

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

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

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	03/30/2016	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/22/2017 3:29 pm

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

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

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

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/20/2017	Y	10/20/2017	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: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II Date/Time Prepared: 11/22/2017 3:29 pm

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

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAYLOR	BEARDSHEAR	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF IOWA HOSP & CLINICS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	319-356-7950	TAYLOR-BEARDSHEAR@UIOWA.EDU	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/22/2017 3:29 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	440	160,691	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)		440	160,691	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	MEDICAL INTENSTIVE CARE UNIT	31.01	26	9,490	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	17	6,205	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	85	30,953	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	27	9,880	0.00	0	12.01
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		655	239,119	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	73	26,645		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		728				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)		7	2,449			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: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/22/2017 3:29 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	48,353	4,115	136,021			1.00
2.00	HMO and other (see instructions)	12,434	59,104				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	48,353	4,115	136,021			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSTIVE CARE UNIT	3,564	454	8,056			8.01
9.00	CORONARY CARE UNIT	3,234	121	7,021			9.00
10.00	BURN INTENSIVE CARE UNIT	1,233	446	5,201			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,885	453	10,744			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	3,251	11,621			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	26	510	5,424			12.01
13.00	NURSERY		1,996	18,106			13.00
14.00	Total (see instructions)	60,295	11,346	202,194	596.20	8,014.62	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	7,409	8,873	26,050	9.49	148.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	148			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)				605.69	8,162.62	27.00
28.00	Observation Bed Days		0	4,538			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	249	1,817			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			322			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/22/2017 3:29 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	10,524	1,227	32,746	1.00
2.00	HMO and other (see instructions)			2,096	8,172		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSTIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	10,524	1,227	32,746	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	325	755	1,726	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	526,204,779	26,964,500	553,169,279	17,829,299.92	31.03	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	13,392,331	13,392,331	78,018.35	171.66	4.00
4.01	Physicians - Part A - Teaching		0	18,789,379	18,789,379	130,262.26	144.24	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	27,983,946	8,729,441	36,713,387	1,338,883.76	27.42	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		24,396,377	2,099,760	26,496,137	842,371.76	31.45	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	23,292,618	23,292,618	326,822.54	71.27	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		190,795,967	0	190,795,967			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,659,757	0	10,659,757			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	2,215,095	2,215,095			22.00
22.01	Physician Part A - Teaching		0	3,339,127	3,339,127			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		16,054,205	0	16,054,205			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	81,596,797	18,029,553	99,626,350	2,728,724.08	36.51	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	1,514,617	1,514,617	9,242.62	163.87	28.00
29.00	Maintenance & Repairs	6.00	9,573,962	383,693	9,957,655	357,811.50	27.83	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	1,452,834	33,928	1,486,762	77,988.65	19.06	31.00
32.00	Housekeeping	9.00	15,116,339	124,868	15,241,207	853,351.92	17.86	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,554,254	-5,620,273	5,933,981	254,490.98	23.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,403,905	4,403,905	233,662.25	18.85	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,548,291	-525,970	8,022,321	202,107.96	39.69	38.00
39.00	Central Services and Supply	14.00	5,673,197	24,821	5,698,018	251,411.69	22.66	39.00
40.00	Pharmacy	15.00	2,733,119	234,471	2,967,590	58,472.26	50.75	40.00
41.00	Medical Records & Medical Records Library	16.00	5,949,625	2,700,428	8,650,053	326,159.35	26.52	41.00
42.00	Social Service	17.00	12,057,529	156,911	12,214,440	392,266.41	31.14	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0058

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2017 3:29 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		498,220,833	960,297	499,181,130	16,369,396.52	30.49	1.00
2.00	Excluded area salaries (see instructions)		24,396,377	2,099,760	26,496,137	842,371.76	31.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)		473,824,456	-1,139,463	472,684,993	15,527,024.76	30.44	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	23,292,618	23,292,618	326,822.54	71.27	4.00
5.00	Subtotal wage-related costs (see inst.)		190,795,967	2,215,095	193,011,062	0.00	40.83	5.00
6.00	Total (sum of lines 3 thru 5)		664,620,423	24,368,250	688,988,673	15,853,847.30	43.46	6.00
7.00	Total overhead cost (see instructions)		154,255,947	21,460,952	175,716,899	5,745,689.67	30.58	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2017 3:29 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	47,140,917	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,765,367	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	101,458,744	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	6,507,525	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,342,955	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)	4,136,583	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,493,677	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	7,518,673	16.00
	TAXES		
17.00	FICA-Employers Portion Only	34,075,406	17.00
18.00	Medicare Taxes - Employers Portion Only	8,513,429	18.00
19.00	Unemployment Insurance	240,299	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	870,575	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	223,064,150	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: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-5 | Date/Time Prepared: 11/22/2017 3:29 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	137	0	1	0	9	25	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	5.00	7.00	2.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	6.50	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	59	0	4	1			6.00
7.00	Treatment capacity per day per station	25	0					7.00
8.00	Utilization (see instructions)	58.22	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	195		11.00
12.00	Number of patients transplanted during the cost reporting period	66		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	12,076	0	800	0	22.00
22.01		ARANESP	437,143	0	32,389	0	22.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-5 Date/Time Prepared: 11/22/2017 3:29 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	162306	13,108	23.00
23.01	UIHC MUSCATINE DIALYSIS CENTER	163504	5,076	23.01
23.02	UIHC GRINNELL DIALYSIS CENTER	163507	1,799	23.02
23.03	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	3,340	23.03
23.04	UIHC WASHINGTON DIALYSIS CENTER	163510	1,654	23.04

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/22/2017 3:29 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.276161	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	166,811,733	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	50,083,968	5.00
6.00	Medicaid charges	803,676,863	6.00
7.00	Medicaid cost (line 1 times line 6)	221,944,206	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)	5,048,505	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	2,424,063	9.00
10.00	Stand-alone CHIP charges	10,473,879	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	2,892,477	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	468,414	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)	5,516,919	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)	382,618	31,493,395	31,876,013	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	105,664	31,493,395	31,599,059	21.00
22.00	Payments received from patients for amounts previously written off as charity care	6,522	405,033	411,555	22.00
23.00	Cost of charity care (line 21 minus line 22)	99,142	31,088,362	31,187,504	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, 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)	32,565,922	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	251,499	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	386,921	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	32,179,001	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	9,022,007	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	40,209,511	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	45,726,430	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP		37,378,702	37,378,702	830,739	38,209,441	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		3,653	3,653	0	3,653	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG		244,023	244,023	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD		205,898	205,898	0	205,898	1.04
1.05	00105	CAP REL COSTS-IRL		4,008,585	4,008,585	0	4,008,585	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		45,223,903	45,223,903	305,055	45,528,958	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL		3,333,466	3,333,466	0	3,333,466	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	81,596,797	226,039,684	307,636,481	-2,278,139	305,358,342	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	9,324,264	46,661,149	55,985,413	-1,292,299	54,693,114	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	89,206	457,140	546,346	44	546,390	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	160,492	3,543,073	3,703,565	636,801	4,340,366	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,452,834	873,920	2,326,754	52,083	2,378,837	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	14,616,198	9,417,533	24,033,731	-93,370	23,940,361	9.01
9.04	00904	HOUSEKEEPING-CDD	122,562	59,192	181,754	61	181,815	9.04
9.05	00905	HOUSEKEEPING-IRL	377,579	258,800	636,379	109,594	745,973	9.05
10.00	01000	DIETARY	11,554,254	13,978,036	25,532,290	-13,112,026	12,420,264	10.00
11.00	01100	CAFETERIA	0	0	0	10,162,193	10,162,193	11.00
13.00	01300	NURSING ADMINISTRATION	8,548,291	5,175,955	13,724,246	-809,646	12,914,600	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,673,197	2,389,429	8,062,626	2,360	8,064,986	14.00
15.00	01500	PHARMACY	2,733,119	2,053,051	4,786,170	299,971	5,086,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,949,625	4,438,599	10,388,224	473,340	10,861,564	16.00
17.00	01700	SOCIAL SERVICE	12,057,529	5,310,755	17,368,284	319,029	17,687,313	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,983,946	11,596,190	39,580,136	73,234	39,653,370	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,183,762	1,615,436	2,799,198	165,202	2,964,400	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	79,527	29,938	109,465	39	109,504	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	768,035	380,664	1,148,699	491,954	1,640,653	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	545,589	545,589	0	545,589	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	52,103	18,446	70,549	25	70,574	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	137,361	137,361	0	137,361	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	289,394	289,394	0	289,394	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	19,344	63,249	82,593	6,777	89,370	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,369,071	25,926,858	89,295,929	-606,292	88,689,637	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	6,588,726	3,050,225	9,638,951	-84,748	9,554,203	31.01
32.00	03200	CORONARY CARE UNIT	6,021,886	2,705,630	8,727,516	-129,454	8,598,062	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,392,529	1,942,920	5,335,449	-239,341	5,096,108	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,244,175	4,258,685	13,502,860	-317,461	13,185,399	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,596,038	6,662,760	23,258,798	-8,663,519	14,595,279	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,478,066	2,848,374	9,326,440	-106,607	9,219,833	35.01
40.00	04000	SUBPROVIDER - IPF	8,889,283	3,536,564	12,425,847	3,766	12,429,613	40.00
43.00	04300	NURSERY	195,097	70,610	265,707	10,546,548	10,812,255	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,999,449	102,412,027	139,411,476	-58,603,472	80,808,004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,297,636	1,950,512	5,248,148	-845,235	4,402,913	52.00
53.00	05300	ANESTHESIOLOGY	2,623,430	4,463,090	7,086,520	1,303	7,087,823	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,976	16,275,155	26,889,131	-8,161,473	18,727,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,750,029	3,282,787	7,032,816	1,256,414	8,289,230	55.00
55.01	03630	ULTRA SOUND	2,085,778	1,035,193	3,120,971	788,572	3,909,543	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,614,645	1,687,183	3,301,828	643,871	3,945,699	55.02
57.00	05700	CT SCAN	1,370,000	1,343,876	2,713,876	1,331,506	4,045,382	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,629,078	1,477,627	3,106,705	874,625	3,981,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,882,075	18,034,522	20,916,597	-16,104,188	4,812,409	59.00
60.00	06000	LABORATORY	14,500,845	33,322,735	47,823,580	-6,534,579	41,289,001	60.00
60.01	06001	ANATOMICAL LABORATORY	2,154,605	1,431,502	3,586,107	-6,502	3,579,605	60.01
60.02	03140	CARDIOLOGY	5,598,727	8,171,722	13,770,449	-5,508,232	8,262,217	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,551,895	2,756,563	4,308,458	2,749,952	7,058,410	63.00
63.01	06301	BONE MARROW TRANSPLANT	810,890	3,114,613	3,925,503	403	3,925,906	63.01
65.00	06500	RESPIRATORY THERAPY	7,758,964	6,777,113	14,536,077	-6,036,256	8,499,821	65.00
66.00	06600	PHYSICAL THERAPY	5,501,757	2,210,973	7,712,730	-725,402	6,987,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,683,325	656,602	2,339,927	116,360	2,456,287	67.00
69.00	06900	ELECTROCARDIOLOGY	396,285	423,285	819,570	197	819,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,666,576	1,368,256	4,034,832	3,135	4,037,967	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,491,089	28,491,089	71.00
71.01	03540	ORTHOTIC SERVICES	15,730	1,210,565	1,226,295	752,393	1,978,688	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	69,010,180	69,010,180	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,029,231	131,432,147	148,461,378	-345,654	148,115,724	73.00
74.00	07400	RENAL DIALYSIS	4,086,930	3,564,498	7,651,428	376,776	8,028,204	74.00
76.00	03950	IVF/CULTURE LAB	1,770,769	995,923	2,766,692	1,615	2,768,307	76.00
76.02	03952	URODYNAMICS	95,466	80,561	176,027	138	176,165	76.02
76.03	03953	SPINE TREATMENT CENTER	410,483	185,920	596,403	-11,367	585,036	76.03
76.04	03520	OPHTHALMOLOGY	901,134	472,058	1,373,192	47,380	1,420,572	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	2,853,191	3,841,699	6,694,890	-625,585	6,069,305	76.05
76.06	03580	RECREATIONAL THERAPY	494,337	201,546	695,883	74,307	770,190	76.06
76.07	03957	CDC - REHAB	253,581	101,746	355,327	127	355,454	76.07
76.08	03958	DIABETES EDUCATION	341,599	132,216	473,815	38,440	512,255	76.08
76.97	07697	CARDIAC REHABILITATION	442,896	223,127	666,023	84,420	750,443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	251,837	111,734	363,571	122	363,693	76.98
76.99	07699	LITHOTRIPSY	339,432	1,472,600	1,812,032	-685,259	1,126,773	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	626,946	387,420	1,014,366	-48,198	966,168	90.01
90.02	09002	DERMATOLOGY CLINIC	902,183	622,866	1,525,049	1,201	1,526,250	90.02
90.03	09003	ORAL SURGERY CLINIC	1,013,475	706,720	1,720,195	1,394	1,721,589	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	5,680,914	2,996,123	8,677,037	576,790	9,253,827	90.04
90.05	09005	NEUROLOGY CLINIC	1,008,035	545,880	1,553,915	-4,759	1,549,156	90.05
90.06	09006	OB-GYN CLINIC	2,216,992	1,282,852	3,499,844	-9,006	3,490,838	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	2,899,250	1,827,861	4,727,111	-100,767	4,626,344	90.07
90.08	09008	ORTHOPEDICS CLINIC	3,244,237	1,680,116	4,924,353	-186,454	4,737,899	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,440,764	2,799,768	5,240,532	-170,816	5,069,716	90.09
90.10	09010	PEDIATRIC CLINIC	6,244,408	3,306,807	9,551,215	-12,387	9,538,828	90.10
90.11	09011	SURGERY CLINIC	1,919,049	1,216,382	3,135,431	461,230	3,596,661	90.11
90.12	09012	UROLOGY CLINIC	862,232	537,895	1,400,127	-51,864	1,348,263	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,412,349	1,741,663	4,154,012	-110,257	4,043,755	90.13
90.14	09014	CANCER CLINIC	6,023,004	3,362,030	9,385,034	247,622	9,632,656	90.14
90.15	09015	FAMILY CARE CLINIC	1,611,020	847,622	2,458,642	-59,658	2,398,984	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,075,845	833,118	1,908,963	-42,072	1,866,891	90.16
90.17	09017	ANEMIA CLINIC	9,375	6,997	16,372	13	16,385	90.17
90.19	09019	BURN CLINIC	242,549	159,010	401,559	-984	400,575	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	1,256,198	813,959	2,070,157	264,007	2,334,164	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	24,475	10,874	35,349	4,893	40,242	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	322,657	246,355	569,012	30,624	599,636	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	1,223,375	745,951	1,969,326	208,703	2,178,029	90.54
90.56	09056	IRL-OB/GYN CLINIC	951,236	696,154	1,647,390	280,058	1,927,448	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	445,878	508,602	954,480	82,962	1,037,442	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	78,740	97,747	176,487	1,691	178,178	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	258,239	270,644	528,883	25,206	554,089	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	805,475	535,218	1,340,693	102,545	1,443,238	90.60
90.62	09062	IRL-UROLOGY CLINIC	424,407	500,727	925,134	59,650	984,784	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	24	24	-20	4	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	541	541	-448	93	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	286,312	212,027	498,339	42,196	540,535	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	505,791	302,188	807,979	105,860	913,839	90.70
90.76	09076	IRL-PROCEDURE SUITES	987,154	976,748	1,963,902	18,155	1,982,057	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	428,351	286,225	714,576	57,122	771,698	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	55,334	49,353	104,687	8,850	113,537	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	315,928	94,460	410,388	156	410,544	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	35,716	369,942	405,658	17,756	423,414	90.96
91.00	09100	EMERGENCY	15,382,668	4,151,041	19,533,709	-2,586,650	16,947,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,502,017	1,477,714	4,979,731	-3,056,876	1,922,855	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	273,490	596,084	869,574	22,600	892,174	94.00
95.00	09500	AMBULANCE SERVICES	1,469,077	1,724,793	3,193,870	729	3,194,599	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,277,353	3,363,609	4,640,962	-497,741	4,143,221	105.00
106.00	10600	HEART ACQUISITION	212,451	921,712	1,134,163	238,072	1,372,235	106.00
107.00	10700	LIVER ACQUISITION	225,535	868,434	1,093,969	335,958	1,429,927	107.00
108.00	10800	LUNG ACQUISITION	152,677	886,397	1,039,074	86,041	1,125,115	108.00
109.00	10900	PANCREAS ACQUISITION	0	208,174	208,174	15,432	223,606	109.00
113.00	11300	INTEREST EXPENSE		7,444,360	7,444,360	0	7,444,360	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	515,227,277	886,176,302	1,401,403,579	-4,215,211	1,397,188,368	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,336,995	1,052,366	2,389,361	1,511,218	3,900,579	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	8,320,966	46,508,800	54,829,766	531,397	55,361,163	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	552,941	208,948	761,889	28,547	790,436	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	2,296,085	2,296,085	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	101,727	354,391	456,118	1,588,796	2,044,914	190.13
190.14	19014	EPIC REMOTE HOSTING	2,601	367,991	370,592	1	370,593	190.14
190.15	19015	RENTAL PROPERTIES	0	260,081	260,081	0	260,081	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	662,272	25,113,751	25,776,023	-4,314,100	21,461,923	194.00
194.01	07951	OUTREACH	0	0	0	2,573,267	2,573,267	194.01
200.00		TOTAL (SUM OF LINES 118-199)	526,204,779	960,042,630	1,486,247,409	0	1,486,247,409	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	-615,586	37,593,855		1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	3,653		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023		1.03
1.04	00104	CAP REL COSTS-CDD	0	205,898		1.04
1.05	00105	CAP REL COSTS-IRL	-6,632	4,001,953		1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	45,528,958		2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL	0	3,333,466		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-140,561,619	164,796,723		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-2,413,975	52,279,139		6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	546,390		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	4,340,366		6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,378,837		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	36,755	23,977,116		9.01
9.04	00904	HOUSEKEEPING-CDD	0	181,815		9.04
9.05	00905	HOUSEKEEPING-IRL	0	745,973		9.05
10.00	01000	DIETARY	-59,345	12,360,919		10.00
11.00	01100	CAFETERIA	-10,142,113	20,080		11.00
13.00	01300	NURSING ADMINISTRATION	-26,403	12,888,197		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-11,713	8,053,273		14.00
15.00	01500	PHARMACY	-78,573	5,007,568		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,377,882	13,239,446		16.00
17.00	01700	SOCIAL SERVICE	-159,040	17,528,273		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,358,386	51,011,756		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,893,816	17,858,216		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	109,504		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,640,653		23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	64,372	609,961		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	2,504	73,078		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	27,829	165,190		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	39,234	328,628		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	-80,715	8,655		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-204,350	88,485,287		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	9,554,203		31.01
32.00	03200	CORONARY CARE UNIT	0	8,598,062		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-164,381	4,931,727		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-337	13,185,062		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-24,947	14,570,332		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-9,356	9,210,477		35.01
40.00	04000	SUBPROVIDER - IPF	-592,523	11,837,090		40.00
43.00	04300	NURSERY	-3,033	10,809,222		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-276,942	80,531,062		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,402,913		52.00
53.00	05300	ANESTHESIOLOGY	-710	7,087,113		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-38,845	18,688,813		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,289,230		55.00
55.01	03630	ULTRA SOUND	-1,515	3,908,028		55.01
55.02	05501	RADIOLOGY - PET SCAN	-8,712	3,936,987		55.02
57.00	05700	CT SCAN	0	4,045,382		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,981,330		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,570	4,816,979		59.00
60.00	06000	LABORATORY	842,144	42,131,145		60.00
60.01	06001	ANATOMICAL LABORATORY	516,494	4,096,099		60.01
60.02	03140	CARDIOLOGY	-212,318	8,049,899		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,058,410		63.00
63.01	06301	BONE MARROW TRANSPLANT	-102,267	3,823,639		63.01
65.00	06500	RESPIRATORY THERAPY	-13,720	8,486,101		65.00
66.00	06600	PHYSICAL THERAPY	-116,820	6,870,508		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,456,287		67.00
69.00	06900	ELECTROCARDIOLOGY	-30,658	789,109		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-376,587	3,661,380		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,491,089		71.00
71.01	03540	ORTHOTIC SERVICES	0	1,978,688		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	69,010,180		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	148,115,724		73.00
74.00	07400	RENAL DIALYSIS	0	8,028,204		74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
76.00	03950	IVF/CULTURE LAB	-103,409	2,664,898		76.00
76.02	03952	URODYNAMICS	0	176,165		76.02
76.03	03953	SPINE TREATMENT CENTER	-75,866	509,170		76.03
76.04	03520	OPHTHALMOLOGY	0	1,420,572		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	-96,674	5,972,631		76.05
76.06	03580	RECREATIONAL THERAPY	0	770,190		76.06
76.07	03957	CDC - REHAB	-2,747	352,707		76.07
76.08	03958	DIABETES EDUCATION	-244	512,011		76.08
76.97	07697	CARDIAC REHABILITATION	0	750,443		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	363,693		76.98
76.99	07699	LITHOTRIPSY	0	1,126,773		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	966,168		90.01
90.02	09002	DERMATOLOGY CLINIC	216,269	1,742,519		90.02
90.03	09003	ORAL SURGERY CLINIC	88,809	1,810,398		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	533,781	9,787,608		90.04
90.05	09005	NEUROLOGY CLINIC	72,131	1,621,287		90.05
90.06	09006	OB-GYN CLINIC	71,760	3,562,598		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	791,221	5,417,565		90.07
90.08	09008	ORTHOPEDICS CLINIC	580,688	5,318,587		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	829,223	5,898,939		90.09
90.10	09010	PEDIATRIC CLINIC	566,113	10,104,941		90.10
90.11	09011	SURGERY CLINIC	1,107,435	4,704,096		90.11
90.12	09012	UROLOGY CLINIC	16,668	1,364,931		90.12
90.13	09013	PSYCHIATRIC CLINIC	-62,467	3,981,288		90.13
90.14	09014	CANCER CLINIC	-3,183	9,629,473		90.14
90.15	09015	FAMILY CARE CLINIC	69,129	2,468,113		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,866,891		90.16
90.17	09017	ANEMIA CLINIC	0	16,385		90.17
90.19	09019	BURN CLINIC	0	400,575		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,334,164		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	40,242		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	599,636		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	2,178,029		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	1,927,448		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	1,037,442		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	178,178		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	554,089		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,443,238		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	984,784		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	4		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	93		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	540,535		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	913,839		90.70
90.76	09076	IRL-PROCEDURE SUITES	0	1,982,057		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	771,698		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	113,537		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	410,544		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	423,414		90.96
91.00	09100	EMERGENCY	-6,075,610	10,871,449		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-855	1,922,000		92.01
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	892,174		94.00
95.00	09500	AMBULANCE SERVICES	-2,436,482	758,117		95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	24,352	4,167,573		105.00
106.00	10600	HEART ACQUISITION	8,445	1,380,680		106.00
107.00	10700	LIVER ACQUISITION	88,969	1,518,896		107.00
108.00	10800	LUNG ACQUISITION	57,777	1,182,892		108.00
109.00	10900	PANCREAS ACQUISITION	434	224,040		109.00
113.00	11300	INTEREST EXPENSE	-7,444,360	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-137,348,442	1,259,839,926		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,487,277	1,487,277		190.00
190.01	19001	VENDING/PATIENT ART	-338,013	3,562,566		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	3,235	55,364,398		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	790,436		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	2,296,085		190.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19010	IRL-PHYSICIANS	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	838,414	2,883,328		190.13
190.14	19014	EPIC REMOTE HOSTING	-62,500	308,093		190.14
190.15	19015	RENTAL PROPERTIES	-100,982	159,099		190.15
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	UICMS	-753,222	20,708,701		194.00
194.01	07951	OUTREACH	0	2,573,267		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-136,274,233	1,349,973,176		200.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AA - A121 SUPPLY IMPLANT RECLASS - ORTHO				
1.00	ORTHOTIC SERVICES	71.01	0	1,637,193	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	1,637,193	
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,491,089	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	28,491,089		
	AC - A133 NURSING AGENCY STAFF RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,122		1.00
2.00	NURSING ADMINISTRATION	13.00	0	7,599		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	10,005,898		3.00
4.00	MEDICAL INTENSTIVE CARE UNIT	31.01	0	1,064,015		4.00
5.00	CORONARY CARE UNIT	32.00	0	863,113		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	234,144		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,813,551		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	938,220		8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	483,959		9.00
10.00	SUBPROVIDER - IPF	40.00	0	375,003		10.00
11.00	OPERATING ROOM	50.00	0	3,611,561		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	87,904		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,957		13.00
14.00	ULTRA SOUND	55.01	0	29,575		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	715,568		15.00
16.00	CARDIOLOGY	60.02	0	158,332		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	64,958		17.00
18.00	RESPIRATORY THERAPY	65.00	0	91,062		18.00
19.00	PHYSICAL THERAPY	66.00	0	7,416		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	22,392		20.00
21.00	RENAL DIALYSIS	74.00	0	732,301		21.00
22.00	PEDIATRIC CLINIC	90.10	0	17,780		22.00
23.00	IRL-CARDIOLOGY CLINIC	90.50	0	124,467		23.00
24.00	EMERGENCY	91.00	0	1,178,187		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	236,399		25.00
26.00	AMBULANCE SERVICES	95.00	0	47,135		26.00
27.00	QUAD CITIES-CANCER CENTER	90.95	0	308,000		27.00
	TOTALS		0	23,292,618		
	AD - A123 BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,741,928		1.00
	TOTALS		0	2,741,928		
	AE - A124 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	287,219	138,460		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	74,988	36,971		2.00
3.00	OTHER NON-ALLOWABLE	190.13	89,070	43,983		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
	TOTALS		451,277	219,414		

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AF - A125 RADIOLOGY ADMIN RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	19,328	53,906		1.00
2.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	1,786	4,981		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	329,853	919,942		3.00
4.00	ULTRA SOUND	55.01	83,560	233,044		4.00
5.00	RADIOLOGY - PET SCAN	55.02	154,862	431,903		5.00
6.00	CT SCAN	57.00	122,869	342,674		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	136,872	381,730		7.00
8.00	ULTRA SOUND	55.01	0	263,268		8.00
9.00	RADIOLOGY - PET SCAN	55.02	0	56,304		9.00
10.00	CT SCAN	57.00	0	192,048		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	366,611		11.00
	TOTALS		849,130	3,246,411		
	AG - A84 UIHC FUNDED FACULTY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,148,420		1.00
2.00	SOCIAL SERVICE	17.00	0	122,150		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	929		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	294,352		4.00
5.00	OPERATING ROOM	50.00	0	145,605		5.00
6.00	PHYSICAL THERAPY	66.00	0	73,479		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	215,038		7.00
8.00	IVF/CULTURE LAB	76.00	0	83,915		8.00
9.00	SPINE TREATMENT CENTER	76.03	0	55,241		9.00
10.00	PSYCHIATRIC CLINIC	90.13	0	44,661		10.00
11.00	EMERGENCY	91.00	0	6,363,095		11.00
12.00	KIDNEY ACQUISITION	105.00	0	65,495		12.00
13.00	VENDING/PATIENT ART	190.01	0	251,306		13.00
14.00	UICMS	194.00		619,260		14.00
	TOTALS		0	11,482,946		
	AH - A127 REHAB THERAPY ADMIN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	35,048	14,529		1.00
2.00	OCCUPATIONAL THERAPY	67.00	167,982	69,637		2.00
3.00	ORTHOTIC SERVICES	71.01	100,776	41,776		3.00
4.00	RECREATIONAL THERAPY	76.06	52,357	21,704		4.00
5.00	PSYCHIATRIC CLINIC	90.13	2,731	1,132		5.00
6.00	PATIENT EDUCATION SERVICE	190.06	43,477	18,023		6.00
	TOTALS		402,371	166,801		
	AI - A173 DIALYSIS CRRT RECLASS					
1.00	RENAL DIALYSIS	74.00	42,294	28,591		1.00
	TOTALS		42,294	28,591		
	AJ - A129 REHAB THERAPY PSYCH RECLASS					
1.00	PSYCHIATRIC CLINIC	90.13	24,144	9,083		1.00
	TOTALS		24,144	9,083		
	AK - A130 VACA SICK RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	356,995	0		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	40,795	0		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	390	0		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	702	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	6,356	0		5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	63,948	0		6.00
7.00	HOUSEKEEPING-CDD	9.04	536	0		7.00
8.00	HOUSEKEEPING-IRL	9.05	1,652	0		8.00
9.00	DIETARY	10.00	50,551	0		9.00
10.00	NURSING ADMINISTRATION	13.00	37,400	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	24,821	0		11.00
12.00	PHARMACY	15.00	11,958	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	26,030	0		13.00
14.00	SOCIAL SERVICE	17.00	52,753	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	5,179	0		15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	348	0		16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	3,360	0		17.00
18.00	PARAMEDICAL EDUC - PASTORAL	23.05	228	0		18.00
19.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	85	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	277,247	0		20.00
21.00	MEDICAL INTENSTIVE CARE UNIT	31.01	28,827	0		21.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	CORONARY CARE UNIT	32.00	26,347	0	22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	14,843	0	23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	40,444	0	24.00
25.00	NEONATAL INTENSIVE CARE UNIT	35.00	72,610	0	25.00
26.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	28,342	0	26.00
27.00	SUBPROVIDER - IPF	40.00	38,892	0	27.00
28.00	NURSERY	43.00	854	0	28.00
29.00	OPERATING ROOM	50.00	161,876	0	29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	14,428	0	30.00
31.00	ANESTHESIOLOGY	53.00	11,478	0	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	46,438	0	32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	16,407	0	33.00
34.00	ULTRA SOUND	55.01	9,126	0	34.00
35.00	RADIOLOGY - PET SCAN	55.02	7,064	0	35.00
36.00	CT SCAN	57.00	5,994	0	36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,127	0	37.00
38.00	CARDIAC CATHETERIZATION	59.00	12,609	0	38.00
39.00	LABORATORY	60.00	63,443	0	39.00
40.00	ANATOMICAL LABORATORY	60.01	9,427	0	40.00
41.00	CARDIOLOGY	60.02	24,495	0	41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,790	0	42.00
43.00	BONE MARROW TRANSPLANT	63.01	3,548	0	43.00
44.00	RESPIRATORY THERAPY	65.00	33,946	0	44.00
45.00	PHYSICAL THERAPY	66.00	24,071	0	45.00
46.00	OCCUPATIONAL THERAPY	67.00	7,365	0	46.00
47.00	ELECTROCARDIOLOGY	69.00	1,734	0	47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	11,667	0	48.00
49.00	ORTHOTIC SERVICES	71.01	69	0	49.00
50.00	DRUGS CHARGED TO PATIENTS	73.00	74,505	0	50.00
51.00	RENAL DIALYSIS	74.00	17,881	0	51.00
52.00	IVF/CULTURE LAB	76.00	7,747	0	52.00
53.00	URODYNAMICS	76.02	418	0	53.00
54.00	SPINE TREATMENT CENTER	76.03	1,796	0	54.00
55.00	OPHTHALMOLOGY	76.04	3,943	0	55.00
56.00	DIGESTIVE DISEASE CENTER	76.05	12,483	0	56.00
57.00	RECREATIONAL THERAPY	76.06	2,163	0	57.00
58.00	CDC - REHAB	76.07	1,109	0	58.00
59.00	DIABETES EDUCATION	76.08	1,495	0	59.00
60.00	CARDIAC REHABILITATION	76.97	1,938	0	60.00
61.00	HYPERBARIC OXYGEN THERAPY	76.98	1,102	0	61.00
62.00	LITHOTRIPSY	76.99	1,485	0	62.00
63.00	ANESTHESIA PAIN CLINIC	90.01	2,743	0	63.00
64.00	DERMATOLOGY CLINIC	90.02	3,947	0	64.00
65.00	ORAL SURGERY CLINIC	90.03	4,434	0	65.00
66.00	INTERNAL MEDICINE CLINIC	90.04	24,855	0	66.00
67.00	NEUROLOGY CLINIC	90.05	4,410	0	67.00
68.00	OB-GYN CLINIC	90.06	9,700	0	68.00
69.00	OPHTHALMOLOGY CLINIC	90.07	12,685	0	69.00
70.00	ORTHOPEDICS CLINIC	90.08	14,194	0	70.00
71.00	OTOLARYNGOLOGY CLINIC	90.09	10,679	0	71.00
72.00	PEDIATRIC CLINIC	90.10	27,320	0	72.00
73.00	SURGERY CLINIC	90.11	8,396	0	73.00
74.00	UROLOGY CLINIC	90.12	3,772	0	74.00
75.00	PSYCHIATRIC CLINIC	90.13	10,554	0	75.00
76.00	CANCER CLINIC	90.14	26,351	0	76.00
77.00	FAMILY CARE CLINIC	90.15	7,048	0	77.00
78.00	ORTHO SPORTS MED CLINIC	90.16	4,707	0	78.00
79.00	ANEMIA CLINIC	90.17	41	0	79.00
80.00	BURN CLINIC	90.19	1,061	0	80.00
81.00	IRL-CARDIOLOGY CLINIC	90.50	5,496	0	81.00
82.00	IRL-ANESTHESIA PAIN CLINIC	90.51	107	0	82.00
83.00	IRL-DERMATOLOGY CLINIC	90.52	1,412	0	83.00
84.00	IRL-INTERNAL MEDICINE CLINIC	90.54	5,352	0	84.00
85.00	IRL-OB/GYN CLINIC	90.56	4,162	0	85.00
86.00	IRL-OPHTHALMOLOGY CLINIC	90.57	1,951	0	86.00
87.00	IRL-ORTHOPEDICS CLINIC	90.58	344	0	87.00
88.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	1,130	0	88.00
89.00	IRL-PEDIATRICS CLINIC	90.60	3,524	0	89.00
90.00	IRL-UROLOGY CLINIC	90.62	1,857	0	90.00
91.00	IRL-GASTROENTEROLOGY CLINIC	90.68	1,253	0	91.00
92.00	IRL-DIABETES CENTER CLINIC	90.70	2,213	0	92.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
93.00	IRL-PROCEDURE SUITES	90.76	4,319	0		93.00
94.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	1,874	0		94.00
95.00	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	242	0		95.00
96.00	QUAD CITIES-CANCER CENTER	90.95	1,382	0		96.00
97.00	NORTH DODGE- OB/GYN CLINIC	90.96	156	0		97.00
98.00	EMERGENCY	91.00	67,301	0		98.00
99.00	OBSERVATION BEDS (DISTINCT PART)	92.01	15,322	0		99.00
100.00	HOME PROGRAM DIALYSIS	94.00	1,197	0		100.00
101.00	AMBULANCE SERVICES	95.00	6,427	0		101.00
102.00	KIDNEY ACQUISITION	105.00	5,589	0		102.00
103.00	HEART ACQUISITION	106.00	930	0		103.00
104.00	LIVER ACQUISITION	107.00	987	0		104.00
105.00	LUNG ACQUISITION	108.00	668	0		105.00
106.00	VENDING/PATIENT ART	190.01	5,850	0		106.00
107.00	PHARMACY HOMEGOING DRUGS	190.03	36,405	0		107.00
108.00	PATIENT EDUCATION SERVICE	190.06	2,419	0		108.00
109.00	OTHER NON-ALLOWABLE	190.13	445	0		109.00
110.00	EPIC REMOTE HOSTING	190.14	11	0		110.00
111.00	UICMS	194.00	2,898	0		111.00
	TOTALS		2,179,780	0		
	AL - A131 TRANSCRIPTION SERVICES RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	27,556		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
	TOTALS		0	27,556		
	AM - A999 UICMS OUTREACH RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,328,851		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,150		2.00
	TOTALS		0	4,346,001		
	AN - A97 FELLOW STIPEND RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	8,711,042	0		1.00
	TOTALS		8,711,042	0		
	AO - A134 RENAL DIALYSIS ADMIN RECLASS					
1.00	HOME PROGRAM DIALYSIS	94.00	38,874	17,419		1.00
2.00	RENAL DIALYSIS	74.00	137,343	298,042		2.00
	TOTALS		176,217	315,461		
	AP - A135 TRANSPLANT STAFF TIMES STUDIES					
1.00	SOCIAL SERVICE	17.00	143,675	49,093		1.00
2.00	INTERNAL MEDICINE CLINIC	90.04	464,376	169,646		2.00
3.00	SURGERY CLINIC	90.11	398,945	142,218		3.00
4.00	HEART ACQUISITION	106.00	104,405	35,281		4.00
5.00	LIVER ACQUISITION	107.00	57,925	22,704		5.00
6.00	PANCREAS ACQUISITION	109.00	8,500	3,015		6.00
7.00	OTHER NON-ALLOWABLE	190.13	7,883	2,753		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		1,185,709	424,710		
	AQ - A136 PEDIATRIC DIALYSIS RECLASS					
1.00	HOME PROGRAM DIALYSIS	94.00	210,137	210,917		1.00
	TOTALS		210,137	210,917		
	AR - A138 PHARMACY TIME STUDY RECLASS					
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	633,579	228,736		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		633,579	228,736		
	AS - A139 WESTLAWN PLANT OP RECLASS					
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	230,196		
	AT - A118 TRANSPLANT STAFF TIME STUDIES					
1.00	INTERNAL MEDICINE CLINIC	90.04	3,748	0		1.00
2.00	KIDNEY ACQUISITION	105.00	85,558	0		2.00
3.00	HEART ACQUISITION	106.00	2,885	0		3.00
4.00	LIVER ACQUISITION	107.00	59,622	0		4.00
5.00	LUNG ACQUISITION	108.00	32,524	0		5.00
6.00	PANCREAS ACQUISITION	109.00	320	0		6.00
	TOTALS		184,657	0		

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AU - A137 - ORG 03 P&L					
1.00	ADMINISTRATIVE & GENERAL	5.00	14,568,748	5,118,149		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	210,565	0		2.00
	TOTALS		14,779,313	5,118,149		
	AV - A106 FACULTY TIME RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	13,053,945	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	18,789,379	0		2.00
3.00	LABORATORY	60.00	564,148	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	325,294	0		4.00
	TOTALS		32,732,766	0		
	AW - A140 ARNP TO NONALLOWABLE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	153,737		1.00
2.00	NURSING ADMINISTRATION	13.00	0	21,713		2.00
3.00	SOCIAL SERVICE	17.00	0	423		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	122,983		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	161,029		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	337		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,671		7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	2,411		8.00
9.00	SUBPROVIDER - IPF	40.00	0	592,523		9.00
10.00	ANESTHESIOLOGY	53.00	0	282		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	282		11.00
12.00	CARDIOLOGY	60.02	0	249,365		12.00
13.00	DIGESTIVE DISEASE CENTER	76.05	0	91,672		13.00
14.00	CDC - REHAB	76.07	0	2,747		14.00
15.00	DIABETES EDUCATION	76.08	0	244		15.00
16.00	INTERNAL MEDICINE CLINIC	90.04	0	86,845		16.00
17.00	ORTHOPEDICS CLINIC	90.08	0	50,770		17.00
18.00	PSYCHIATRIC CLINIC	90.13	0	6,262		18.00
19.00	CANCER CLINIC	90.14	0	1,983		19.00
20.00	EMERGENCY	91.00	0	226,906		20.00
21.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	855		21.00
22.00	KIDNEY ACQUISITION	105.00	0	67,882		22.00
23.00	VENDING/PATIENT ART	190.01	0	6,114		23.00
	TOTALS		0	1,851,036		
	AX - A175 SFCH LL2 RECLASS					
1.00	RADIOLOGY-THERAPEUTIC	55.00	27,660	23,010		1.00
2.00	DIGESTIVE DISEASE CENTER	76.05	196,892	163,796		2.00
	TOTALS		224,552	186,806		
	AY - A155 RECOVERY AND OBS RECLASS					
1.00	OPERATING ROOM	50.00	0	2,753,263		1.00
	TOTALS		0	2,753,263		
	AZ - A174 LITHROTRIPSY REC TIME RECLASS					
1.00	OPERATING ROOM	50.00	51,258	148,964		1.00
	TOTALS		51,258	148,964		
	BA - A147 INSURANCE EXPENSE RECLASS					
1.00	CAP REL COSTS-GENERAL HOSP	1.01	0	830,739		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	305,055		2.00
	TOTALS		0	1,135,794		
	BC - A151 PHARMACY RESIDENT RECLASS					
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	2,466	191		1.00
2.00	PHARMACY	15.00	278,965	94,435		2.00
	TOTALS		281,431	94,626		
	BD - A152 DIETARY EXP TO CAFE RECLASS					
1.00	CAFETERIA	11.00	4,403,905	5,758,288		1.00
2.00	VENDING/PATIENT ART	190.01	614,894	895,659		2.00
3.00	OTHER NON-ALLOWABLE	190.13	652,045	793,011		3.00
	TOTALS		5,670,844	7,446,958		
	BF - A154 UICMS HOUSEKEEPING RECLASS					
1.00	UICMS	194.00	0	31,571		1.00
	TOTALS		0	31,571		
	BH - A157 TISSUE TYPING RECLASS					
1.00	LABORATORY	60.00	0	81,435		1.00
	TOTALS		0	81,435		
	BI - A158 TXP SUPPORT SRVC RECLASS					
1.00	LIVER ACQUISITION	107.00	0	7,385		1.00
2.00	HEART ACQUISITION	106.00	0	5,743		2.00
3.00	LUNG ACQUISITION	108.00	0	5,743		3.00
4.00	PANCREAS ACQUISITION	109.00	0	2,051		4.00
5.00	KIDNEY ACQUISITION	105.00	0	115,068		5.00
	TOTALS		0	135,990		

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	BJ - A168 REVENUE MATCHING EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	2,932,389	1,313,278		1.00
2.00	NURSERY	43.00	7,513,274	3,033,176		2.00
3.00	OPERATING ROOM	50.00	95,030	43,640		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	1,128	527		4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,135	2,118		5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	4,184	2,214		6.00
7.00	CANCER CLINIC	90.14	186,724	74,942		7.00
8.00	EMERGENCY	91.00	1,604	674		8.00
9.00		0.00	0	0		9.00
	TOTALS		10,739,468	4,470,569		
	BM - A167 REV CODE 206 TELEMETRY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	439,096	223,338		1.00
2.00	MEDICAL INTENSTIVE CARE UNIT	31.01	34,349	17,471		2.00
3.00	CORONARY CARE UNIT	32.00	6,706	3,411		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	46,473	23,638		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	8,452	4,299		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	4,414	2,245		6.00
	TOTALS		539,490	274,402		
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD					
1.00	RENAL DIALYSIS	74.00	28,476	463,037		1.00
	TOTALS		28,476	463,037		
	BV - A171 OPEB RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,566,459		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00
95.00		0.00	0	0		95.00
96.00		0.00	0	0		96.00
97.00		0.00	0	0		97.00
98.00		0.00	0	0		98.00
99.00		0.00	0	0		99.00
100.00		0.00	0	0		100.00
101.00		0.00	0	0		101.00
102.00		0.00	0	0		102.00
103.00		0.00	0	0		103.00
104.00		0.00	0	0		104.00
105.00		0.00	0	0		105.00
106.00		0.00	0	0		106.00
107.00		0.00	0	0		107.00
108.00		0.00	0	0		108.00
109.00		0.00	0	0		109.00
110.00		0.00	0	0		110.00
111.00		0.00	0	0		111.00
	TOTALS		0	4,566,459		
	BW - A172 GASB45 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	431,410		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	49,298		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	472		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	849		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	7,681		5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	77,278		6.00
7.00	HOUSEKEEPING-CDD	9.04	0	648		7.00
8.00	HOUSEKEEPING-IRL	9.05	0	1,996		8.00
9.00	DIETARY	10.00	0	61,089		9.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	NURSING ADMINISTRATION	13.00	0	45,196		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,995		11.00
12.00	PHARMACY	15.00	0	14,450		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	31,456		13.00
14.00	SOCIAL SERVICE	17.00	0	63,750		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,259		15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	0	420		16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	4,061		17.00
18.00	PARAMEDICAL EDUC - PASTORAL	23.05	0	275		18.00
19.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	102		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	335,040		20.00
21.00	MEDICAL INTENSTIVE CARE UNIT	31.01	0	34,835		21.00
22.00	CORONARY CARE UNIT	32.00	0	31,838		22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	0	17,937		23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	48,875		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	87,745		25.00
26.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34,250		26.00
27.00	SUBPROVIDER - IPF	40.00	0	46,999		27.00
28.00	NURSERY	43.00	0	1,032		28.00
29.00	OPERATING ROOM	50.00	0	195,621		29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,435		30.00
31.00	ANESTHESIOLOGY	53.00	0	13,870		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56,117		32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,827		33.00
34.00	ULTRA SOUND	55.01	0	11,028		34.00
35.00	RADIOLOGY - PET SCAN	55.02	0	8,537		35.00
36.00	CT SCAN	57.00	0	7,243		36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,613		37.00
38.00	CARDIAC CATHETERIZATION	59.00	0	15,238		38.00
39.00	LABORATORY	60.00	0	76,668		39.00
40.00	ANATOMICAL LABORATORY	60.01	0	11,392		40.00
41.00	CARDIOLOGY	60.02	0	29,601		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	8,205		42.00
43.00	BONE MARROW TRANSPLANT	63.01	0	4,287		43.00
44.00	RESPIRATORY THERAPY	65.00	0	41,023		44.00
45.00	PHYSICAL THERAPY	66.00	0	29,088		45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	8,900		46.00
47.00	ELECTROCARDIOLOGY	69.00	0	2,095		47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,099		48.00
49.00	ORTHOTIC SERVICES	71.01	0	83		49.00
50.00	DRUGS CHARGED TO PATIENTS	73.00	0	90,036		50.00
51.00	RENAL DIALYSIS	74.00	0	21,608		51.00
52.00	IVF/CULTURE LAB	76.00	0	9,362		52.00
53.00	URODYNAMICS	76.02	0	505		53.00
54.00	SPINE TREATMENT CENTER	76.03	0	2,170		54.00
55.00	OPHTHALMOLOGY	76.04	0	4,764		55.00
56.00	DIGESTIVE DISEASE CENTER	76.05	0	15,085		56.00
57.00	RECREATIONAL THERAPY	76.06	0	2,614		57.00
58.00	CDC - REHAB	76.07	0	1,341		58.00
59.00	DIABETES EDUCATION	76.08	0	1,806		59.00
60.00	CARDIAC REHABILITATION	76.97	0	2,342		60.00
61.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,331		61.00
62.00	LITHOTRIPSY	76.99	0	1,795		62.00
63.00	ANESTHESIA PAIN CLINIC	90.01	0	3,315		63.00
64.00	DERMATOLOGY CLINIC	90.02	0	4,770		64.00
65.00	ORAL SURGERY CLINIC	90.03	0	5,358		65.00
66.00	INTERNAL MEDICINE CLINIC	90.04	0	30,036		66.00
67.00	NEUROLOGY CLINIC	90.05	0	5,330		67.00
68.00	OB-GYN CLINIC	90.06	0	11,722		68.00
69.00	OPHTHALMOLOGY CLINIC	90.07	0	15,329		69.00
70.00	ORTHOPEDICS CLINIC	90.08	0	17,153		70.00
71.00	OTOLARYNGOLOGY CLINIC	90.09	0	12,905		71.00
72.00	PEDIATRIC CLINIC	90.10	0	33,015		72.00
73.00	SURGERY CLINIC	90.11	0	10,146		73.00
74.00	UROLOGY CLINIC	90.12	0	4,559		74.00
75.00	PSYCHIATRIC CLINIC	90.13	0	12,754		75.00
76.00	CANCER CLINIC	90.14	0	31,844		76.00
77.00	FAMILY CARE CLINIC	90.15	0	8,518		77.00
78.00	ORTHO SPORTS MED CLINIC	90.16	0	5,688		78.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
79.00	ANEMIA CLINIC	90.17	0	50		79.00
80.00	BURN CLINIC	90.19	0	1,282		80.00
81.00	IRL-CARDIOLOGY CLINIC	90.50	0	6,642		81.00
82.00	IRL-ANESTHESIA PAIN CLINIC	90.51	0	129		82.00
83.00	IRL-DERMATOLOGY CLINIC	90.52	0	1,706		83.00
84.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	6,468		84.00
85.00	IRL-OB/GYN CLINIC	90.56	0	5,029		85.00
86.00	IRL-OPHTHALMOLOGY CLINIC	90.57	0	2,357		86.00
87.00	IRL-ORTHOPEDICS CLINIC	90.58	0	416		87.00
88.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	1,365		88.00
89.00	IRL-PEDIATRICS CLINIC	90.60	0	4,259		89.00
90.00	IRL-UROLOGY CLINIC	90.62	0	2,244		90.00
91.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	1,514		91.00
92.00	IRL-DIABETES CENTER CLINIC	90.70	0	2,674		92.00
93.00	IRL-PROCEDURE SUITES	90.76	0	5,219		93.00
94.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	2,265		94.00
95.00	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0	293		95.00
96.00	QUAD CITIES-CANCER CENTER	90.95	0	1,670		96.00
97.00	NORTH DODGE- OB/GYN CLINIC	90.96	0	189		97.00
98.00	EMERGENCY	91.00	0	81,330		98.00
99.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	18,516		99.00
100.00	HOME PROGRAM DIALYSIS	94.00	0	1,446		100.00
101.00	AMBULANCE SERVICES	95.00	0	7,767		101.00
102.00	KIDNEY ACQUISITION	105.00	0	6,754		102.00
103.00	HEART ACQUISITION	106.00	0	1,123		103.00
104.00	LIVER ACQUISITION	107.00	0	1,192		104.00
105.00	LUNG ACQUISITION	108.00	0	807		105.00
106.00	VENDING/PATIENT ART	190.01	0	7,069		106.00
107.00	PHARMACY HOMEGOING DRUGS	190.03	0	43,994		107.00
108.00	PATIENT EDUCATION SERVICE	190.06	0	2,923		108.00
109.00	OTHER NON-ALLOWABLE	190.13	0	538		109.00
110.00	EPIC REMOTE HOSTING	190.14	0	14		110.00
111.00	UICMS	194.00	0	3,502		111.00
	TOTALS		0	2,634,153		
	CH - A135B PHYSICIAN TXP TIME STUDY RECLA					
1.00	KIDNEY ACQUISITION	105.00	194,989	44,887		1.00
2.00	HEART ACQUISITION	106.00	75,221	17,316		2.00
3.00	LIVER ACQUISITION	107.00	201,457	46,375		3.00
4.00	LUNG ACQUISITION	108.00	77,872	17,926		4.00
5.00	PANCREAS ACQUISITION	109.00	1,517	349		5.00
	TOTALS		551,056	126,853		
	DD - A122 AMBULATORY CARE ADMIN RECLASS					
1.00	ULTRA SOUND	55.01	455	182		1.00
2.00	IVF/CULTURE LAB	76.00	525	211		2.00
3.00	URODYNAMICS	76.02	64	26		3.00
4.00	SPINE TREATMENT CENTER	76.03	214	86		4.00
5.00	DIGESTIVE DISEASE CENTER	76.05	2,324	932		5.00
6.00	LITHOTRIPSY	76.99	679	272		6.00
7.00	ANESTHESIA PAIN CLINIC	90.01	389	156		7.00
8.00	DERMATOLOGY CLINIC	90.02	556	223		8.00
9.00	ORAL SURGERY CLINIC	90.03	636	255		9.00
10.00	INTERNAL MEDICINE CLINIC	90.04	2,848	1,141		10.00
11.00	NEUROLOGY CLINIC	90.05	551	221		11.00
12.00	OB-GYN CLINIC	90.06	1,265	507		12.00
13.00	OPHTHALMOLOGY CLINIC	90.07	1,703	683		13.00
14.00	ORTHOPEDICS CLINIC	90.08	1,748	701		14.00
15.00	OTOLARYNGOLOGY CLINIC	90.09	1,826	732		15.00
16.00	PEDIATRIC CLINIC	90.10	1,417	568		16.00
17.00	SURGERY CLINIC	90.11	845	338		17.00
18.00	UROLOGY CLINIC	90.12	524	210		18.00
19.00	CANCER CLINIC	90.14	3,118	1,250		19.00
20.00	FAMILY CARE CLINIC	90.15	877	352		20.00
21.00	ORTHO SPORTS MED CLINIC	90.16	687	275		21.00
22.00	ANEMIA CLINIC	90.17	6	2		22.00
23.00	BURN CLINIC	90.19	143	57		23.00
24.00	EMERGENCY	91.00	6,752	2,705		24.00
	TOTALS		30,152	12,085		
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	69,010,180		1.00
2.00		0.00	0	0		2.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	69,010,180	
	ZB - A119 CLINIC TIME STUDY RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,387,179	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	872,537	0	2.00
3.00	DERMATOLOGY CLINIC	90.02	146,219	0	3.00
4.00	ORAL SURGERY CLINIC	90.03	243,109	0	4.00
5.00	INTERNAL MEDICINE CLINIC	90.04	430,880	0	5.00
6.00	NEUROLOGY CLINIC	90.05	48,733	0	6.00
7.00	OB-GYN CLINIC	90.06	48,670	0	7.00
8.00	OPHTHALMOLOGY CLINIC	90.07	543,999	0	8.00
9.00	ORTHOPEDICS CLINIC	90.08	425,064	0	9.00
10.00	OTOLARYNGOLOGY CLINIC	90.09	611,841	0	10.00
11.00	PEDIATRIC CLINIC	90.10	394,384	0	11.00
12.00	SURGERY CLINIC	90.11	793,078	0	12.00
13.00	UROLOGY CLINIC	90.12	12,248	0	13.00
14.00	FAMILY CARE CLINIC	90.15	50,791	0	14.00
	TOTALS		7,008,732	0	
	ZD - A122 IRL ADMIN RECLASS				
1.00	MAINTENANCE & REPAIRS-IRL	6.05	341,806	294,915	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	27,572	23,790	2.00
3.00	HOUSEKEEPING-IRL	9.05	58,732	50,675	3.00
4.00	DIETARY	10.00	20	17	4.00
5.00	PHARMACY	15.00	2,421	2,089	5.00
6.00	SOCIAL SERVICE	17.00	12,766	11,015	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	243,245	209,876	7.00
8.00	LABORATORY	60.00	167,012	144,100	8.00
9.00	CARDIOLOGY	60.02	14,191	12,244	9.00
10.00	OCCUPATIONAL THERAPY	67.00	1,781	1,537	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	910,391	785,497	11.00
12.00	OPHTHALMOLOGY	76.04	9,523	8,216	12.00
13.00	DIABETES EDUCATION	76.08	21,277	18,358	13.00
14.00	CARDIAC REHABILITATION	76.97	27,959	24,124	14.00
15.00	IRL-CARDIOLOGY CLINIC	90.50	191,057	164,847	15.00
16.00	IRL-ANESTHESIA PAIN CLINIC	90.51	3,262	2,815	16.00
17.00	IRL-DERMATOLOGY CLINIC	90.52	52,515	45,310	17.00
18.00	IRL-INTERNAL MEDICINE CLINIC	90.54	181,751	156,818	18.00
19.00	IRL-OB/GYN CLINIC	90.56	152,039	131,182	19.00
20.00	IRL-OPHTHALMOLOGY CLINIC	90.57	88,090	76,005	20.00
21.00	IRL-ORTHOPEDICS CLINIC	90.58	16,288	14,054	21.00
22.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	48,811	42,115	22.00
23.00	IRL-PEDIATRICS CLINIC	90.60	123,734	106,759	23.00
24.00	IRL-UROLOGY CLINIC	90.62	85,382	73,669	24.00
25.00	IRL-PSYCHIATRIC CLINIC	90.63	2	2	25.00
26.00	IRL-FAMILY CARE CLINIC	90.65	50	43	26.00
27.00	IRL-GASTROENTEROLOGY CLINIC	90.68	45,992	39,683	27.00
28.00	IRL-DIABETES CENTER CLINIC	90.70	74,569	64,339	28.00
29.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	65,949	56,902	29.00
30.00	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	9,662	8,336	30.00
31.00	IRL-PROCEDURE SUITES	90.76	181,251	156,386	31.00
32.00	NORTH DODGE- OB/GYN CLINIC	90.96	9,522	8,216	32.00
33.00	PHARMACY HOMEGOING DRUGS	190.03	326,262	281,504	33.00
	TOTALS		3,494,884	3,015,438	

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	ZE - A160 IRL RADIOLOGY RECLASS				
1.00	ULTRA SOUND	55.01	72,591	134,610	1.00
2.00	CT SCAN	57.00	269,248	499,279	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	233	432	3.00
4.00	OPHTHALMOLOGY	76.04	19,206	35,615	4.00
5.00	DIABETES EDUCATION	76.08	912	1,690	5.00
6.00	CARDIAC REHABILITATION	76.97	22,813	42,302	6.00
7.00	IRL-CARDIOLOGY CLINIC	90.50	58,621	108,703	7.00
8.00	IRL-INTERNAL MEDICINE CLINIC	90.54	4,138	7,673	8.00
9.00	IRL-OB/GYN CLINIC	90.56	66,767	123,808	9.00
10.00	IRL-OPHTHALMOLOGY CLINIC	90.57	1,247	2,311	10.00
11.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	192	356	11.00
12.00	IRL-PEDIATRICS CLINIC	90.60	186	346	12.00
13.00	IRL-UROLOGY CLINIC	90.62	15,098	27,996	13.00
14.00	IRL-GASTROENTEROLOGY CLINIC	90.68	28	53	14.00
15.00	IRL-DIABETES CENTER CLINIC	90.70	6,428	11,920	15.00
16.00	IRL-PROCEDURE SUITES	90.76	9,249	17,150	16.00
17.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	121	225	17.00
	TOTALS		547,078	1,014,469	
	ZH - A162 IRL COLLECTION SRVC RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,473,675	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	3,473,675	
	ZI - A163 CYNTHIA GEYER RECLASS				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	38,640	14,015	1.00
	TOTALS		38,640	14,015	
	ZJ - A196 PATH LAB RECLASS				
1.00	LABORATORY	60.00	172,185	0	1.00
2.00	ANATOMICAL LABORATORY	60.01	114,164	0	2.00
	TOTALS		286,349	0	
	ZL - A165 AMBUL CARE PHYS ETC RECLASS				
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,454,035	842,050	1.00
	TOTALS		1,454,035	842,050	
	ZM - A166 SOCIAL SERVICE RECLASS				
1.00	SOCIAL SERVICE	17.00	70,175	26,316	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		70,175	26,316	
	ZN - A78 TRANSFER RECLASS				
1.00	OUTREACH	194.01	0	2,573,267	1.00
	TOTALS		0	2,573,267	
	ZO - A500 FUND 500/510 RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,769,837	1.00
	TOTALS		0	2,769,837	
500.00	Grand Total: Increases		93,579,036	191,371,048	500.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AA - A121 SUPPLY IMPLANT RECLASS - ORTHO						
1.00	ADULTS & PEDIATRICS	30.00	0	2,991	0		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	0	411	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	22	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	75	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	5	0		5.00
6.00	OPERATING ROOM	50.00	0	20,268	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	41	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	57	0		9.00
10.00	LABORATORY	60.00	0	56	0		10.00
11.00	CARDIOLOGY	60.02	0	157,301	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	87	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	158,848	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	124,263	0		14.00
15.00	ORTHOTIC SERVICES	71.01	0	1,027,352	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	5	0		16.00
17.00	DERMATOLOGY CLINIC	90.02	0	15	0		17.00
18.00	INTERNAL MEDICINE CLINIC	90.04	0	1	0		18.00
19.00	OB-GYN CLINIC	90.06	0	933	0		19.00
20.00	OPHTHALMOLOGY CLINIC	90.07	0	15,763	0		20.00
21.00	ORTHOPEDICS CLINIC	90.08	0	27,804	0		21.00
22.00	OTOLARYNGOLOGY CLINIC	90.09	0	62,805	0		22.00
23.00	PEDIATRIC CLINIC	90.10	0	41	0		23.00
24.00	SURGERY CLINIC	90.11	0	219	0		24.00
25.00	UROLOGY CLINIC	90.12	0	14	0		25.00
26.00	CANCER CLINIC	90.14	0	22	0		26.00
27.00	FAMILY CARE CLINIC	90.15	0	3,896	0		27.00
28.00	ORTHO SPORTS MED CLINIC	90.16	0	2,648	0		28.00
29.00	BURN CLINIC	90.19	0	25	0		29.00
30.00	IRL-CARDIOLOGY CLINIC	90.50	0	2,669	0		30.00
31.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	2,925	0		31.00
32.00	IRL-OB/GYN CLINIC	90.56	0	4,715	0		32.00
33.00	IRL-OPHTHALMOLOGY CLINIC	90.57	0	54	0		33.00
34.00	IRL-ORTHOPEDICS CLINIC	90.58	0	6,780	0		34.00
35.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	203	0		35.00
36.00	IRL-PEDIATRICS CLINIC	90.60	0	163	0		36.00
37.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	4	0		37.00
38.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	51	0		38.00
39.00	EMERGENCY	91.00	0	12,265	0		39.00
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,178	0		40.00
	TOTALS		0	1,637,193			
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00		458	0		1.00
2.00	ADULTS & PEDIATRICS	30.00		406,000	0		2.00
3.00	MEDICAL INTENSTIVE CARE UNIT	31.01		139,841	0		3.00
4.00	CORONARY CARE UNIT	32.00		142,562	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00		109,759	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00		334,781	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		62,416	0		7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01		106,222	0		8.00
9.00	SUBPROVIDER - IPF	40.00		645	0		9.00
10.00	OPERATING ROOM	50.00		11,854,079	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		151,048	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		1,592,400	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		1,143	0		13.00
14.00	ULTRA SOUND	55.01		175	0		14.00
15.00	CT SCAN	57.00		92,796	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		6,177	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00		4,897,753	0		17.00
18.00	LABORATORY	60.00		38,415	0		18.00
19.00	ANATOMICAL LABORATORY	60.01		39	0		19.00
20.00	CARDIOLOGY	60.02		992,586	0		20.00
21.00	RESPIRATORY THERAPY	65.00		6,089,600	0		21.00
22.00	PHYSICAL THERAPY	66.00		114	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00		176	0		23.00
24.00	ORTHOTIC SERVICES	71.01		8	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00		69,975	0		25.00
26.00	RENAL DIALYSIS	74.00		126,192	0		26.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	SPINE TREATMENT CENTER	76.03		58	0		27.00
28.00	DIGESTIVE DISEASE CENTER	76.05		643,782	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98		3	0		29.00
30.00	LITHOTRIPSY	76.99		414,779	0		30.00
31.00	DERMATOLOGY CLINIC	90.02		11	0		31.00
32.00	INTERNAL MEDICINE CLINIC	90.04		1,829	0		32.00
33.00	OB-GYN CLINIC	90.06		88	0		33.00
34.00	OPHTHALMOLOGY CLINIC	90.07		39	0		34.00
35.00	ORTHOPEDICS CLINIC	90.08		8,550	0		35.00
36.00	OTOLARYNGOLOGY CLINIC	90.09		13,446	0		36.00
37.00	PEDIATRIC CLINIC	90.10		5,954	0		37.00
38.00	SURGERY CLINIC	90.11		384	0		38.00
39.00	UROLOGY CLINIC	90.12		922	0		39.00
40.00	CANCER CLINIC	90.14		21,381	0		40.00
41.00	FAMILY CARE CLINIC	90.15		296	0		41.00
42.00	ORTHO SPORTS MED CLINIC	90.16		115	0		42.00
43.00	BURN CLINIC	90.19		1,279	0		43.00
44.00	IRL-CARDIOLOGY CLINIC	90.50		109	0		44.00
45.00	IRL-INTERNAL MEDICINE CLINIC	90.54		786	0		45.00
46.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	95	0		46.00
47.00	IRL-PEDIATRICS CLINIC	90.60	0	1,605	0		47.00
48.00	IRL-UROLOGY CLINIC	90.62	0	785	0		48.00
49.00	IRL-PROCEDURE SUITES	90.76	0	113,969	0		49.00
50.00	EMERGENCY	91.00	0	27,380	0		50.00
51.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	18,084	0		51.00
	TOTALS		0	28,491,089			
	AC - A133 NURSING AGENCY STAFF RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,122	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	7,599	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	10,005,898	0	0		3.00
4.00	MEDICAL INTENSTIVE CARE UNIT	31.01	1,064,015	0	0		4.00
5.00	CORONARY CARE UNIT	32.00	863,113	0	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	234,144	0	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,813,551	0	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	938,220	0	0		8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	483,959	0	0		9.00
10.00	SUBPROVIDER - IPF	40.00	375,003	0	0		10.00
11.00	OPERATING ROOM	50.00	3,611,561	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	87,904	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	71,957	0	0		13.00
14.00	ULTRA SOUND	55.01	29,575	0	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	715,568	0	0		15.00
16.00	CARDIOLOGY	60.02	158,332	0	0		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	64,958	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	91,062	0	0		18.00
19.00	PHYSICAL THERAPY	66.00	7,416	0	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	22,392	0	0		20.00
21.00	RENAL DIALYSIS	74.00	732,301	0	0		21.00
22.00	PEDIATRIC CLINIC	90.10	17,780	0	0		22.00
23.00	IRL-CARDIOLOGY CLINIC	90.50	124,467	0	0		23.00
24.00	EMERGENCY	91.00	1,178,187	0	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	236,399	0	0		25.00
26.00	AMBULANCE SERVICES	95.00	47,135	0	0		26.00
27.00	QUAD CITIES-CANCER CENTER	90.95	308,000	0	0		27.00
	TOTALS		23,292,618	0			
	AD - A123 BLOOD RECLASS						
1.00	LABORATORY	60.00	0	2,741,928	0		1.00
	TOTALS		0	2,741,928			
	AE - A124 CLINIC TIME STUDY RECLASS						
1.00	SPINE TREATMENT CENTER	76.03	7,872	3,941	0		1.00
2.00	ANESTHESIA PAIN CLINIC	90.01	10,364	4,191	0		2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	41,665	20,547	0		3.00
4.00	NEUROLOGY CLINIC	90.05	174	87	0		4.00
5.00	OB-GYN CLINIC	90.06	7,256	3,603	0		5.00
6.00	OPHTHALMOLOGY CLINIC	90.07	58,155	24,989	0		6.00
7.00	ORTHOPEDICS CLINIC	90.08	103,117	51,044	0		7.00
8.00	OTOLARYNGOLOGY CLINIC	90.09	65,534	32,802	0		8.00
9.00	PEDIATRIC CLINIC	90.10	7,651	3,828	0		9.00
10.00	UROLOGY CLINIC	90.12	32,911	16,495	0		10.00
11.00	PSYCHIATRIC CLINIC	90.13	89,328	44,332	0		11.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	ORTHO SPORTS MED CLINIC	90.16	27,250	13,555	0	12.00
	TOTALS		451,277	219,414		
	AF - A125 RADIOLOGY ADMIN RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	849,130	2,368,180	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	878,231	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
	TOTALS		849,130	3,246,411		
	AG - A84 UIHC FUNDED FACULTY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	3,148,420	0	0	1.00
2.00	SOCIAL SERVICE	17.00	122,150	0	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	929	0	0	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	294,352	0	0	4.00
5.00	OPERATING ROOM	50.00	145,605	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	73,479	0	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	215,038	0	0	7.00
8.00	IVF/CULTURE LAB	76.00	83,915	0	0	8.00
9.00	SPINE TREATMENT CENTER	76.03	55,241	0	0	9.00
10.00	PSYCHIATRIC CLINIC	90.13	44,661	0	0	10.00
11.00	EMERGENCY	91.00	6,363,095	0	0	11.00
12.00	KIDNEY ACQUISITION	105.00	65,495	0	0	12.00
13.00	VENDING/PATIENT ART	190.01	251,306	0	0	13.00
14.00	UICMS	194.00	619,260	0	0	14.00
	TOTALS		11,482,946	0		
	AH - A127 REHAB THERAPY ADMIN RECLASS					
1.00	PHYSICAL THERAPY	66.00	402,371	166,801	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		402,371	166,801		
	AI - A173 DIALYSIS CRRT RECLASS					
1.00	CARDIOLOGY	60.02	42,294	28,591	0	1.00
	TOTALS		42,294	28,591		
	AJ - A129 REHAB THERAPY PSYCH RECLASS					
1.00	PATIENT EDUCATION SERVICE	190.06	24,144	9,083	0	1.00
	TOTALS		24,144	9,083		
	AK - A130 VACA SICK RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,179,780	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
	TOTALS		0	2,179,780			
	AL - A131 TRANSCRIPTION SERVICES RECLASS						
1.00	LABORATORY	60.00	0	2,245	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,412	0		2.00
3.00	NEUROLOGY CLINIC	90.05	0	5,771	0		3.00
4.00	UROLOGY CLINIC	90.12	0	243	0		4.00
5.00	PSYCHIATRIC CLINIC	90.13	0	14,885	0		5.00
	TOTALS		0	27,556			
	AM - A999 UICMS OUTREACH RECLASS						
1.00	UICMS	194.00	0	4,346,001	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	4,346,001			
	AN - A97 FELLOW STIPEND RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,711,042	0		1.00
	TOTALS		0	8,711,042			
	AO - A134 RENAL DIALYSIS ADMIN RECLASS						
1.00	RENAL DIALYSIS	74.00	38,874	17,419	0		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	137,343	298,042	0		2.00
	TOTALS		176,217	315,461			
	AP - A135 TRANSPLANT STAFF TIMES STUDIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	12,764	4,565	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	22,353	7,019	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	7,538	2,649	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	2,519	910	0		4.00
5.00	ANATOMICAL LABORATORY	60.01	5,535	1,999	0		5.00
6.00	CARDIOLOGY	60.02	508,511	186,078	0		6.00
7.00	EMERGENCY	91.00	5	1	0		7.00
8.00	KIDNEY ACQUISITION	105.00	612,003	220,394	0		8.00
9.00	LUNG ACQUISITION	108.00	14,481	1,095	0		9.00
	TOTALS		1,185,709	424,710			
	AQ - A136 PEDIATRIC DIALYSIS RECLASS						
1.00	RENAL DIALYSIS	74.00	210,137	210,917	0		1.00
	TOTALS		210,137	210,917			
	AR - A138 PHARMACY TIME STUDY RECLASS						
1.00	PHARMACY	15.00	56,407	20,233	0		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	518,028	187,145	0		2.00
3.00	PHARMACY HOMEGOING DRUGS	190.03	59,144	21,358	0		3.00
	TOTALS		633,579	228,736			
	AS - A139 WESTLAWN PLANT OP RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0		1.00
2.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	69,060	0		2.00
	TOTALS		0	230,196			
	AT - A118 TRANSPLANT STAFF TIME STUDIES						
1.00	INTERNAL MEDICINE CLINIC	90.04	0	3,748	0		1.00
2.00	KIDNEY ACQUISITION	105.00	0	85,558	0		2.00
3.00	HEART ACQUISITION	106.00	0	2,885	0		3.00
4.00	LIVER ACQUISITION	107.00	0	59,622	0		4.00
5.00	LUNG ACQUISITION	108.00	0	32,524	0		5.00
6.00	PANCREAS ACQUISITION	109.00	0	320	0		6.00
	TOTALS		0	184,657			
	AU - A137 - ORG 03 P&L						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,686,897	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,565	0		2.00
	TOTALS		0	19,897,462			
	AV - A106 FACULTY TIME RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,053,945	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	18,789,379	0		2.00
3.00	LABORATORY	60.00	0	564,148	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	0	325,294	0		4.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	32,732,766			
	AW - A140 ARNP TO NONALLOWABLE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	112,825	40,911	0		1.00
2.00	NURSING ADMINISTRATION	13.00	16,281	5,432	0		2.00
3.00	SOCIAL SERVICE	17.00	308	115	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	94,732	28,252	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	119,494	41,535	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	304	33	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	2,879	792	0		7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	1,763	647	0		8.00
9.00	SUBPROVIDER - IPF	40.00	431,734	160,789	0		9.00
10.00	ANESTHESIOLOGY	53.00	206	76	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	254	28	0		11.00
12.00	CARDIOLOGY	60.02	183,206	66,159	0		12.00
13.00	DIGESTIVE DISEASE CENTER	76.05	67,682	23,990	0		13.00
14.00	CDC - REHAB	76.07	2,007	739	0		14.00
15.00	DIABETES EDUCATION	76.08	179	65	0		15.00
16.00	INTERNAL MEDICINE CLINIC	90.04	63,322	23,524	0		16.00
17.00	ORTHOPEDICS CLINIC	90.08	37,154	13,616	0		17.00
18.00	PSYCHIATRIC CLINIC	90.13	4,554	1,708	0		18.00
19.00	CANCER CLINIC	90.14	0	1,983	0		19.00
20.00	EMERGENCY	91.00	178,997	47,909	0		20.00
21.00	OBSERVATION BEDS (DISTINCT PART)	92.01	768	87	0		21.00
22.00	KIDNEY ACQUISITION	105.00	49,640	18,243	0		22.00
23.00	VENDING/PATIENT ART	190.01	4,449	1,665	0		23.00
	TOTALS		1,372,738	478,298			
	AX - A175 SFCH LL2 RECLASS						
1.00	OPERATING ROOM	50.00	224,552	186,806	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		224,552	186,806			
	AY - A155 RECOVERY AND OBS RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	2,753,263	0		1.00
	TOTALS		0	2,753,263			
	AZ - A174 LITHROTRIPSY REC TIME RECLASS						
1.00	LITHOTRIPSY	76.99	51,258	148,964	0		1.00
	TOTALS		51,258	148,964			
	BA - A147 INSURANCE EXPENSE RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	1,135,794	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	1,135,794			
	BC - A151 PHARMACY RESIDENT RECLASS						
1.00	PHARMACY	15.00	2,466	191	0		1.00
2.00	PARAMEDICAL EDUC - PHARMACY	23.02	278,965	94,435	0		2.00
	TOTALS		281,431	94,626			
	BD - A152 DIETARY EXP TO CAFE RECLASS						
1.00	DIETARY	10.00	5,670,844	7,446,958	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		5,670,844	7,446,958			
	BF - A154 UICMS HOUSEKEEPING RECLASS						
1.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	31,571	0		1.00
	TOTALS		0	31,571			
	BH - A157 TISSUE TYPING RECLASS						
1.00	SURGERY CLINIC	90.11	0	81,435	0		1.00
	TOTALS		0	81,435			
	BI - A158 TXP SUPPORT SRVC RECLASS						
1.00	KIDNEY ACQUISITION	105.00	0	20,922	0		1.00
2.00	CARDIOLOGY	60.02	0	115,068	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	135,990			
	BJ - A168 REVENUE MATCHING EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,622,556	731,686	0		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	129,990	70,978	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	6,181,675	2,424,444	0		3.00
4.00	OPERATING ROOM	50.00	31,675	12,296	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	449,189	244,614	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	290	356	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	351	293	0		7.00
8.00	EMERGENCY	91.00	179,066	91,224	0		8.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,144,676	894,678	0	9.00
	TOTALS		10,739,468	4,470,569		
	BM - A167 REV CODE 206 TELEMETRY RECLASS					
1.00	NURSING ADMINISTRATION	13.00	539,490	274,402	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		539,490	274,402		
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	28,476	463,037	0	1.00
	TOTALS		28,476	463,037		
	BV - A171 OPEB RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	747,878	0	1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	85,462	0	2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	818	0	3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	1,471	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	13,316	0	5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	133,965	0	6.00
7.00	HOUSEKEEPING-CDD	9.04	0	1,123	0	7.00
8.00	HOUSEKEEPING-IRL	9.05	0	3,461	0	8.00
9.00	DIETARY	10.00	0	105,901	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	78,350	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,998	0	11.00
12.00	PHARMACY	15.00	0	25,050	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	54,531	0	13.00
14.00	SOCIAL SERVICE	17.00	0	110,514	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	10,850	0	15.00
16.00	PARAMEDICAL EDUC - DIETARY	23.01	0	729	0	16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	7,039	0	17.00
18.00	PARAMEDICAL EDUC - PASTORAL	23.05	0	478	0	18.00
19.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	177	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	580,811	0	20.00
21.00	MEDICAL INTENSTIVE CARE UNIT	31.01	0	60,389	0	21.00
22.00	CORONARY CARE UNIT	32.00	0	55,194	0	22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	0	31,094	0	23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	84,728	0	24.00
25.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	152,112	0	25.00
26.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	59,375	0	26.00
27.00	SUBPROVIDER - IPF	40.00	0	81,475	0	27.00
28.00	NURSERY	43.00	0	1,788	0	28.00
29.00	OPERATING ROOM	50.00	0	339,120	0	29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,225	0	30.00
31.00	ANESTHESIOLOGY	53.00	0	24,045	0	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	97,283	0	32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,371	0	33.00
34.00	ULTRA SOUND	55.01	0	19,117	0	34.00
35.00	RADIOLOGY - PET SCAN	55.02	0	14,799	0	35.00
36.00	CT SCAN	57.00	0	12,557	0	36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,931	0	37.00
38.00	CARDIAC CATHETERIZATION	59.00	0	26,416	0	38.00
39.00	LABORATORY	60.00	0	132,908	0	39.00
40.00	ANATOMICAL LABORATORY	60.01	0	19,748	0	40.00
41.00	CARDIOLOGY	60.02	0	51,315	0	41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	14,224	0	42.00
43.00	BONE MARROW TRANSPLANT	63.01	0	7,432	0	43.00
44.00	RESPIRATORY THERAPY	65.00	0	71,115	0	44.00
45.00	PHYSICAL THERAPY	66.00	0	50,427	0	45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	15,429	0	46.00
47.00	ELECTROCARDIOLOGY	69.00	0	3,632	0	47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,441	0	48.00
49.00	ORTHOTIC SERVICES	71.01	0	144	0	49.00
50.00	DRUGS CHARGED TO PATIENTS	73.00	0	156,082	0	50.00
51.00	RENAL DIALYSIS	74.00	0	37,459	0	51.00
52.00	IVF/CULTURE LAB	76.00	0	16,230	0	52.00
53.00	URODYNAMICS	76.02	0	875	0	53.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
54.00	SPINE TREATMENT CENTER	76.03	0	3,762	0	54.00
55.00	OPHTHALMOLOGY	76.04	0	8,259	0	55.00
56.00	DIGESTIVE DISEASE CENTER	76.05	0	26,151	0	56.00
57.00	RECREATIONAL THERAPY	76.06	0	4,531	0	57.00
58.00	CDC - REHAB	76.07	0	2,324	0	58.00
59.00	DIABETES EDUCATION	76.08	0	3,131	0	59.00
60.00	CARDIAC REHABILITATION	76.97	0	4,059	0	60.00
61.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,308	0	61.00
62.00	LITHOTRIPSY	76.99	0	3,111	0	62.00
63.00	ANESTHESIA PAIN CLINIC	90.01	0	5,746	0	63.00
64.00	DERMATOLOGY CLINIC	90.02	0	8,269	0	64.00
65.00	ORAL SURGERY CLINIC	90.03	0	9,289	0	65.00
66.00	INTERNAL MEDICINE CLINIC	90.04	0	52,069	0	66.00
67.00	NEUROLOGY CLINIC	90.05	0	9,239	0	67.00
68.00	OB-GYN CLINIC	90.06	0	20,320	0	68.00
69.00	OPHTHALMOLOGY CLINIC	90.07	0	26,573	0	69.00
70.00	ORTHOPEDICS CLINIC	90.08	0	29,735	0	70.00
71.00	OTOLARYNGOLOGY CLINIC	90.09	0	22,371	0	71.00
72.00	PEDIATRIC CLINIC	90.10	0	57,233	0	72.00
73.00	SURGERY CLINIC	90.11	0	17,589	0	73.00
74.00	UROLOGY CLINIC	90.12	0	7,903	0	74.00
75.00	PSYCHIATRIC CLINIC	90.13	0	22,110	0	75.00
76.00	CANCER CLINIC	90.14	0	55,204	0	76.00
77.00	FAMILY CARE CLINIC	90.15	0	14,766	0	77.00
78.00	ORTHO SPORTS MED CLINIC	90.16	0	9,861	0	78.00
79.00	ANEMIA CLINIC	90.17	0	86	0	79.00
80.00	BURN CLINIC	90.19	0	2,223	0	80.00
81.00	IRL-CARDIOLOGY CLINIC	90.50	0	11,514	0	81.00
82.00	IRL-ANESTHESIA PAIN CLINIC	90.51	0	224	0	82.00
83.00	IRL-DERMATOLOGY CLINIC	90.52	0	2,957	0	83.00
84.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	11,213	0	84.00
85.00	IRL-OB/GYN CLINIC	90.56	0	8,719	0	85.00
86.00	IRL-OPHTHALMOLOGY CLINIC	90.57	0	4,087	0	86.00
87.00	IRL-ORTHOPEDICS CLINIC	90.58	0	722	0	87.00
88.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	2,367	0	88.00
89.00	IRL-PEDIATRICS CLINIC	90.60	0	7,383	0	89.00
90.00	IRL-UROLOGY CLINIC	90.62	0	3,890	0	90.00
91.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	2,624	0	91.00
92.00	IRL-DIABETES CENTER CLINIC	90.70	0	4,636	0	92.00
93.00	IRL-PROCEDURE SUITES	90.76	0	9,048	0	93.00
94.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	3,926	0	94.00
95.00	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0	507	0	95.00
96.00	QUAD CITIES-CANCER CENTER	90.95	0	2,896	0	96.00
97.00	NORTH DODGE- OB/GYN CLINIC	90.96	0	327	0	97.00
98.00	EMERGENCY	91.00	0	140,990	0	98.00
99.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	32,098	0	99.00
100.00	HOME PROGRAM DIALYSIS	94.00	0	2,507	0	100.00
101.00	AMBULANCE SERVICES	95.00	0	13,465	0	101.00
102.00	KIDNEY ACQUISITION	105.00	0	11,708	0	102.00
103.00	HEART ACQUISITION	106.00	0	1,947	0	103.00
104.00	LIVER ACQUISITION	107.00	0	2,067	0	104.00
105.00	LUNG ACQUISITION	108.00	0	1,399	0	105.00
106.00	VENDING/PATIENT ART	190.01	0	12,254	0	106.00
107.00	PHARMACY HOMEGOING DRUGS	190.03	0	76,266	0	107.00
108.00	PATIENT EDUCATION SERVICE	190.06	0	5,068	0	108.00
109.00	OTHER NON-ALLOWABLE	190.13	0	932	0	109.00
110.00	EPIC REMOTE HOSTING	190.14	0	24	0	110.00
111.00	UICMS	194.00	0	6,070	0	111.00
	TOTALS		0	4,566,459		
	BW - A172 GASB45 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,634,153	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
86.00		0.00	0	0	0	86.00
87.00		0.00	0	0	0	87.00
88.00		0.00	0	0	0	88.00
89.00		0.00	0	0	0	89.00
90.00		0.00	0	0	0	90.00
91.00		0.00	0	0	0	91.00
92.00		0.00	0	0	0	92.00
93.00		0.00	0	0	0	93.00
94.00		0.00	0	0	0	94.00
95.00		0.00	0	0	0	95.00
96.00		0.00	0	0	0	96.00
97.00		0.00	0	0	0	97.00
98.00		0.00	0	0	0	98.00
99.00		0.00	0	0	0	99.00
100.00		0.00	0	0	0	100.00
101.00		0.00	0	0	0	101.00
102.00		0.00	0	0	0	102.00
103.00		0.00	0	0	0	103.00
104.00		0.00	0	0	0	104.00
105.00		0.00	0	0	0	105.00
106.00		0.00	0	0	0	106.00
107.00		0.00	0	0	0	107.00
108.00		0.00	0	0	0	108.00
109.00		0.00	0	0	0	109.00
110.00		0.00	0	0	0	110.00
111.00		0.00	0	0	0	111.00
	TOTALS		0	2,634,153		
	CH - A135B PHYSICIAN TXP TIME STUDY RECLA					
1.00	ADMINISTRATIVE & GENERAL	5.00	551,056	126,853	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		551,056	126,853		
	DD - A122 AMBULATORY CARE ADMIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	30,152	12,085	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	TOTALS		30,152	12,085		
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN					
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,227	0	1.00
2.00	OPERATING ROOM	50.00	0	49,384,328	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,677	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	675,819	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	44,730	0	5.00
6.00	CT SCAN	57.00	0	2,496	0	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,220	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	11,203,736	0	8.00
9.00	LABORATORY	60.00	0	3,718,695	0	9.00
10.00	CARDIOLOGY	60.02	0	3,498,501	0	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,090	0	11.00
12.00	DIGESTIVE DISEASE CENTER	76.05	0	347,164	0	12.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/22/2017 3:29 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00	LITHOTRIPSY	76.99	0	71,378	0	13.00
14.00	ANESTHESIA PAIN CLINIC	90.01	0	34,500	0	14.00
15.00	OPHTHALMOLOGY CLINIC	90.07	0	5,648	0	15.00
16.00	SURGERY CLINIC	90.11	0	31	0	16.00
17.00	UROLOGY CLINIC	90.12	0	2,441	0	17.00
18.00	IRL-OB/GYN CLINIC	90.56	0	4,810	0	18.00
19.00	IRL-OPHTHALMOLOGY CLINIC	90.57	0	939	0	19.00
20.00	IRL-PROCEDURE SUITES	90.76	0	1,750	0	20.00
	TOTALS		0	69,010,180		
	ZB - A119 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,387,179	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	872,537	0	2.00
3.00	DERMATOLOGY CLINIC	90.02	0	146,219	0	3.00
4.00	ORAL SURGERY CLINIC	90.03	0	243,109	0	4.00
5.00	INTERNAL MEDICINE CLINIC	90.04	0	430,880	0	5.00
6.00	NEUROLOGY CLINIC	90.05	0	48,733	0	6.00
7.00	OB-GYN CLINIC	90.06	0	48,670	0	7.00
8.00	OPHTHALMOLOGY CLINIC	90.07	0	543,999	0	8.00
9.00	ORTHOPEDICS CLINIC	90.08	0	425,064	0	9.00
10.00	OTOLARYNGOLOGY CLINIC	90.09	0	611,841	0	10.00
11.00	PEDIATRIC CLINIC	90.10	0	394,384	0	11.00
12.00	SURGERY CLINIC	90.11	0	793,078	0	12.00
13.00	UROLOGY CLINIC	90.12	0	12,248	0	13.00
14.00	FAMILY CARE CLINIC	90.15	0	50,791	0	14.00
	TOTALS		0	7,008,732		
	ZD - A122 IRL ADMIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	3,494,884	3,015,438	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
	TOTALS		3,494,884	3,015,438		
	ZE - A160 IRL RADIOLOGY RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	547,078	1,014,469	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	TOTALS		547,078	1,014,469		
	ZH - A162 IRL COLLECTION SRVC RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	693,695	0	1.00
2.00	LABORATORY	60.00	0	432,990	0	2.00
3.00	CARDIOLOGY	60.02	0	8,518	0	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	1,150	0	4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	782,910	0	5.00
6.00	OPHTHALMOLOGY	76.04	0	25,628	0	6.00
7.00	DIABETES EDUCATION	76.08	0	3,967	0	7.00
8.00	CARDIAC REHABILITATION	76.97	0	32,999	0	8.00
9.00	IRL-CARDIOLOGY CLINIC	90.50	0	257,067	0	9.00
10.00	IRL-ANESTHESIA PAIN CLINIC	90.51	0	1,196	0	10.00
11.00	IRL-DERMATOLOGY CLINIC	90.52	0	67,362	0	11.00
12.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	138,573	0	12.00
13.00	IRL-OB/GYN CLINIC	90.56	0	184,685	0	13.00
14.00	IRL-OPHTHALMOLOGY CLINIC	90.57	0	83,919	0	14.00
15.00	IRL-ORTHOPEDICS CLINIC	90.58	0	21,909	0	15.00
16.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	66,098	0	16.00
17.00	IRL-PEDIATRICS CLINIC	90.60	0	127,112	0	17.00
18.00	IRL-UROLOGY CLINIC	90.62	0	141,921	0	18.00
19.00	IRL-PSYCHIATRIC CLINIC	90.63	0	24	0	19.00
20.00	IRL-FAMILY CARE CLINIC	90.65	0	541	0	20.00
21.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	43,699	0	21.00
22.00	IRL-DIABETES CENTER CLINIC	90.70	0	51,647	0	22.00
23.00	IRL-PROCEDURE SUITES	90.76	0	230,652	0	23.00
24.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	66,237	0	24.00
25.00	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0	9,176	0	25.00
	TOTALS		0	3,473,675		
	ZI - A163 CYNTHIA GEYER RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	38,640	14,015	0	1.00
	TOTALS		38,640	14,015		
	ZJ - A196 PATH LAB RECLASS					
1.00	LABORATORY	60.00	0	172,185	0	1.00
2.00	ANATOMICAL LABORATORY	60.01	0	114,164	0	2.00
	TOTALS		0	286,349		
	ZL - A165 AMBUL CARE PHYS ETC RECLASS					
1.00	EMERGENCY	91.00	1,454,035	842,050	0	1.00
	TOTALS		1,454,035	842,050		
	ZM - A166 SOCIAL SERVICE RECLASS					
1.00	FAMILY CARE CLINIC	90.15	41,815	15,680	0	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	14,180	5,318	0	2.00
3.00	RENAL DIALYSIS	74.00	14,180	5,318	0	3.00
	TOTALS		70,175	26,316		
	ZN - A78 TRANSFER RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,573,267	0	1.00
	TOTALS		0	2,573,267		
	ZO - A500 FUND 500/510 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	2,769,837	0	0	1.00
	TOTALS		2,769,837	0		
500.00	Grand Total: Decreases		66,614,536	218,335,548		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,228,497	2,011,981	0	2,011,981	0	1.00
2.00	Land Improvements	56,315,249	993,298	0	993,298	0	2.00
3.00	Buildings and Fixtures	1,366,478,481	107,485,912	0	107,485,912	673,978	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	486,661,133	100,311,924	0	100,311,924	17,911,802	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,928,683,360	210,803,115	0	210,803,115	18,585,780	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,928,683,360	210,803,115	0	210,803,115	18,585,780	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	21,240,478	0	1.00
2.00	Land Improvements	57,308,547	0	2.00
3.00	Buildings and Fixtures	1,473,290,415	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	569,061,255	0	5.00
6.00	Movable Equipment	0	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,120,900,695	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,120,900,695	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	37,378,702	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	3,653	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	205,898	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	4,008,585	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	45,223,903	0	0	0	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP - IRL	3,333,466	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	90,398,230	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	37,378,702	1.01
1.02	CAP REL COSTS-WESTLAWN	0	3,653	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	205,898	1.04
1.05	CAP REL COSTS-IRL	0	4,008,585	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	45,223,903	2.00
2.05	CAP REL COSTS-MVBLE EQUIP - IRL	0	3,333,466	2.05
3.00	Total (sum of lines 1-2)	0	90,398,230	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	1,456,198,786	0	1,456,198,786	0.686595	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000560	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	6,015,421	0	6,015,421	0.002836	0	1.03
1.04	CAP REL COSTS-CDD	21,325,922	0	21,325,922	0.010055	0	1.04
1.05	CAP REL COSTS-IRL	67,111,430	0	67,111,430	0.031643	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	544,684,043	0	544,684,043	0.256817	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP - IRL	24,377,213	0	24,377,213	0.011494	0	2.05
3.00	Total (sum of lines 1-2)	2,120,900,697	0	2,120,900,697	0.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	0	0	36,763,116	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	3,653	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	244,023	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	205,898	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	4,001,953	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	45,223,903	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP - IRL	0	0	0	3,333,466	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	89,776,012	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	830,739	0	0	37,593,855	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	3,653	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	205,898	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	4,001,953	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	305,055	0	0	45,528,958	2.00
2.05	CAP REL COSTS-MVBLE EQUIP - IRL	0	0	0	0	3,333,466	2.05
3.00	Total (sum of lines 1-2)	0	1,135,794	0	0	90,911,806	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-GENERAL HOSP (chapter 2)		0	CAP REL COSTS-GENERAL HOSP	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-WESTLAWN (chapter 2)		0	CAP REL COSTS-WESTLAWN	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ORTHO SPORTS MED BLDG (chapter 2)		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-CDD (chapter 2)		0	CAP REL COSTS-CDD	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-IRL (chapter 2)		0	CAP REL COSTS-IRL	1.05	0	1.05
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.05	Investment income - CAP REL COSTS-MVBLE EQUIP - IRL (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP - IRL	2.05	0	2.05
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-12,186	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-408,499	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-17,627,439			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing 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
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP		0	CAP REL COSTS-GENERAL HOSP	1.01	0	26.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
26.02	Depreciation - CAP REL COSTS-WESTLAWN		0	CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MED BLDG		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-CDD		0	CAP REL COSTS-CDD	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-IRL		0	CAP REL COSTS-IRL	1.05	0	26.05
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.05	Depreciation - CAP REL COSTS-MVBLE EQUIP - IRL		0	CAP REL COSTS-MVBLE EQUIP - IRL	2.05	0	27.05
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-81,367	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	A71 UTILITIES FOR TV ADJ	A	-44,921	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A74 INTEREST EXPENSE ADJ	A	-7,444,360	INTEREST EXPENSE	113.00	0	33.01
33.02	A77 COMP PARKING ADJ	A	-82,038	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	A77 COMP PARKING ADJ	A	-33,660	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.03
33.04	A77 COMP PARKING ADJ	A	-19	DIETARY	10.00	0	33.04
33.05	A77 COMP PARKING ADJ	A	-5,040	NURSING ADMINISTRATION	13.00	0	33.05
33.06	A77 COMP PARKING ADJ	A	-260	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	A77 COMP PARKING ADJ	A	-18,618	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.07
33.08	A77 COMP PARKING ADJ	A	-1,371	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.08
33.09	A77 COMP PARKING ADJ	A	-7,216	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.09
33.10	A77 COMP PARKING ADJ	A	-498	PSYCHIATRIC CLINIC	90.13	0	33.10
33.11	A79 EMPLOYEE HEALTH CLINIC ADJ	A	-159,438	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	A81 CONTINUING ED ADJ	B	14,271	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	A81 CONTINUING ED ADJ	B	351	NURSING ADMINISTRATION	13.00	0	33.13
33.14	A81 CONTINUING ED ADJ	B	-78,640	PHARMACY	15.00	0	33.14
33.15	A81 CONTINUING ED ADJ	B	-1,763	SOCIAL SERVICE	17.00	0	33.15
33.16	A81 CONTINUING ED ADJ	B	-41,954	OPERATING ROOM	50.00	0	33.16
33.17	A81 CONTINUING ED ADJ	B	4,570	CARDIAC CATHETERIZATION	59.00	0	33.17
33.18	A81 CONTINUING ED ADJ	B	39,891	CARDIOLOGY	60.02	0	33.18
33.19	A81 CONTINUING ED ADJ	B	-1,278	RESPIRATORY THERAPY	65.00	0	33.19
33.20	A81 CONTINUING ED ADJ	B	-502	PHYSICAL THERAPY	66.00	0	33.20
33.21	A81 CONTINUING ED ADJ	B	28,887	ELECTROENCEPHALOGRAPHY	70.00	0	33.21
33.22	A81 CONTINUING ED ADJ	B	14,207	PEDIATRIC CLINIC	90.10	0	33.22
33.23	A81 CONTINUING ED - ALLIED HEALTH	A	936,931	PARAMEDICAL EDUC - RAD TECH	23.04	0	33.23
33.24	A81 CONTINUING ED - ALLIED HEALTH	A	3,304	PARAMEDICAL EDUC - PASTORAL	23.05	0	33.24
33.25	A81 CONTINUING ED - ALLIED HEALTH	A	255,864	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	33.25
33.26	A81 CONTINUING ED - ALLIED HEALTH	A	540,782	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	33.26
33.27	A81 CONTINUING ED - ALLIED HEALTH	A	164	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	33.27
33.28	A81 CONTINUING ED - ALLIED HEALTH	A	-872,559	PARAMEDICAL EDUC - RAD TECH	23.04	0	33.28
33.29	A81 CONTINUING ED - ALLIED HEALTH	A	-800	PARAMEDICAL EDUC - PASTORAL	23.05	0	33.29
33.30	A81 CONTINUING ED - ALLIED HEALTH	A	-228,035	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	33.30
33.31	A81 CONTINUING ED - ALLIED HEALTH	A	-501,548	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	33.31

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.32	A81 CONTINUING ED - ALLIED HEALTH	A	-80,879	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	33.32
33.33	A82 LOBBYING EXPENSE ADJ	A	-49,887	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	A84 UIHC FUNDED FACULTY ADJ	A	-3,783,151	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35	A84 UIHC FUNDED FACULTY ADJ	A	-150,147	SOCIAL SERVICE	17.00	0	33.35
33.36	A84 UIHC FUNDED FACULTY ADJ	A	-1,244	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.36
33.37	A84 UIHC FUNDED FACULTY ADJ	A	-378,200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.37
33.38	A84 UIHC FUNDED FACULTY ADJ	A	-178,977	OPERATING ROOM	50.00	0	33.38
33.39	A84 UIHC FUNDED FACULTY ADJ	A	-90,320	PHYSICAL THERAPY	66.00	0	33.39
33.40	A84 UIHC FUNDED FACULTY ADJ	A	-264,324	ELECTROENCEPHALOGRAPHY	70.00	0	33.40
33.41	A84 UIHC FUNDED FACULTY ADJ	A	-102,374	IVF/CULTURE LAB	76.00	0	33.41
33.42	A84 UIHC FUNDED FACULTY ADJ	A	-75,866	SPINE TREATMENT CENTER	76.03	0	33.42
33.43	A84 UIHC FUNDED FACULTY ADJ	A	-55,707	PSYCHIATRIC CLINIC	90.13	0	33.43
33.44	A84 UIHC FUNDED FACULTY ADJ	A	-7,718,277	EMERGENCY	91.00	0	33.44
33.45	A84 UIHC FUNDED FACULTY ADJ	A	-80,506	KIDNEY ACQUISITION	105.00	0	33.45
33.46	A84 UIHC FUNDED FACULTY ADJ	A	-308,905	VENDING/PATIENT ART	190.01	0	33.46
33.47	A84 UIHC FUNDED FACULTY ADJ	A	-746,262	UICMS	194.00	0	33.47
33.48	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-3,355	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.48
33.49	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-185	OPERATING ROOM	50.00	0	33.49
33.50	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-163	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
33.51	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-1,515	ULTRA SOUND	55.01	0	33.51
33.52	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-2,154	RADIOLOGY - PET SCAN	55.02	0	33.52
33.53	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-1,035	IVF/CULTURE LAB	76.00	0	33.53
33.54	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-125	DIGESTIVE DISEASE CENTER	76.05	0	33.54
33.55	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-250	OB-GYN CLINIC	90.06	0	33.55
33.56	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-355	OTOLARYNGOLOGY CLINIC	90.09	0	33.56
33.57	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-28,946	EMERGENCY	91.00	0	33.57
33.58	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-660	UICMS	194.00	0	33.58
33.59	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-3,626	ADMINISTRATIVE & GENERAL	5.00	0	33.59
33.60	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,473	MEDICAL RECORDS & LIBRARY	16.00	0	33.60
33.61	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-3,352	BURN INTENSIVE CARE UNIT	33.00	0	33.61
33.62	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-21,276	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.62
33.63	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-6,945	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	33.63
33.64	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-3,033	NURSERY	43.00	0	33.64
33.65	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-2,844	CARDIOLOGY	60.02	0	33.65
33.66	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-4,876	DIGESTIVE DISEASE CENTER	76.05	0	33.66
33.67	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,828	INTERNAL MEDICINE CLINIC	90.04	0	33.67
33.68	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,158	PEDIATRIC CLINIC	90.10	0	33.68
33.69	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-204,822	EMERGENCY	91.00	0	33.69
33.70	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,828	KIDNEY ACQUISITION	105.00	0	33.70
33.71	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-579	VENDING/PATIENT ART	190.01	0	33.71
33.72	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-6,300	UICMS	194.00	0	33.72
33.73	A87 CAPITALIZED INTEREST UIHC	A	-727,838	CAP REL COSTS-GENERAL HOSP	1.01	9	33.73
33.74	A87 CAPITALIZED INTEREST IRL	A	-34,112	CAP REL COSTS-IRL	1.05	9	33.74

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.75	A87 IRL PARKING GARAGE - DEPREC	A	27,480	CAP REL COSTS-IRL	1.05	9	33.75
33.76	A90 REVENUE TRANSF TO FUND 285 ADJ	B	-10,365,492	ADMINISTRATIVE & GENERAL	5.00	0	33.76
33.77	A96 PATH LAB TRANSFER ADJ	A	239,418	LABORATORY	60.00	0	33.77
33.78	A96 PATH LAB TRANSFER ADJ	A	158,742	ANATOMICAL LABORATORY	60.01	0	33.78
33.79	A97 FELLOW STIPENDS - SALARY ADJ	A	8,711,042	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.79
33.80	A97 FELLOW STIPENDS - FRINGE ADJ	A	2,936,502	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.80
33.81	A99 MALPRACTICE ADJ	A	2,621,000	ADMINISTRATIVE & GENERAL	5.00	0	33.81
33.82	A101 FUND 980 GIFT SHOP ADJ	A	1,487,277	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.82
33.83	A105 EMSLRC TRANSFER ADJ	A	838,414	OTHER NON-ALLOWABLE	190.13	0	33.83
33.84	A106 FACULTY TIME STUDY ADJ	A	13,053,945	ADMINISTRATIVE & GENERAL	5.00	0	33.84
33.85	A106 FACULTY TIME STUDY ADJ	A	3,005,018	ADMINISTRATIVE & GENERAL	5.00	0	33.85
33.86	A106 FACULTY TIME STUDY ADJ	A	186,881	ADMINISTRATIVE & GENERAL	5.00	0	33.86
33.87	A106 FACULTY TIME STUDY ADJ	A	18,789,379	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.87
33.88	A106 FACULTY TIME STUDY ADJ	A	4,325,315	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.88
33.89	A106 FACULTY TIME STUDY ADJ	A	410,866	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.89
33.90	A106 FACULTY TIME STUDY ADJ	A	564,148	LABORATORY	60.00	0	33.90
33.91	A106 FACULTY TIME STUDY ADJ	A	129,867	LABORATORY	60.00	0	33.91
33.92	A106 FACULTY TIME STUDY ADJ	A	3,810	LABORATORY	60.00	0	33.92
33.93	A106 FACULTY TIME STUDY ADJ	A	325,294	ANATOMICAL LABORATORY	60.01	0	33.93
33.94	A106 FACULTY TIME STUDY ADJ	A	74,883	ANATOMICAL LABORATORY	60.01	0	33.94
33.95	A106 FACULTY TIME STUDY ADJ	A	1,803	ANATOMICAL LABORATORY	60.01	0	33.95
33.96	A109 PLAN OPS & MAINT ADJ	A	138,694	CAP REL COSTS-GENERAL HOSP	1.01	9	33.96
33.97	A109 PLAN OPS & MAINT ADJ	A	302,428	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.97
33.98	A109 PLAN OPS & MAINT ADJ	A	67,031	HOUSEKEEPING-GENERAL HOSP	9.01	0	33.98
33.99	A109 UNNECESSARY BORROWING ADJ	A	-1,877,276	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.99
34.00	A116 OTHER REVENUE ADJ	B	-3,825,050	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	A116 OTHER REVENUE ADJ	B	-757,191	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.01
34.02	A116 OTHER REVENUE ADJ	B	-30,276	HOUSEKEEPING-GENERAL HOSP	9.01	0	34.02
34.03	A116 OTHER REVENUE ADJ	B	-59,326	DIETARY	10.00	0	34.03
34.04	A116 OTHER REVENUE ADJ	B	67	PHARMACY	15.00	0	34.04
34.05	A116 OTHER REVENUE ADJ	B	-1,120,973	MEDICAL RECORDS & LIBRARY	16.00	0	34.05
34.06	A116 OTHER REVENUE ADJ	B	-15,604	OPERATING ROOM	50.00	0	34.06
34.07	A116 OTHER REVENUE ADJ	B	-428	ANESTHESIOLOGY	53.00	0	34.07
34.08	A116 OTHER REVENUE ADJ	B	-38,400	RADIOLOGY-DIAGNOSTIC	54.00	0	34.08
34.09	A116 OTHER REVENUE ADJ	B	-2,457	LABORATORY	60.00	0	34.09
34.10	A116 OTHER REVENUE ADJ	B	-8,648	ANATOMICAL LABORATORY	60.01	0	34.10
34.11	A116 OTHER REVENUE ADJ	B	-102,267	BONE MARROW TRANSPLANT	63.01	0	34.11
34.12	A116 OTHER REVENUE ADJ	B	-12,442	RESPIRATORY THERAPY	65.00	0	34.12
34.13	A116 OTHER REVENUE ADJ	B	-25,998	PHYSICAL THERAPY	66.00	0	34.13
34.14	A116 OTHER REVENUE ADJ	B	-30,658	ELECTROCARDIOLOGY	69.00	0	34.14
34.15	A116 OTHER REVENUE ADJ	B	-141,150	ELECTROENCEPHALOGRAPHY	70.00	0	34.15
34.16	A116 OTHER REVENUE ADJ	B	-1,200	CANCER CLINIC	90.14	0	34.16
34.17	A116 OTHER REVENUE ADJ	B	5	FAMILY CARE CLINIC	90.15	0	34.17
34.18	A116 OTHER REVENUE ADJ	B	-53,157	EMERGENCY	91.00	0	34.18
34.19	A116 OTHER REVENUE ADJ	B	-2,436,482	AMBULANCE SERVICES	95.00	0	34.19
34.20	A116 OTHER REVENUE ADJ	B	3,235	PHARMACY HOMEGOING DRUGS	190.03	0	34.20
34.21	A116 OTHER REVENUE ADJ	B	-62,500	EPIC REMOTE HOSTING	190.14	0	34.21
34.22	A116 OTHER REVENUE ADJ	B	-100,982	RENTAL PROPERTIES	190.15	0	34.22
34.23	A117 PHYS COST - LIVE KID ADJ	A	12,201	KIDNEY ACQUISITION	105.00	0	34.23
34.24	A117 PHYS COST - CAD KID ADJ	A	44,408	KIDNEY ACQUISITION	105.00	0	34.24
34.25	A117 PHYS COST - LIVER ADJ	A	6,562	LIVER ACQUISITION	107.00	0	34.25
34.26	A117 PHYS COST - HEART ADJ	A	4,526	HEART ACQUISITION	106.00	0	34.26
34.27	A117 PHYS COST - LUNG ADJ	A	9,353	LUNG ACQUISITION	108.00	0	34.27
34.28	A119 CLINIC TIME STUDY ADJ	A	2,387,179	MEDICAL RECORDS & LIBRARY	16.00	0	34.28
34.29	A119 CLINIC TIME STUDY ADJ	A	872,537	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.29
34.30	A119 CLINIC TIME STUDY ADJ	A	146,219	DERMATOLOGY CLINIC	90.02	0	34.30
34.31	A119 CLINIC TIME STUDY ADJ	A	243,109	ORAL SURGERY CLINIC	90.03	0	34.31
34.32	A119 CLINIC TIME STUDY ADJ	A	430,880	INTERNAL MEDICINE CLINIC	90.04	0	34.32

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.33	A119 CLINIC TIME STUDY ADJ	A	48,733	NEUROLOGY CLINIC	90.05	0	34.33
34.34	A119 CLINIC TIME STUDY ADJ	A	48,670	OB-GYN CLINIC	90.06	0	34.34
34.35	A119 CLINIC TIME STUDY ADJ	A	543,999	OPHTHALMOLOGY CLINIC	90.07	0	34.35
34.36	A119 CLINIC TIME STUDY ADJ	A	425,064	ORTHOPEDICS CLINIC	90.08	0	34.36
34.37	A119 CLINIC TIME STUDY ADJ	A	611,841	OTOLARYNGOLOGY CLINIC	90.09	0	34.37
34.38	A119 CLINIC TIME STUDY ADJ	A	394,384	PEDIATRIC CLINIC	90.10	0	34.38
34.39	A119 CLINIC TIME STUDY ADJ	A	793,078	SURGERY CLINIC	90.11	0	34.39
34.40	A119 CLINIC TIME STUDY ADJ	A	12,248	UROLOGY CLINIC	90.12	0	34.40
34.41	A119 CLINIC TIME STUDY ADJ	A	50,791	FAMILY CARE CLINIC	90.15	0	34.41
34.42	A119 CLINIC TIME STUDY ADJ	A	1,113,409	MEDICAL RECORDS & LIBRARY	16.00	0	34.42
34.43	A119 CLINIC TIME STUDY ADJ	A	369,333	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.43
34.44	A119 CLINIC TIME STUDY ADJ	A	70,050	DERMATOLOGY CLINIC	90.02	0	34.44
34.45	A119 CLINIC TIME STUDY ADJ	A	102,058	ORAL SURGERY CLINIC	90.03	0	34.45
34.46	A119 CLINIC TIME STUDY ADJ	A	186,355	INTERNAL MEDICINE CLINIC	90.04	0	34.46
34.47	A119 CLINIC TIME STUDY ADJ	A	23,398	NEUROLOGY CLINIC	90.05	0	34.47
34.48	A119 CLINIC TIME STUDY ADJ	A	23,340	OB-GYN CLINIC	90.06	0	34.48
34.49	A119 CLINIC TIME STUDY ADJ	A	247,222	OPHTHALMOLOGY CLINIC	90.07	0	34.49
34.50	A119 CLINIC TIME STUDY ADJ	A	206,394	ORTHOPEDICS CLINIC	90.08	0	34.50
34.51	A119 CLINIC TIME STUDY ADJ	A	228,543	OTOLARYNGOLOGY CLINIC	90.09	0	34.51
34.52	A119 CLINIC TIME STUDY ADJ	A	158,680	PEDIATRIC CLINIC	90.10	0	34.52
34.53	A119 CLINIC TIME STUDY ADJ	A	314,357	SURGERY CLINIC	90.11	0	34.53
34.54	A119 CLINIC TIME STUDY ADJ	A	4,420	UROLOGY CLINIC	90.12	0	34.54
34.55	A119 CLINIC TIME STUDY ADJ	A	18,333	FAMILY CARE CLINIC	90.15	0	34.55
34.56	A129 IRL FUND 990 ADJ	A	-20,308,251	ADMINISTRATIVE & GENERAL	5.00	0	34.56
34.57	A156 PERSONAL HEALTH ASSESSMENT ADJ	A	406,484	ADMINISTRATIVE & GENERAL	5.00	0	34.57
34.58	A156 EMPLOYEE FLU SHOT ADJ	A	137,532	ADMINISTRATIVE & GENERAL	5.00	0	34.58
34.59	A173 CHI MARKETING ADJ	A	-2,000	ADMINISTRATIVE & GENERAL	5.00	0	34.59
34.60	A174 ROSSI HOUSE ADJ	A	-321,346	ADMINISTRATIVE & GENERAL	5.00	0	34.60
34.61	REMOVE FUNDS 500/510 ADJ	A	-5,360,267	ADMINISTRATIVE & GENERAL	5.00	0	34.61
34.62	A103 HOSPITAL LIBRARY COST	A	1,877,000	ADMINISTRATIVE & GENERAL	5.00	0	34.62
34.63	A130 VACATION/SICK ADJ	A	-27,188	ADMINISTRATIVE & GENERAL	5.00	0	34.63
34.64			0		0.00	0	34.64
34.65	A171 OPEB ADJ	A	56,957	ADMINISTRATIVE & GENERAL	5.00	0	34.65
34.66	A172 GASB45 ADJ	A	-32,855	ADMINISTRATIVE & GENERAL	5.00	0	34.66
34.67	A140 PART B BILLING TO NONALLOW ADJ	B	-36,305	ADMINISTRATIVE & GENERAL	5.00	0	34.67
34.68	A140 PART B BILLING TO NONALLOW ADJ	B	-19,727	NURSING ADMINISTRATION	13.00	0	34.68
34.69	A140 PART B BILLING TO NONALLOW ADJ	B	-423	SOCIAL SERVICE	17.00	0	34.69
34.70	A140 PART B BILLING TO NONALLOW ADJ	B	-34,809	ADULTS & PEDIATRICS	30.00	0	34.70
34.71	A140 PART B BILLING TO NONALLOW ADJ	B	-3,671	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.71
34.72	A140 PART B BILLING TO NONALLOW ADJ	B	-2,411	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.72
34.73	A140 PART B BILLING TO NONALLOW ADJ	B	-46,152	SUBPROVIDER - IPF	40.00	0	34.73
34.74	A140 PART B BILLING TO NONALLOW ADJ	B	-282	ANESTHESIOLOGY	53.00	0	34.74
34.75	A140 PART B BILLING TO NONALLOW ADJ	B	-5,542	DIGESTIVE DISEASE CENTER	76.05	0	34.75
34.76	A140 PART B BILLING TO NONALLOW ADJ	B	-2,747	CDC - REHAB	76.07	0	34.76
34.77	A140 PART B BILLING TO NONALLOW ADJ	B	-244	DIABETES EDUCATION	76.08	0	34.77
34.78	A140 PART B BILLING TO NONALLOW ADJ	B	-50,770	ORTHOPEDICS CLINIC	90.08	0	34.78
34.79	A140 PART B BILLING TO NONALLOW ADJ	B	-6,262	PSYCHIATRIC CLINIC	90.13	0	34.79
34.80	A140 PART B BILLING TO NONALLOW ADJ	B	-1,983	CANCER CLINIC	90.14	0	34.80
34.81	A140 PART B BILLING TO NONALLOW ADJ	B	-6,114	VENDING/PATIENT ART	190.01	0	34.81
34.82	A140 PART B BILLING TO NONALLOW ADJ	A	-117,431	ADMINISTRATIVE & GENERAL	5.00	0	34.82
34.83	A140 PART B BILLING TO NONALLOW ADJ	A	-1,987	NURSING ADMINISTRATION	13.00	0	34.83

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.84	A140 PART B BILLING TO NONALLOW ADJ	A	-88,174	ADULTS & PEDIATRICS	30.00	0	34.84
34.85	A140 PART B BILLING TO NONALLOW ADJ	A	-161,029	BURN INTENSIVE CARE UNIT	33.00	0	34.85
34.86	A140 PART B BILLING TO NONALLOW ADJ	A	-337	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.86
34.87	A140 PART B BILLING TO NONALLOW ADJ	A	-546,371	SUBPROVIDER - IPF	40.00	0	34.87
34.88	A140 PART B BILLING TO NONALLOW ADJ	A	-282	RADIOLOGY-DIAGNOSTIC	54.00	0	34.88
34.89	A140 PART B BILLING TO NONALLOW ADJ	A	-249,365	CARDIOLOGY	60.02	0	34.89
34.90	A140 PART B BILLING TO NONALLOW ADJ	A	-86,131	DIGESTIVE DISEASE CENTER	76.05	0	34.90
34.91	A140 PART B BILLING TO NONALLOW ADJ	A	-86,845	INTERNAL MEDICINE CLINIC	90.04	0	34.91
34.92	A140 PART B BILLING TO NONALLOW ADJ	A	-226,906	EMERGENCY	91.00	0	34.92
34.93	A140 PART B BILLING TO NONALLOW ADJ	A	-855	OBSERVATION BEDS (DISTINCT PART)	92.01	0	34.93
34.94	A140 PART B BILLING TO NONALLOW ADJ	A	-67,882	KIDNEY ACQUISITION	105.00	0	34.94
34.95	A165 REMOVING UPL DOLLARDS FROM EMER	A	2,156,498	EMERGENCY	91.00	0	34.95
34.96	A76 DEPRECIATION ADJ	A	-92,098	CAP REL COSTS-GENERAL HOSP	1.01	9	34.96
34.97	A76 DEPRECIATION ADJ	A	-31,906	ADMINISTRATIVE & GENERAL	5.00	9	34.97
34.98	A76 DEPRECIATION ADJ	A	-11,713	CENTRAL SERVICES & SUPPLY	14.00	9	34.98
34.99	A76 DEPRECIATION ADJ	A	-6,707	SOCIAL SERVICE	17.00	9	34.99
35.00	A76 DEPRECIATION ADJ	A	-40,222	OPERATING ROOM	50.00	9	35.00
35.01	A76 DEPRECIATION ADJ	A	-6,558	RADIOLOGY - PET SCAN	55.02	9	35.01
35.02	A76 DEPRECIATION ADJ	A	-10,806	OTOLARYNGOLOGY CLINIC	90.09	9	35.02
35.03	A76 DEPRECIATION ADJ	A	-22,415	VENDING/PATIENT ART	190.01	9	35.03
35.04	A76 DEPRECIATION ADJ	A	65,656	CAP REL COSTS-GENERAL HOSP	1.01	9	35.04
35.05	A118 STAFF TXP TIME STUDIES ADJ	A	5,219	INTERNAL MEDICINE CLINIC	90.04	0	35.05
35.06	A118 STAFF TXP TIME STUDIES ADJ	A	117,959	KIDNEY ACQUISITION	105.00	0	35.06
35.07	A118 STAFF TXP TIME STUDIES ADJ	A	3,919	HEART ACQUISITION	106.00	0	35.07
35.08	A118 STAFF TXP TIME STUDIES ADJ	A	82,407	LIVER ACQUISITION	107.00	0	35.08
35.09	A118 STAFF TXP TIME STUDIES ADJ	A	48,424	LUNG ACQUISITION	108.00	0	35.09
35.10	A118 STAFF TXP TIME STUDIES ADJ	A	434	PANCREAS ACQUISITION	109.00	0	35.10
35.11	A116 OTHER REVENUE ADJ	B	-10,142,113	CAFETERIA	11.00	0	35.11
35.12	A78 TRANSFERS ADJ	A	-108,962,783	ADMINISTRATIVE & GENERAL	5.00	0	35.12
35.13	A78 TRANSFERS ADJ	A	-287,914	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.13
35.14	A116 OTHER REVENUE ADJ	B	-256,358	ORAL SURGERY CLINIC	90.03	0	35.14
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-136,274,233				50.00

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

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

Provider CCN: 16-0058

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2017 3:29 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	2,943,270	2,943,270	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	19,394,696	19,394,696	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	16,245,844	16,245,844	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	36,164,723	36,164,723	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,911,851	3,911,851	4.01
4.02	9.01	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING	53,724	53,724	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	25,402,560	25,402,560	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			104,116,668	104,116,668	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	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/22/2017 3:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	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	STATE UNIVERSIT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,869,244	0	1,869,244	239,400	7,385	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,232,261	0	2,232,261	239,400	11,238	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	239,400	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	709,207	0	709,207	212,100	2,086	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	818,524	0	818,524	212,100	3,068	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	212,100	0	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	42,167	0	42,167	212,100	270	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	199,220	0	199,220	179,000	1,195	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	34,745	0	34,745	179,000	273	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	179,000	0	12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,922,402	0	2,922,402	246,400	11,462	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,475,963	0	2,475,963	246,400	11,061	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	351,079	0	351,079	212,100	1,331	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	135,417	0	135,417	212,100	442	17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	6,478,228	0	6,478,228	197,500	34,578	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,789,319	0	1,789,319	197,500	12,804	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	197,500	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	123,659	0	123,659	212,100	866	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	449,408	0	449,408	212,100	3,321	23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	24.00
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	246,400	0	25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,205,172	0	1,205,172	246,400	3,692	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	428,107	0	428,107	237,100	2,066	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,642,652	0	2,642,652	237,100	15,420	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	237,100	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	111,877	0	111,877	212,100	315	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	280,791	0	280,791	212,100	2,020	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	26,163	0	26,163	212,100	129	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,817,010	0	1,817,010	212,100	6,227	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	259,077	0	259,077	212,100	597	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	602,031	0	602,031	212,100	2,671	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	523,369	0	523,369	260,300	2,495	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,071,556	0	1,071,556	260,300	7,371	41.00
42.00	60.00	AGGREGATE-LABORATORY	688,189	0	688,189	260,300	4,745	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	400,176	0	400,176	260,300	2,899	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	852,908	0	852,908	169,700	5,432	44.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,609,415	0	3,609,415	169,700	29,357	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	169,700	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	751,743	0	751,743	181,300	5,987	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	114,559	0	114,559	181,300	1,219	48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	181,300	0	49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	271,900	0	50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	107,714	0	107,714	271,900	379	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	271,900	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	127,239	0	127,239	271,900	486	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,823,592	0	2,823,592	271,900	12,329	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	271,900	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	217,020	0	217,020	246,400	583	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	862,399	0	862,399	246,400	2,322	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	108,422	0	108,422	260,300	471	59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	260,300	0	60.00
61.00	60.00	AGGREGATE-LABORATORY	5,825	0	5,825	260,300	30	61.00
200.00			40,267,849	0	40,267,849		210,622	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	849,985	42,499	0	0	13,458	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,293,451	64,673	0	0	19,789	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	212,712	10,636	2,923	2,923	3,340	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	312,848	15,642	3,796	3,796	4,201	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	27,532	1,377	300	300	857	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	102,839	5,142	20	20	209	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	23,494	1,175	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,357,806	67,890	9,143	9,143	53,721	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,310,303	65,515	8,175	8,175	44,424	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	135,724	6,786	0	0	0	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	45,071	2,254	0	0	0	17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	3,283,248	164,162	8,219	8,219	45,631	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,215,764	60,788	4,570	4,570	18,961	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	88,307	4,415	402	402	1,283	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	338,646	16,932	636	636	6,072	23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	24.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	437,360	21,868	4,478	4,478	34,549	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	235,504	11,775	1,435	1,435	13,945	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,757,732	87,887	10,880	10,880	89,965	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	32,121	1,606	885	885	566	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	205,982	10,299	2,588	2,588	3,802	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	13,154	658	431	431	762	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	634,974	31,749	11,144	11,144	37,471	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	60,877	3,044	1,271	1,271	1,966	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	272,365	13,618	2,591	2,591	6,751	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	312,235	15,612	0	0	2,291	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	922,438	46,122	0	0	5,776	41.00
42.00	60.00	AGGREGATE-LABORATORY	593,809	29,690	0	0	3,671	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	362,793	18,140	0	0	1,803	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	443,178	22,159	1,921	1,921	6,129	44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,395,136	119,757	2,295	2,295	31,861	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	521,848	26,092	834	834	7,666	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	106,252	5,313	159	159	1,379	48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	49,543	2,477	373	373	684	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	63,531	3,177	730	730	918	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,611,661	80,583	12,712	12,712	22,941	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	69,063	3,453	807	807	3,686	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	275,068	13,753	1,893	1,893	14,793	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	58,943	2,947	733	733	1,556	59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	60.00
61.00	60.00	AGGREGATE-LABORATORY	3,754	188	40	40	98	61.00
200.00			22,037,051	1,101,853	96,384	96,384	506,975	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	13,458	863,443	1,005,801	1,005,801		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	19,789	1,313,240	919,021	919,021		2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	3,340	218,975	490,232	490,232		4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,201	320,845	497,679	497,679		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0		7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	857	28,689	13,478	13,478		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	209	103,068	96,152	96,152		10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	23,494	11,251	11,251		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	53,721	1,420,670	1,501,732	1,501,732		13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	44,424	1,362,902	1,113,061	1,113,061		14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	135,724	215,355	215,355		16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	45,071	90,346	90,346		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	45,631	3,337,098	3,141,130	3,141,130		19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	18,961	1,239,295	550,024	550,024		20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,283	89,992	33,667	33,667		22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,072	345,354	104,054	104,054		23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		24.00
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0		25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	34,549	476,387	728,785	728,785		26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	13,945	250,884	177,223	177,223		28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	89,965	1,858,577	784,075	784,075		29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	566	33,572	78,305	78,305		31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,802	212,372	68,419	68,419		32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	762	14,347	11,816	11,816		34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	37,471	683,589	1,133,421	1,133,421		35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,966	64,114	194,963	194,963		37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,751	281,707	320,324	320,324		38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,291	314,526	208,843	208,843		40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	5,776	928,214	143,342	143,342		41.00
42.00	60.00	AGGREGATE-LABORATORY	3,671	597,480	90,709	90,709		42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	1,803	364,596	35,580	35,580		43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	6,129	451,228	401,680	401,680		44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	31,861	2,429,292	1,180,123	1,180,123		45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	7,666	530,348	221,395	221,395		47.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,379	107,790	6,769	6,769		48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0		50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	684	50,600	57,114	57,114		51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	918	65,179	62,060	62,060		53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	22,941	1,647,314	1,176,278	1,176,278		54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	3,686	73,556	143,464	143,464		56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	14,793	291,754	570,645	570,645		57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,556	61,232	47,190	47,190		59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0		60.00
61.00	60.00	AGGREGATE-LABORATORY	98	3,892	1,933	1,933		61.00
200.00			506,975	22,640,410	17,627,439	17,627,439		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	37,593,855	0	37,593,855			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	3,653	0	0	3,653		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,023	0	0	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	205,898	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	4,001,953	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	45,528,958					2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL	3,333,466					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	164,796,723	0	5,664,935	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	52,279,139	0	595,157	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	546,390	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	4,340,366	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,378,837	0	103,435	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	23,977,116	0	320,667	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	181,815	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	745,973	0	0	0	0	9.05
10.00	01000	DIETARY	12,360,919	0	245,461	0	0	10.00
11.00	01100	CAFETERIA	20,080	0	712,061	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	12,888,197	0	857,896	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,053,273	0	266,759	0	0	14.00
15.00	01500	PHARMACY	5,007,568	0	87,154	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,239,446	0	626,541	0	0	16.00
17.00	01700	SOCIAL SERVICE	17,528,273	0	216,742	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,011,756	0	2,120,785	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,858,216	0	426,668	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	109,504	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,640,653	0	26,382	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	609,961	0	27,624	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	73,078	0	1,504	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	165,190	0	3,367	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	328,628	0	8,287	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	8,655	0	82	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	88,485,287	0	3,518,704	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	9,554,203	0	311,546	0	0	31.01
32.00	03200	CORONARY CARE UNIT	8,598,062	0	345,512	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,931,727	0	220,583	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,185,062	0	152,733	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,570,332	0	305,858	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,210,477	0	344,172	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	11,837,090	0	473,923	0	0	40.00
43.00	04300	NURSERY	10,809,222	0	389,432	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80,531,062	0	2,746,377	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,402,913	0	184,672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,087,113	0	255,383	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,688,813	0	1,115,943	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,289,230	0	436,442	0	0	55.00
55.01	03630	ULTRA SOUND	3,908,028	0	45,833	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	3,936,987	0	162,393	0	0	55.02
57.00	05700	CT SCAN	4,045,382	0	87,906	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,981,330	0	196,506	0	30,247	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,816,979	0	181,828	0	0	59.00
60.00	06000	LABORATORY	42,131,145	0	930,110	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	4,096,099	0	318,950	0	0	60.01
60.02	03140	CARDIOLOGY	8,049,899	0	258,390	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,058,410	0	175,976	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	3,823,639	0	8,892	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	8,486,101	0	79,652	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,870,508	0	138,071	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,456,287	0	44,411	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	789,109	0	9,954	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,661,380	0	36,663	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,491,089	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	1,978,688	0	26,218	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	69,010,180	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148,115,724	0	305,776	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,028,204	0	169,994	0	0	74.00
76.00	03950	IVF/CULTURE LAB	2,664,898	0	166,087	0	0	76.00
76.02	03952	URODYNAMICS	176,165	0	7,012	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	509,170	0	44,640	0	0	76.03
76.04	03520	OPHTHALMOLOGY	1,420,572	0	89,034	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	5,972,631	0	239,217	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	770,190	0	80,028	0	0	76.06
76.07	03957	CDC - REHAB	352,707	0	17,882	0	0	76.07
76.08	03958	DIABETES EDUCATION	512,011	0	26,431	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	750,443	0	46,029	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	363,693	0	26,709	0	0	76.98
76.99	07699	LITHOTRIPSY	1,126,773	0	8,222	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	966,168	0	144,625	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,742,519	0	219,749	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	1,810,398	0	210,498	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	9,787,608	0	987,140	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1,621,287	0	325,309	0	0	90.05
90.06	09006	OB-GYN CLINIC	3,562,598	0	475,296	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	5,417,565	0	556,320	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	5,318,587	0	513,348	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,898,939	0	498,081	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	10,104,941	0	809,202	0	0	90.10
90.11	09011	SURGERY CLINIC	4,704,096	0	625,642	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,364,931	0	214,306	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	3,981,288	0	418,822	0	0	90.13
90.14	09014	CANCER CLINIC	9,629,473	0	770,055	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	2,468,113	0	452,968	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,866,891	0	0	0	213,776	90.16
90.17	09017	ANEMIA CLINIC	16,385	0	17,571	0	0	90.17
90.19	09019	BURN CLINIC	400,575	0	180	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,334,164	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	40,242	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	599,636	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,178,029	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	1,927,448	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	1,037,442	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	178,178	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	554,089	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1,443,238	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	984,784	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	4	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	93	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	540,535	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	913,839	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	1,982,057	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	771,698	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	113,537	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	410,544	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	423,414	0	0	0	0	90.96
91.00	09100	EMERGENCY	10,871,449	0	584,909	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,922,000	0	69,109	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	892,174	0	32,871	0	0	94.00
95.00	09500	AMBULANCE SERVICES	758,117	0	141,536	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,167,573	0	20,955	0	0	105.00
106.00	10600	HEART ACQUISITION	1,380,680	0	9,954	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,518,896	0	10,576	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,182,892	0	5,574	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	224,040	0	212	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,259,839,926	0	35,156,409	0	244,023	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,487,277	0	45,898	0	0	190.00
190.01	19001	VENDING/PATIENT ART	3,562,566	0	203,208	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	9,709	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	55,364,398	0	198,304	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	374,051	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	790,436	0	57,994	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	2,296,085	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	32,430	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	594,275	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	2,883,328	0	266,252	3,653	0	190.13
190.14	19014	EPIC REMOTE HOSTING	308,093	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	159,099	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	655,325	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	20,708,701	0	0	0	0	194.00
194.01	07951	OUTREACH	2,573,267	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,349,973,176	0	37,593,855	3,653	244,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	205,898					1.04
1.05	00105	CAP REL COSTS-IRL	0	4,001,953				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			45,528,958			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL			0	3,333,466		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	75,823	11,112	20,259,665	0	190,808,258	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	84,180	0	52,958,476	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,938	0	548,328	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	406,273	0	0	4,746,639	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	62,295	2,546	0	2,547,113	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	54,938	0	24,352,721	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	181,815	9.04
9.05	00905	HOUSEKEEPING-IRL	0	40,251	0	0	786,224	9.05
10.00	01000	DIETARY	0	52,775	117,183	0	12,776,338	10.00
11.00	01100	CAFETERIA	15,917	0	0	0	748,058	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	981,528	0	14,727,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	700	0	8,320,732	14.00
15.00	01500	PHARMACY	0	905	10,881	0	5,106,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,682	0	6,987	0	13,879,656	16.00
17.00	01700	SOCIAL SERVICE	0	4,669	5,490	0	17,755,174	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	53,132,541	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	18,284,884	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	109,504	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,667,035	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	637,585	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	74,582	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	168,557	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	336,915	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	8,737	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,789	0	1,304,023	0	93,310,803	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	0	221,833	0	10,087,582	31.01
32.00	03200	CORONARY CARE UNIT	0	0	451,378	0	9,394,952	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	95,422	0	5,247,732	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	286,325	0	13,624,120	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	120,718	0	14,996,908	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	229,086	0	9,783,735	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	17,451	0	12,328,464	40.00
43.00	04300	NURSERY	0	0	152,926	0	11,351,580	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,642,319	0	87,919,758	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	129,034	0	4,716,619	52.00
53.00	05300	ANESTHESIOLOGY	0	0	699,737	0	8,042,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	457,636	2,202,862	793,081	23,258,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,073,536	0	9,799,208	55.00
55.01	03630	ULTRA SOUND	0	0	272,548	0	4,226,409	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	806,084	0	4,905,464	55.02
57.00	05700	CT SCAN	0	0	849,163	0	4,982,451	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,243,631	0	5,451,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,579,324	0	6,578,131	59.00
60.00	06000	LABORATORY	3,647	158,035	1,591,961	226,063	45,040,961	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	188,403	0	4,603,452	60.01
60.02	03140	CARDIOLOGY	0	14,225	1,164,377	0	9,486,891	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	134,866	0	7,369,252	63.00
63.01	06301	BONE MARROW TRANSPLANT	7,278	0	0	0	3,839,809	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	510,919	0	9,076,672	65.00
66.00	06600	PHYSICAL THERAPY	3,563	0	21,475	0	7,033,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,833	652	0	0	2,505,183	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	23,290	0	822,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,129	0	161,567	0	3,878,739	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	28,491,089	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	2,004,906	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	69,010,180	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	430,126	658,964	0	149,510,590	73.00
74.00	07400	RENAL DIALYSIS	0	0	181,392	0	8,379,590	74.00
76.00	03950	IVF/CULTURE LAB	0	0	12,887	0	2,843,872	76.00
76.02	03952	URODYNAMICS	0	0	3,799	0	186,976	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,711	0	562,521	76.03
76.04	03520	OPHTHALMOLOGY	0	27,691	50,907	0	1,588,204	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	306,535	0	6,518,383	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	850,218	76.06
76.07	03957	CDC - REHAB	0	0	0	0	370,589	76.07
76.08	03958	DIABETES EDUCATION	0	13,610	0	0	552,052	76.08
76.97	07697	CARDIAC REHABILITATION	0	119,558	10,358	0	926,388	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	5,592	0	395,994	76.98
76.99	07699	LITHOTRIPSY	0	0	105,767	0	1,240,762	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	84,490	0	1,195,283	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	45,990	0	2,008,258	90.02
90.03	09003	ORAL SURGERY CLINIC	4,446	0	76,733	0	2,102,075	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	76,217	0	10,850,965	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	218,962	0	2,165,558	90.05
90.06	09006	OB-GYN CLINIC	0	0	74,190	0	4,112,084	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	215,610	0	6,189,495	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	21,067	0	5,853,002	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,141	0	484,918	0	6,892,079	90.09
90.10	09010	PEDIATRIC CLINIC	30,429	0	128,397	0	11,072,969	90.10
90.11	09011	SURGERY CLINIC	0	0	41,085	0	5,370,823	90.11
90.12	09012	UROLOGY CLINIC	0	0	81,365	0	1,660,602	90.12
90.13	09013	PSYCHIATRIC CLINIC	12,586	0	78,086	0	4,490,782	90.13
90.14	09014	CANCER CLINIC	0	0	171,713	0	10,571,241	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	19,687	0	2,940,768	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	32,118	0	2,112,785	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	33,956	90.17
90.19	09019	BURN CLINIC	0	0	1,454	0	402,209	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	225,397	0	395,310	2,954,871	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	1,194	0	1,841	43,277	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	115,178	0	103,072	817,886	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	280,344	1,065	203,236	2,662,674	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	199,589	0	277,002	2,404,039	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	183,337	0	131,558	1,352,337	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	23,456	0	32,926	234,560	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	98,455	0	123,047	775,591	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	223,479	0	161,917	1,828,634	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	149,239	0	215,681	1,349,704	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	37	41	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	36	0	832	961	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	143,303	0	68,163	752,001	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	81,841	0	69,694	1,065,374	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	477,292	0	417,536	2,876,885	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	96,670	868,368	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	14,084	127,621	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	556	0	411,100	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	423,414	90.96
91.00	09100	EMERGENCY	0	0	395,151	0	11,851,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	16,115	0	2,007,224	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,550	0	948,595	94.00
95.00	09500	AMBULANCE SERVICES	0	0	56,368	0	956,021	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	3,603	0	4,192,131	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,390,634	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,529,472	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,188,466	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	224,252	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	196,263	4,001,953	45,393,696	3,331,750	1,257,252,214	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,533,175	190.00
190.01	19001	VENDING/PATIENT ART	9,076	0	960	0	3,775,810	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	9,709	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	42,430	1,716	55,606,848	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL		
			1.04	1.05	2.00	2.05	2A.05	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	374,051	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	848,430	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	2,296,085	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	32,430	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	559	0	0	0	594,834	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	3,153,233	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	308,093	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	159,099	190.15
191.00	19100	RESEARCH	0	0	0	0	655,325	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	91,872	0	20,800,573	194.00
194.01	07951	OUTREACH	0	0	0	0	2,573,267	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	205,898	4,001,953	45,528,958	3,333,466	1,349,973,176	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	190,808,258					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	8,717,389	0	61,675,865			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	37,892	0	0	268,088		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	90,259	0	0	0	638,587	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	781,335	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	419,275	0	203,596	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	4,008,653	0	631,185	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	29,928	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	129,419	0	0	0	0	9.05
10.00	01000	DIETARY	2,103,087	0	483,154	0	0	10.00
11.00	01100	CAFETERIA	123,136	0	1,401,586	0	78,141	11.00
13.00	01300	NURSING ADMINISTRATION	2,424,284	0	1,688,640	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,369,659	0	525,076	0	0	14.00
15.00	01500	PHARMACY	840,572	0	171,551	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,284,702	0	1,233,253	0	32,804	16.00
17.00	01700	SOCIAL SERVICE	2,922,644	0	426,624	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,746,041	0	4,174,450	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,009,838	0	839,832	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	18,025	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	274,407	0	51,928	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	104,952	0	54,374	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	12,277	0	2,960	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	27,746	0	6,628	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	55,459	0	16,312	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	1,438	0	161	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,359,705	0	6,926,044	0	13,690	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	1,660,497	0	613,232	0	0	31.01
32.00	03200	CORONARY CARE UNIT	1,546,484	0	680,089	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	863,819	0	434,185	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,242,639	0	300,632	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,468,611	0	602,036	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,610,481	0	677,451	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	2,029,364	0	932,846	0	0	40.00
43.00	04300	NURSERY	1,868,561	0	766,540	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,472,296	0	5,405,837	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	776,393	0	363,499	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,323,816	0	502,683	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,828,508	0	2,196,568	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,613,028	0	859,072	0	0	55.00
55.01	03630	ULTRA SOUND	695,701	0	90,215	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	807,479	0	319,646	0	0	55.02
57.00	05700	CT SCAN	820,151	0	173,031	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	897,396	0	386,793	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,082,813	0	357,901	0	0	59.00
60.00	06000	LABORATORY	7,414,103	0	1,830,784	0	17,907	60.00
60.01	06001	ANATOMICAL LABORATORY	757,765	0	627,807	0	0	60.01
60.02	03140	CARDIOLOGY	1,561,618	0	508,603	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,213,038	0	346,383	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	632,063	0	17,503	0	35,731	63.01
65.00	06500	RESPIRATORY THERAPY	1,494,093	0	156,783	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,157,790	0	271,772	0	17,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	412,373	0	87,416	0	18,816	67.00
69.00	06900	ELECTROCARDIOLOGY	135,366	0	19,594	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	638,471	0	72,166	0	93,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,689,861	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	330,024	0	51,607	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,359,628	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,611,084	0	601,875	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
74.00	07400	RENAL DIALYSIS	1,379,348	0	334,607	0	0	74.00
76.00	03950	IVF/CULTURE LAB	468,124	0	326,918	0	0	76.00
76.02	03952	URODYNAMICS	30,778	0	13,803	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	92,595	0	87,867	0	0	76.03
76.04	03520	OPHTHALMOLOGY	261,431	0	175,251	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	1,072,978	0	470,863	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	139,953	0	157,523	0	0	76.06
76.07	03957	CDC - REHAB	61,002	0	35,198	0	0	76.07
76.08	03958	DIABETES EDUCATION	90,872	0	52,025	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	152,491	0	90,601	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	65,184	0	52,572	0	0	76.98
76.99	07699	LITHOTRIPSY	204,239	0	16,183	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	196,753	0	284,674	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	330,575	0	432,544	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	346,018	0	414,334	0	21,825	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,786,156	0	1,943,038	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	356,468	0	640,322	0	0	90.05
90.06	09006	OB-GYN CLINIC	676,882	0	935,549	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,018,840	0	1,095,034	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	963,451	0	1,010,449	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,134,491	0	980,399	0	49,785	90.09
90.10	09010	PEDIATRIC CLINIC	1,822,699	0	1,592,795	0	149,386	90.10
90.11	09011	SURGERY CLINIC	884,080	0	1,231,483	0	0	90.11
90.12	09012	UROLOGY CLINIC	273,348	0	421,830	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	739,219	0	824,389	0	61,789	90.13
90.14	09014	CANCER CLINIC	1,740,111	0	1,515,739	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	484,074	0	891,600	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	347,781	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	5,589	0	34,587	0	0	90.17
90.19	09019	BURN CLINIC	66,207	0	354	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	486,395	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	7,124	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	134,631	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	438,297	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	395,724	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	222,605	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	38,610	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	127,668	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	301,008	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	222,172	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	7	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	158	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	123,785	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	175,369	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	473,558	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	142,940	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	21,007	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	67,670	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	69,697	0	0	0	0	90.96
91.00	09100	EMERGENCY	1,950,853	0	1,151,306	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	330,405	0	136,031	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	156,146	0	64,701	0	0	94.00
95.00	09500	AMBULANCE SERVICES	157,369	0	278,593	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	690,058	0	41,247	0	0	105.00
106.00	10600	HEART ACQUISITION	228,909	0	19,594	0	0	106.00
107.00	10700	LIVER ACQUISITION	251,763	0	20,816	0	0	107.00
108.00	10800	LUNG ACQUISITION	195,631	0	10,971	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	36,914	0	418	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	175,545,646	0	56,878,111	0	591,282	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	252,373	0	90,344	0	0	190.00
190.01	19001	VENDING/PATIENT ART	621,529	0	399,984	0	44,560	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	1,598	0	19,111	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	9,153,332	0	390,332	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	61,572	0	736,265	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	139,658	0	114,153	0	0	190.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	377,954	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	5,338	0	63,833	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	97,914	0	1,169,742	0	2,745	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	519,047	0	524,079	268,088	0	190.13
190.14	19014	EPIC REMOTE HOSTING	50,715	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	26,189	0	0	0	0	190.15
191.00	19100	RESEARCH	107,872	0	1,289,911	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	3,423,941	0	0	0	0	194.00
194.01	07951	OUTREACH	423,580	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	190,808,258	0	61,675,865	268,088	638,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	5,527,974					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	84,241	3,254,225				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	1,055	0	28,993,614		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	211,743	9.04
9.05	00905	HOUSEKEEPING-IRL	54,431	0	0	0	0	9.05
10.00	01000	DIETARY	71,367	4,869	0	230,245	0	10.00
11.00	01100	CAFETERIA	0	3,970	0	667,921	25,910	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	804,716	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	84	0	250,223	0	14.00
15.00	01500	PHARMACY	1,224	0	0	81,752	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	587,702	10,877	16.00
17.00	01700	SOCIAL SERVICE	6,314	0	0	203,306	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,989,320	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,145	0	400,219	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	24,746	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	25,912	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	1,411	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	3,158	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	7,773	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	77	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,110,938	0	3,300,590	4,539	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	74,923	0	292,234	0	31.01
32.00	03200	CORONARY CARE UNIT	0	60,416	0	324,094	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	68,756	0	206,909	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	98,878	0	143,265	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	38,259	0	286,898	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	25,902	0	322,837	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	70,030	0	444,545	0	40.00
43.00	04300	NURSERY	0	31,700	0	365,292	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	717,163	0	2,576,133	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,946	0	173,224	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	239,552	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	618,859	91,877	0	1,046,767	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,440	0	409,388	0	55.00
55.01	03630	ULTRA SOUND	0	22,873	0	42,992	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	13,851	0	152,326	0	55.02
57.00	05700	CT SCAN	0	47,553	0	82,457	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	45,141	0	184,325	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,540	0	170,557	0	59.00
60.00	06000	LABORATORY	213,710	18,706	0	872,454	5,937	60.00
60.01	06001	ANATOMICAL LABORATORY	0	3,578	0	299,179	0	60.01
60.02	03140	CARDIOLOGY	19,237	15,163	0	242,373	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,497	0	165,068	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	8,341	11,848	63.01
65.00	06500	RESPIRATORY THERAPY	0	26	0	74,714	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,666	0	129,512	5,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	881	30	0	41,658	6,239	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,337	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,225	0	34,390	31,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	206	0	24,593	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	581,658	4,725	0	286,821	0	73.00
74.00	07400	RENAL DIALYSIS	0	20,709	0	159,456	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
76.00	03950	IVF/CULTURE LAB	0	7,308	0	155,792	0	76.00
76.02	03952	URODYNAMICS	0	2,625	0	6,578	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	41,873	0	76.03
76.04	03520	OPHTHALMOLOGY	37,446	673	0	83,515	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	45,967	0	224,388	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	75,067	0	76.06
76.07	03957	CDC - REHAB	0	909	0	16,774	0	76.07
76.08	03958	DIABETES EDUCATION	18,405	104	0	24,792	0	76.08
76.97	07697	CARDIAC REHABILITATION	161,678	2,082	0	43,176	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,916	0	25,053	0	76.98
76.99	07699	LITHOTRIPSY	0	6,826	0	7,712	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	10,816	0	135,660	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	9,706	0	206,127	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,635	0	197,449	7,237	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	3,193	0	925,948	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	440	0	305,143	0	90.05
90.06	09006	OB-GYN CLINIC	0	10,915	0	445,833	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	2,630	0	521,835	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	13,059	0	481,526	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	3,298	0	467,206	16,508	90.09
90.10	09010	PEDIATRIC CLINIC	0	10,969	0	759,041	49,535	90.10
90.11	09011	SURGERY CLINIC	0	3,652	0	586,859	0	90.11
90.12	09012	UROLOGY CLINIC	0	16,802	0	201,022	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	31	0	392,860	20,488	90.13
90.14	09014	CANCER CLINIC	0	38,018	0	722,320	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	5,239	0	424,889	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	68	0	16,482	0	90.17
90.19	09019	BURN CLINIC	0	0	0	169	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	304,804	6,757	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	1,615	31	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	155,755	1,770	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	379,108	3,642	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	269,903	4,854	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	247,925	2,205	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	31,719	576	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	133,140	1,737	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	302,209	4,137	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	201,816	3,730	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	49	14	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	193,788	1,149	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	110,673	1,357	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	645,436	6,062	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	351,599	1,741	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	138,182	241	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	697	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	58	0	0	0	90.96
91.00	09100	EMERGENCY	0	169,814	0	548,651	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	53,085	0	64,825	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	483	0	30,833	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,209	0	132,762	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	19,656	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	9,337	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	9,920	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,228	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	199	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,337,172	3,253,071	0	26,707,262	196,058	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43,053	0	190.00
190.01	19001	VENDING/PATIENT ART	0	590	0	190,611	14,775	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	9,107	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	190,802	0	0	186,011	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	350,864	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	54,399	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
190.09	19009	CONTACT LENS CLINIC	0	0	0	30,419	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	557,437	910	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	564	0	249,748	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	614,703	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,527,974	3,254,225	0	28,993,614	211,743	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	970,074					9.05
10.00	01000	DIETARY	12,846	15,681,906				10.00
11.00	01100	CAFETERIA	0	0	3,048,722			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	45,933	19,691,194		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	50,944	0	10,516,718	14.00
15.00	01500	PHARMACY	220	0	10,022	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	63,472	94,877	0	16.00
17.00	01700	SOCIAL SERVICE	1,137	0	78,922	368,439	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	288,963	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,439	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	418	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	5,846	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,409,461	390,013	5,259,502	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	669,063	35,494	524,577	0	31.01
32.00	03200	CORONARY CARE UNIT	0	583,105	32,153	485,086	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	431,958	19,626	304,328	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	892,322	48,439	680,327	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	965,152	17,121	682,656	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	450,485	35,494	467,735	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	1,758,188	61,801	872,673	0	40.00
43.00	04300	NURSERY	0	501,248	98,130	612,867	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	247,205	2,531,600	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,033	249,083	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	37,999	251,748	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,395	0	78,087	177,245	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,296	54,055	0	55.00
55.01	03630	ULTRA SOUND	0	0	12,110	821	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	8,352	17,209	0	55.02
57.00	05700	CT SCAN	0	0	9,187	6,600	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	11,692	253	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	14,198	102,986	0	59.00
60.00	06000	LABORATORY	38,468	0	101,889	237	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	18,373	1,184	0	60.01
60.02	03140	CARDIOLOGY	3,463	0	31,736	140,551	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	10,439	95,925	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	6,264	28,364	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	46,769	12,152	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	30,065	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	159	0	10,022	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,341	45,314	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	17,956	31,445	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,142,484	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	195,419	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,178,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,698	0	87,691	57	100	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	0	22,549	165,756	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	10,022	57,154	0	76.00
76.02	03952	URODYNAMICS	0	0	835	11,026	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	2,505	27,569	0	76.03
76.04	03520	OPHTHALMOLOGY	6,740	0	7,099	38,698	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	20,044	296,386	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	3,341	0	0	76.06
76.07	03957	CDC - REHAB	0	0	1,670	16,947	0	76.07
76.08	03958	DIABETES EDUCATION	3,313	0	1,670	21,316	0	76.08
76.97	07697	CARDIAC REHABILITATION	29,102	0	2,923	174	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,253	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	2,088	33,383	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	3,758	46,612	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	11,275	88,624	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	10,439	51,697	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	115,251	542,067	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	14,615	93,946	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	25,472	165,607	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	35,494	241,808	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	41,340	248,673	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	23,384	90,960	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	80,592	510,780	0	90.10
90.11	09011	SURGERY CLINIC	0	0	49,274	185,294	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	10,439	62,826	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	31,318	100,982	0	90.13
90.14	09014	CANCER CLINIC	0	0	44,263	508,668	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	26,307	149,929	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	7,934	64,663	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	4,978	0	90.17
90.19	09019	BURN CLINIC	0	0	1,670	24,680	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	54,865	0	8,352	69,521	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	291	0	0	2,336	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	28,036	0	2,505	38,004	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	68,239	0	10,857	162,416	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	48,583	0	7,516	87,466	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	44,627	0	4,176	63,559	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	5,709	0	835	13,144	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	23,965	0	2,088	23,670	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	54,398	0	7,099	111,919	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	36,327	0	3,758	52,442	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	9	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	34,882	0	2,505	36,969	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	19,921	0	4,176	42,133	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	116,176	0	7,099	93,529	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	63,288	0	3,758	61,936	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	24,873	0	418	7,370	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	76	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	418	3,542	0	90.96
91.00	09100	EMERGENCY	0	0	59,713	564,181	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	82,463	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	1,670	33,449	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	7,099	84,723	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	5,011	44,453	0	105.00
106.00	10600	HEART ACQUISITION	0	0	2,088	24,311	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,088	19,419	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	1,253	8,406	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	44	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	935,730	15,660,982	2,866,240	19,682,580	10,516,718	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	11,275	7,860	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	34,344	0	46,769	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	20,924	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,341	0	0	190.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	119,009	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	835	754	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	1,253	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	970,074	15,681,906	3,048,722	19,691,194	10,516,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,211,849					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,187,343				16.00
17.00	01700	SOCIAL SERVICE	0	0	21,762,560			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	68,331,315		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22,565,357	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,968	1,847,224	11,277,247	7,046,065	2,326,854	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	113,251	326,137	740,181	244,433	31.01
32.00	03200	CORONARY CARE UNIT	0	98,690	172,537	762,330	251,747	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	73,112	770,894	351,651	116,127	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	151,001	86,795	1,175,388	388,154	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	163,328	421,611	1,271,614	419,931	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	76,271	126,773	636,622	210,234	35.01
40.00	04000	SUBPROVIDER - IPF	0	132,974	2,625,931	859,307	283,773	40.00
43.00	04300	NURSERY	0	128,736	924,494	1,512,781	499,572	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,759	0	27,090	11,089,618	3,662,172	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,781	510,421	168,559	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,438,317	474,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,218	0	0	2,962,762	978,406	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,267	0	0	1,867,327	616,656	55.00
55.01	03630	ULTRA SOUND	11	0	0	746,420	246,494	55.01
55.02	05501	RADIOLOGY - PET SCAN	35	0	0	650,601	214,851	55.02
57.00	05700	CT SCAN	34,856	0	0	3,544,345	1,170,465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,274	0	0	2,824,532	932,758	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,248	0	0	1,805,684	596,299	59.00
60.00	06000	LABORATORY	9,870	0	0	8,750,441	2,889,697	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	757,012	249,992	60.01
60.02	03140	CARDIOLOGY	4,201	0	9,732	1,577,189	520,842	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	151	0	0	658,427	217,435	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	248,221	81,971	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,640,011	541,588	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	568,461	187,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	229,589	75,818	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	195,412	64,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	595,627	196,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	130,167	42,986	71.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,028,490	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,369	112,018	881,097	1,066,211	352,100	74.00
76.00	03950	IVF/CULTURE LAB	15	0	0	103,023	34,022	76.00
76.02	03952	URODYNAMICS	0	0	0	61,986	20,470	76.02
76.03	03953	SPINE TREATMENT CENTER	76	0	0	42,496	14,034	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	247,963	81,886	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	996	0	0	868,226	286,718	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	12,114	4,000	76.06
76.07	03957	CDC - REHAB	0	0	524,713	28,774	9,502	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	12,307	4,064	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	92,324	30,489	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	47,556	15,705	76.98
76.99	07699	LITHOTRIPSY	0	0	0	191,638	63,286	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	503	87,596	0	158,962	52,495	90.01
90.02	09002	DERMATOLOGY CLINIC	7	353,775	3,156	288,594	95,304	90.02
90.03	09003	ORAL SURGERY CLINIC	0	277,041	789	102,637	33,894	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,169	1,126,963	288,000	319,447	105,493	90.04
90.05	09005	NEUROLOGY CLINIC	205	259,399	35,244	80,896	26,715	90.05
90.06	09006	OB-GYN CLINIC	177	958,088	40,241	142,796	47,156	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	139	987,056	4,208	377,659	124,716	90.07
90.08	09008	ORTHOPEDICS CLINIC	386	789,367	67,595	224,936	74,282	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	298,844	10,258	338,937	111,929	90.09
90.10	09010	PEDIATRIC CLINIC	5,415	1,111,324	588,362	317,539	104,862	90.10
90.11	09011	SURGERY CLINIC	18	532,973	384,263	146,570	48,402	90.11
90.12	09012	UROLOGY CLINIC	1,126	131,510	0	144,511	47,723	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	661,170	989,195	263,894	87,147	90.13
90.14	09014	CANCER CLINIC	36,476	853,466	59,441	806,562	266,355	90.14
90.15	09015	FAMILY CARE CLINIC	424	623,189	0	192,882	63,696	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,573	318,258	0	161,300	53,267	90.16
90.17	09017	ANEMIA CLINIC	585	0	0	2,251	743	90.17
90.19	09019	BURN CLINIC	10	46,995	0	14,966	4,942	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	999	459,167	18,148	245,090	80,937	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	2,311	0	1,244	411	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	119,645	13,151	63,829	21,079	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	426	229,661	39,715	123,178	40,678	90.54
90.56	09056	IRL-OB/GYN CLINIC	73	321,340	35,770	171,463	56,623	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	149,769	15,518	79,910	26,389	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	38,829	1,052	20,712	6,840	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	117,874	9,205	62,907	20,774	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	23	188,829	37,874	100,772	33,278	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	253,004	0	135,013	44,586	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	77	16,570	21	7	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	1,002	0	536	177	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	294	77,735	6,049	42,196	13,934	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	81,279	11,310	43,353	14,317	90.70
90.76	09076	IRL-PROCEDURE SUITES	4,443	398,073	0	212,436	70,154	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	60	112,635	0	60,099	19,847	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	16,718	0	8,919	2,945	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	30,740	0	24,807	8,192	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	5,316	0	2,166	715	90.96
91.00	09100	EMERGENCY	21	910,400	17,622	2,697,753	890,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,403	54,314	7,364	19,468	6,429	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,619	0	176,673	58,343	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	32,290	10,663	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	92,527	364,011	0	0	105.00
106.00	10600	HEART ACQUISITION	0	14,638	124,406	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	26,425	117,567	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	8,243	73,381	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,926	26,301	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,252,759	16,028,715	21,596,598	68,331,315	22,565,357	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
190.03	19003	PHARMACY HOMEGOING DRUGS	959,090	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	165,962	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	2,158,628	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
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)	6,211,849	18,187,343	21,762,560	68,331,315	22,565,357	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY		127,947				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			2,023,962			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				822,823		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL					91,230	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	46,099	825,564	0	69,486	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	7,526	166,444	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	14,582	173,102	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,997	59,920	0	17,492	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	86,551	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	8,937	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	6,586	113,182	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	9,878	73,235	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	822,823	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
74.00	07400	RENAL DIALYSIS	0	4,234	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	213,049	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	4,704	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	1,882	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	53,262	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,352	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	470	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	1,411	106,524	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	1,882	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	941	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	470	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	941	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	1,411	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	470	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	470	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	2,352	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	470	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	0	59,920	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	4,252	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	126,065	1,930,753	822,823	91,230	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	1,882	93,209	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	127,947	2,023,962	822,823	91,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	206,089					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		416,459				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			10,413			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	158,539,792	-9,372,919	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	0	0	15,555,574	-984,614	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	14,579,367	-1,014,077	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	8,974,506	-467,778	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	19,918,511	-1,563,542	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	22,343,062	-1,691,545	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	14,543,788	-846,856	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	22,483,009	-1,143,080	40.00
43.00	04300	NURSERY	0	0	0	18,661,501	-2,012,353	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	128,652,631	-14,751,790	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,052,558	-678,980	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,311,330	-1,913,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206,089	416,459	10,413	36,851,811	-3,941,168	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,278,737	-2,483,983	55.00
55.01	03630	ULTRA SOUND	0	0	0	6,084,046	-992,914	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	7,089,814	-865,452	55.02
57.00	05700	CT SCAN	0	0	0	10,871,096	-4,714,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,751,878	-3,757,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,763,357	-2,401,983	59.00
60.00	06000	LABORATORY	0	0	0	67,205,164	-11,640,138	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	7,318,342	-1,007,004	60.01
60.02	03140	CARDIOLOGY	0	0	0	14,121,599	-2,098,031	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,086,615	-875,862	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	4,910,115	-330,192	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,042,808	-2,181,599	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,411,902	-756,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,388,184	-305,407	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,295,249	-259,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,592,771	-792,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,323,434	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	2,779,908	-173,153	71.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	87,548,523	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,817,789	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,902,044	-1,867,530	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	4,006,250	-137,045	76.00
76.02	03952	URODYNAMICS	0	0	0	335,077	-82,456	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	871,536	-56,530	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	2,528,906	-329,849	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	9,804,949	-1,154,944	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	1,242,216	-16,114	76.06
76.07	03957	CDC - REHAB	0	0	0	1,066,078	-38,276	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	780,920	-16,371	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,531,428	-122,813	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	606,233	-63,261	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,766,117	-254,924	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	2,173,112	-211,457	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	3,827,945	-383,898	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	3,568,070	-136,531	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	18,220,739	-424,940	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	3,978,951	-107,611	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,560,800	-189,952	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	10,598,914	-502,375	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0	9,768,066	-299,218	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	10,418,078	-450,866	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	18,180,972	-422,401	90.10
90.11	09011	SURGERY CLINIC	0	0	0	9,423,691	-194,972	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	2,971,739	-192,234	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	8,663,264	-351,041	90.13
90.14	09014	CANCER CLINIC	0	0	0	17,164,542	-1,072,917	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	5,856,259	-256,578	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	3,067,561	-214,567	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	99,239	-2,994	90.17
90.19	09019	BURN CLINIC	0	0	0	562,202	-19,908	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	4,692,258	-326,027	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	58,640	-1,655	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	1,396,761	-84,908	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	4,266,826	-163,856	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	3,805,236	-228,086	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	0	2,209,961	-106,299	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	392,586	-27,552	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	1,299,089	-83,681	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	2,971,121	-134,050	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	2,303,963	-179,599	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	16,724	-28	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	2,906	-713	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	1,285,757	-56,130	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	1,569,732	-57,670	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	0	4,906,203	-282,590	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	1,686,741	-79,946	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	348,294	-11,864	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	543,282	-32,999	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	505,326	-2,881	90.96
91.00	09100	EMERGENCY	0	0	0	20,872,634	-3,588,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,769,263	-25,897	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,473,512	-235,016	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,663,729	-42,953	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	5,449,094	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,813,917	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,977,470	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,491,579	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	290,054	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	206,089	416,459	10,413	1,230,757,327	-91,345,891	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,918,945	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	5,066,994	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	39,525	0	190.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	66,567,528	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,543,676	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,159,981	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	2,674,039	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	132,020	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	2,542,591	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	4,811,439	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	358,808	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	185,288	0	190.15
191.00	19100	RESEARCH	0	0	0	2,833,773	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	26,384,395	0	194.00
194.01	07951	OUTREACH	0	0	0	2,996,847	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	206,089	416,459	10,413	1,349,973,176	-91,345,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP			1.01
1.02	00102	CAP REL COSTS-WESTLAWN			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG			1.03
1.04	00104	CAP REL COSTS-CDD			1.04
1.05	00105	CAP REL COSTS-IRL			1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL			2.05
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD			6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP			9.01
9.04	00904	HOUSEKEEPING-CDD			9.04
9.05	00905	HOUSEKEEPING-IRL			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	149,166,873		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	14,570,960		31.01
32.00	03200	CORONARY CARE UNIT	13,565,290		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,506,728		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,354,969		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,651,517		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	13,696,932		35.01
40.00	04000	SUBPROVIDER - IPF	21,339,929		40.00
43.00	04300	NURSERY	16,649,148		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	113,900,841		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,373,578		52.00
53.00	05300	ANESTHESIOLOGY	10,398,031		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,910,643		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,794,754		55.00
55.01	03630	ULTRA SOUND	5,091,132		55.01
55.02	05501	RADIOLOGY - PET SCAN	6,224,362		55.02
57.00	05700	CT SCAN	6,156,286		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,994,588		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,361,374		59.00
60.00	06000	LABORATORY	55,565,026		60.00
60.01	06001	ANATOMICAL LABORATORY	6,311,338		60.01
60.02	03140	CARDIOLOGY	12,023,568		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,210,753		63.00
63.01	06301	BONE MARROW TRANSPLANT	4,579,923		63.01
65.00	06500	RESPIRATORY THERAPY	10,861,209		65.00
66.00	06600	PHYSICAL THERAPY	8,655,715		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,082,777		67.00
69.00	06900	ELECTROCARDIOLOGY	1,035,305		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,800,447		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,323,434		71.00
71.01	03540	ORTHOTIC SERVICES	2,606,755		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,548,523		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,817,789		73.00
74.00	07400	RENAL DIALYSIS	11,034,514		74.00
76.00	03950	IVF/CULTURE LAB	3,869,205		76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
76.02	03952	URODYNAMICS	252,621		76.02
76.03	03953	SPINE TREATMENT CENTER	815,006		76.03
76.04	03520	OPHTHALMOLOGY	2,199,057		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	8,650,005		76.05
76.06	03580	RECREATIONAL THERAPY	1,226,102		76.06
76.07	03957	CDC - REHAB	1,027,802		76.07
76.08	03958	DIABETES EDUCATION	764,549		76.08
76.97	07697	CARDIAC REHABILITATION	1,408,615		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	542,972		76.98
76.99	07699	LITHOTRIPSY	1,511,193		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,961,655		90.01
90.02	09002	DERMATOLOGY CLINIC	3,444,047		90.02
90.03	09003	ORAL SURGERY CLINIC	3,431,539		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	17,795,799		90.04
90.05	09005	NEUROLOGY CLINIC	3,871,340		90.05
90.06	09006	OB-GYN CLINIC	7,370,848		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,096,539		90.07
90.08	09008	ORTHOPEDICS CLINIC	9,468,848		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	9,967,212		90.09
90.10	09010	PEDIATRIC CLINIC	17,758,571		90.10
90.11	09011	SURGERY CLINIC	9,228,719		90.11
90.12	09012	UROLOGY CLINIC	2,779,505		90.12
90.13	09013	PSYCHIATRIC CLINIC	8,312,223		90.13
90.14	09014	CANCER CLINIC	16,091,625		90.14
90.15	09015	FAMILY CARE CLINIC	5,599,681		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,852,994		90.16
90.17	09017	ANEMIA CLINIC	96,245		90.17
90.19	09019	BURN CLINIC	542,294		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,366,231		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	56,985		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,311,853		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,102,970		90.54
90.56	09056	IRL-OB/GYN CLINIC	3,577,150		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2,103,662		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	365,034		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,215,408		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,837,071		90.60
90.62	09062	IRL-UROLOGY CLINIC	2,124,364		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	16,696		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	2,193		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,229,627		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,512,062		90.70
90.76	09076	IRL-PROCEDURE SUITES	4,623,613		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,606,795		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	336,430		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	510,283		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	502,445		90.96
91.00	09100	EMERGENCY	17,283,990		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,743,366		92.01
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	1,238,496		94.00
95.00	09500	AMBULANCE SERVICES	1,620,776		95.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	5,449,094		105.00
106.00	10600	HEART ACQUISITION	1,813,917		106.00
107.00	10700	LIVER ACQUISITION	1,977,470		107.00
108.00	10800	LUNG ACQUISITION	1,491,579		108.00
109.00	10900	PANCREAS ACQUISITION	290,054		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,139,411,436		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,918,945		190.00
190.01	19001	VENDING/PATIENT ART	5,066,994		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	39,525		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	66,567,528		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,543,676		190.05
190.06	19006	PATIENT EDUCATION SERVICE	1,159,981		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	2,674,039		190.08
190.09	19009	CONTACT LENS CLINIC	132,020		190.09
190.10	19010	IRL-PHYSICIANS	0		190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
190.11	19011	CLINICAL FACULTY DEPARTMENT	2,542,591		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	4,811,439		190.13
190.14	19014	EPIC REMOTE HOSTING	358,808		190.14
190.15	19015	RENTAL PROPERTIES	185,288		190.15
191.00	19100	RESEARCH	2,833,773		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	UICMS	26,384,395		194.00
194.01	07951	OUTREACH	2,996,847		194.01
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	1,258,627,285		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	4,031,607	0	5,664,935	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	3,985,092	0	595,157	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	73	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	103,435	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	320,667	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	0	245,461	0	0	10.00
11.00	01100	CAFETERIA	0	0	712,061	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,683	0	857,896	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	923	0	266,759	0	0	14.00
15.00	01500	PHARMACY	0	0	87,154	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	663	0	626,541	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	216,742	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,120,785	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,575	0	426,668	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	26,382	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	27,624	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	1,504	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	3,367	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	8,287	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	82	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	486,750	0	3,518,704	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	16,781	0	311,546	0	0	31.01
32.00	03200	CORONARY CARE UNIT	18,242	0	345,512	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	84,423	0	220,583	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	41,187	0	152,733	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,077	0	305,858	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,493	0	344,172	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	724	0	473,923	0	0	40.00
43.00	04300	NURSERY	0	0	389,432	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,498	0	2,746,377	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	184,672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	255,383	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,115,943	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	347	0	436,442	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	45,833	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	162,393	0	0	55.02
57.00	05700	CT SCAN	0	0	87,906	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	196,506	0	30,247	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,500	0	181,828	0	0	59.00
60.00	06000	LABORATORY	13,595	0	930,110	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	318,950	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	258,390	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	175,976	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	8,892	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	38,607	0	79,652	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	138,071	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	44,411	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,954	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,310	0	36,663	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
71.01	03540	ORTHOTIC SERVICES	0	0	26,218	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	305,776	0	0	73.00
74.00	07400	RENAL DIALYSIS	416,594	0	169,994	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	166,087	0	0	76.00
76.02	03952	URODYNAMICS	0	0	7,012	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	44,640	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	89,034	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	495	0	239,217	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	80,028	0	0	76.06
76.07	03957	CDC - REHAB	0	0	17,882	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	26,431	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	46,029	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	26,709	0	0	76.98
76.99	07699	LITHOTRIPSY	127,987	0	8,222	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	144,625	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	219,749	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	210,498	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	987,140	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,274	0	325,309	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	475,296	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	556,320	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	513,348	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	498,081	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	809,202	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	625,642	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	214,306	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	6,064	0	418,822	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	770,055	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	452,968	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	213,776	90.16
90.17	09017	ANEMIA CLINIC	0	0	17,571	0	0	90.17
90.19	09019	BURN CLINIC	0	0	180	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	18,591	0	584,909	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	15,736	0	69,109	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	30,127	0	32,871	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,142	0	141,536	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,132	0	20,955	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	9,954	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	10,576	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	5,574	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	212	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,410,292	0	35,156,409	0	244,023	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,898	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
190.01	19001	VENDING/PATIENT ART	6,429	0	203,208	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	9,709	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	198,304	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	374,051	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	57,994	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	32,430	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	594,275	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	93,700	0	266,252	3,653	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	59	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	655,325	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	54,582	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,565,062	0	37,593,855	3,653	244,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	75,823	11,112	20,259,665	0	30,043,142	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	84,180	0	4,664,429	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,938	0	2,011	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	406,273	0	0	406,273	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	62,295	2,546	0	168,276	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	54,938	0	375,605	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	40,251	0	0	40,251	9.05
10.00	01000	DIETARY	0	52,775	117,183	0	415,419	10.00
11.00	01100	CAFETERIA	15,917	0	0	0	727,978	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	981,528	0	1,846,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	700	0	268,382	14.00
15.00	01500	PHARMACY	0	905	10,881	0	98,940	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,682	0	6,987	0	640,873	16.00
17.00	01700	SOCIAL SERVICE	0	4,669	5,490	0	226,901	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,120,785	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	436,243	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	26,382	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	27,624	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	1,504	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	3,367	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	8,287	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	82	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,789	0	1,304,023	0	5,312,266	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	0	221,833	0	550,160	31.01
32.00	03200	CORONARY CARE UNIT	0	0	451,378	0	815,132	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	95,422	0	400,428	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	286,325	0	480,245	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	120,718	0	427,653	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	229,086	0	576,751	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	17,451	0	492,098	40.00
43.00	04300	NURSERY	0	0	152,926	0	542,358	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,642,319	0	7,392,194	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	129,034	0	313,706	52.00
53.00	05300	ANESTHESIOLOGY	0	0	699,737	0	955,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	457,636	2,202,862	793,081	4,569,522	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,073,536	0	1,510,325	55.00
55.01	03630	ULTRA SOUND	0	0	272,548	0	318,381	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	806,084	0	968,477	55.02
57.00	05700	CT SCAN	0	0	849,163	0	937,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,243,631	0	1,470,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,579,324	0	1,769,652	59.00
60.00	06000	LABORATORY	3,647	158,035	1,591,961	226,063	2,923,411	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	188,403	0	507,353	60.01
60.02	03140	CARDIOLOGY	0	14,225	1,164,377	0	1,436,992	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	134,866	0	310,842	63.00
63.01	06301	BONE MARROW TRANSPLANT	7,278	0	0	0	16,170	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	510,919	0	629,178	65.00
66.00	06600	PHYSICAL THERAPY	3,563	0	21,475	0	163,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,833	652	0	0	48,896	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	23,290	0	33,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,129	0	161,567	0	252,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	26,218	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	430,126	658,964	0	1,394,866	73.00
74.00	07400	RENAL DIALYSIS	0	0	181,392	0	767,980	74.00
76.00	03950	IVF/CULTURE LAB	0	0	12,887	0	178,974	76.00
76.02	03952	URODYNAMICS	0	0	3,799	0	10,811	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,711	0	53,351	76.03
76.04	03520	OPHTHALMOLOGY	0	27,691	50,907	0	167,632	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	306,535	0	546,247	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	80,028	76.06
76.07	03957	CDC - REHAB	0	0	0	0	17,882	76.07
76.08	03958	DIABETES EDUCATION	0	13,610	0	0	40,041	76.08
76.97	07697	CARDIAC REHABILITATION	0	119,558	10,358	0	175,945	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	5,592	0	32,301	76.98
76.99	07699	LITHOTRIPSY	0	0	105,767	0	241,976	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	84,490	0	229,115	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	45,990	0	265,739	90.02
90.03	09003	ORAL SURGERY CLINIC	4,446	0	76,733	0	291,677	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	76,217	0	1,063,357	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	218,962	0	547,545	90.05
90.06	09006	OB-GYN CLINIC	0	0	74,190	0	549,486	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	215,610	0	771,930	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	21,067	0	534,415	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,141	0	484,918	0	993,140	90.09
90.10	09010	PEDIATRIC CLINIC	30,429	0	128,397	0	968,028	90.10
90.11	09011	SURGERY CLINIC	0	0	41,085	0	666,727	90.11
90.12	09012	UROLOGY CLINIC	0	0	81,365	0	295,671	90.12
90.13	09013	PSYCHIATRIC CLINIC	12,586	0	78,086	0	515,558	90.13
90.14	09014	CANCER CLINIC	0	0	171,713	0	941,768	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	19,687	0	472,655	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	32,118	0	245,894	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	17,571	90.17
90.19	09019	BURN CLINIC	0	0	1,454	0	1,634	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	225,397	0	395,310	620,707	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	1,194	0	1,841	3,035	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	115,178	0	103,072	218,250	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	280,344	1,065	203,236	484,645	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	199,589	0	277,002	476,591	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	183,337	0	131,558	314,895	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	23,456	0	32,926	56,382	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	98,455	0	123,047	221,502	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	223,479	0	161,917	385,396	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	149,239	0	215,681	364,920	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	37	37	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	36	0	832	868	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	143,303	0	68,163	211,466	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	81,841	0	69,694	151,535	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	477,292	0	417,536	894,828	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	96,670	96,670	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	14,084	14,084	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	556	0	556	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	0	395,151	0	998,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	16,115	0	100,960	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,550	0	86,548	94.00
95.00	09500	AMBULANCE SERVICES	0	0	56,368	0	200,046	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	3,603	0	26,690	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	9,954	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	10,576	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	5,574	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	212	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	196,263	4,001,953	45,393,696	3,331,750	97,734,386	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	45,898	190.00
190.01	19001	VENDING/PATIENT ART	9,076	0	960	0	219,673	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	9,709	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	42,430	1,716	242,450	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP - IRL		
			1.04	1.05	2.00	2.05	2A	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	374,051	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	57,994	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	32,430	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	559	0	0	0	594,834	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	363,605	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	59	190.15
191.00	19100	RESEARCH	0	0	0	0	655,325	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	91,872	0	146,454	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	205,898	4,001,953	45,528,958	3,333,466	100,476,868	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	30,043,142					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	1,372,578	0	6,037,007			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	5,966	0	0	5,966		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	14,212	0	0	0	16,223	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	123,023	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	66,016	0	19,929	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	631,174	0	61,782	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	4,712	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	20,377	0	0	0	0	9.05
10.00	01000	DIETARY	331,137	0	47,292	0	0	10.00
11.00	01100	CAFETERIA	19,388	0	137,191	0	1,985	11.00
13.00	01300	NURSING ADMINISTRATION	381,710	0	165,289	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	215,657	0	51,396	0	0	14.00
15.00	01500	PHARMACY	132,350	0	16,792	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	359,733	0	120,714	0	833	16.00
17.00	01700	SOCIAL SERVICE	460,179	0	41,759	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,377,089	0	408,607	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	473,908	0	82,205	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	2,838	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	43,206	0	5,083	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	16,525	0	5,322	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	1,933	0	290	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	4,369	0	649	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	8,732	0	1,597	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	226	0	16	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,418,429	0	677,942	0	348	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	261,450	0	60,025	0	0	31.01
32.00	03200	CORONARY CARE UNIT	243,498	0	66,569	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	136,011	0	42,499	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	353,110	0	29,427	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	388,690	0	58,929	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	253,575	0	66,311	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	319,529	0	91,310	0	0	40.00
43.00	04300	NURSERY	294,210	0	75,031	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,278,704	0	529,138	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,245	0	35,580	0	0	52.00
53.00	05300	ANESTHESIOLOGY	208,439	0	49,204	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,810	0	215,006	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	253,976	0	84,088	0	0	55.00
55.01	03630	ULTRA SOUND	109,540	0	8,831	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	127,140	0	31,288	0	0	55.02
57.00	05700	CT SCAN	129,135	0	16,937	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	141,298	0	37,860	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,492	0	35,032	0	0	59.00
60.00	06000	LABORATORY	1,167,372	0	179,202	0	455	60.00
60.01	06001	ANATOMICAL LABORATORY	119,312	0	61,451	0	0	60.01
60.02	03140	CARDIOLOGY	245,881	0	49,783	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	190,996	0	33,905	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	99,520	0	1,713	0	908	63.01
65.00	06500	RESPIRATORY THERAPY	235,249	0	15,346	0	0	65.00
66.00	06600	PHYSICAL THERAPY	182,297	0	26,602	0	444	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,929	0	8,557	0	478	67.00
69.00	06900	ELECTROCARDIOLOGY	21,314	0	1,918	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,529	0	7,064	0	2,386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	738,432	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	51,963	0	5,051	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,788,606	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,874,927	0	58,913	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
74.00	07400	RENAL DIALYSIS	217,182	0	32,752	0	0	74.00
76.00	03950	IVF/CULTURE LAB	73,707	0	32,000	0	0	76.00
76.02	03952	URODYNAMICS	4,846	0	1,351	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	14,579	0	8,601	0	0	76.03
76.04	03520	OPHTHALMOLOGY	41,163	0	17,154	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	168,943	0	46,089	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	22,036	0	15,419	0	0	76.06
76.07	03957	CDC - REHAB	9,605	0	3,445	0	0	76.07
76.08	03958	DIABETES EDUCATION	14,308	0	5,092	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	24,010	0	8,868	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,263	0	5,146	0	0	76.98
76.99	07699	LITHOTRIPSY	32,158	0	1,584	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	30,979	0	27,865	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	52,050	0	42,339	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	54,482	0	40,556	0	554	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	281,235	0	190,190	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	56,127	0	62,677	0	0	90.05
90.06	09006	OB-GYN CLINIC	106,577	0	91,574	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	160,419	0	107,185	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	151,698	0	98,906	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	178,629	0	95,964	0	1,265	90.09
90.10	09010	PEDIATRIC CLINIC	286,989	0	155,907	0	3,795	90.10
90.11	09011	SURGERY CLINIC	139,201	0	120,541	0	0	90.11
90.12	09012	UROLOGY CLINIC	43,039	0	41,290	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	116,392	0	80,693	0	1,570	90.13
90.14	09014	CANCER CLINIC	273,985	0	148,365	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	76,219	0	87,272	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	54,759	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	880	0	3,385	0	0	90.17
90.19	09019	BURN CLINIC	10,424	0	35	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	76,584	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	1,122	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	21,198	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	69,011	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	62,308	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	35,050	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	6,079	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	20,102	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	47,395	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	34,982	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	1	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	25	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	19,490	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	27,612	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	74,563	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	22,506	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	3,308	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	10,655	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	10,974	0	0	0	0	90.96
91.00	09100	EMERGENCY	307,167	0	112,693	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	52,023	0	13,315	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	24,586	0	6,333	0	0	94.00
95.00	09500	AMBULANCE SERVICES	24,778	0	27,269	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	108,652	0	4,037	0	0	105.00
106.00	10600	HEART ACQUISITION	36,042	0	1,918	0	0	106.00
107.00	10700	LIVER ACQUISITION	39,641	0	2,038	0	0	107.00
108.00	10800	LUNG ACQUISITION	30,803	0	1,074	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5,812	0	41	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,639,999	0	5,567,388	0	15,021	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,737	0	8,843	0	0	190.00
190.01	19001	VENDING/PATIENT ART	97,861	0	39,152	0	1,132	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	252	0	1,871	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	1,441,218	0	38,207	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	9,695	0	72,068	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	21,990	0	11,174	0	0	190.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	59,510	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	841	0	6,248	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	15,417	0	114,498	0	70	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	81,725	0	51,298	5,966	0	190.13
190.14	19014	EPIC REMOTE HOSTING	7,985	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	4,124	0	0	0	0	190.15
191.00	19100	RESEARCH	16,985	0	126,260	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	539,109	0	0	0	0	194.00
194.01	07951	OUTREACH	66,694	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,043,142	0	6,037,007	5,966	16,223	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	529,296					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	8,066	262,287				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	85	0	1,068,646		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	4,712	9.04
9.05	00905	HOUSEKEEPING-IRL	5,212	0	0	0	0	9.05
10.00	01000	DIETARY	6,833	392	0	8,486	0	10.00
11.00	01100	CAFETERIA	0	320	0	24,618	577	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	29,660	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7	0	9,223	0	14.00
15.00	01500	PHARMACY	117	0	0	3,013	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	21,662	242	16.00
17.00	01700	SOCIAL SERVICE	605	0	0	7,493	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	73,322	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,624	0	14,751	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	912	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	955	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	52	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	116	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	287	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	3	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	89,538	0	121,659	101	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	6,039	0	10,771	0	31.01
32.00	03200	CORONARY CARE UNIT	0	4,870	0	11,945	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,542	0	7,626	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	7,970	0	5,280	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,084	0	10,574	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,088	0	11,899	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	5,644	0	16,385	0	40.00
43.00	04300	NURSERY	0	2,555	0	13,464	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	57,804	0	94,951	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,154	0	6,385	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,829	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,255	7,405	0	38,582	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,695	0	15,089	0	55.00
55.01	03630	ULTRA SOUND	0	1,844	0	1,585	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	1,116	0	5,614	0	55.02
57.00	05700	CT SCAN	0	3,833	0	3,039	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,638	0	6,794	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,235	0	6,286	0	59.00
60.00	06000	LABORATORY	20,462	1,508	0	32,157	132	60.00
60.01	06001	ANATOMICAL LABORATORY	0	288	0	11,027	0	60.01
60.02	03140	CARDIOLOGY	1,842	1,222	0	8,933	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	846	0	6,084	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	307	264	63.01
65.00	06500	RESPIRATORY THERAPY	0	2	0	2,754	0	65.00
66.00	06600	PHYSICAL THERAPY	0	779	0	4,774	129	66.00
67.00	06700	OCCUPATIONAL THERAPY	84	2	0	1,535	139	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	344	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	179	0	1,268	693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	17	0	906	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,693	381	0	10,572	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,669	0	5,877	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
76.00	03950	IVF/CULTURE LAB	0	589	0	5,742	0	76.00
76.02	03952	URODYNAMICS	0	212	0	242	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	1,543	0	76.03
76.04	03520	OPHTHALMOLOGY	3,585	54	0	3,078	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	3,705	0	8,271	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	2,767	0	76.06
76.07	03957	CDC - REHAB	0	73	0	618	0	76.07
76.08	03958	DIABETES EDUCATION	1,762	8	0	914	0	76.08
76.97	07697	CARDIAC REHABILITATION	15,480	168	0	1,591	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	235	0	923	0	76.98
76.99	07699	LITHOTRIPSY	0	550	0	284	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	872	0	5,000	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	782	0	7,597	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	212	0	7,278	161	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	257	0	34,129	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	35	0	11,247	0	90.05
90.06	09006	OB-GYN CLINIC	0	880	0	16,433	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	212	0	19,234	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	1,053	0	17,748	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	266	0	17,220	367	90.09
90.10	09010	PEDIATRIC CLINIC	0	884	0	27,977	1,102	90.10
90.11	09011	SURGERY CLINIC	0	294	0	21,630	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,354	0	7,409	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	3	0	14,480	456	90.13
90.14	09014	CANCER CLINIC	0	3,064	0	26,623	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	422	0	15,661	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	5	0	608	0	90.17
90.19	09019	BURN CLINIC	0	0	0	6	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	29,185	545	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	155	3	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	14,913	143	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	36,299	294	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	25,843	391	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	23,739	178	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	3,037	46	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	12,748	140	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	28,936	333	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	19,324	301	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	5	1	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	18,555	93	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	10,597	109	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	61,799	489	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	33,665	140	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	13,231	19	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	56	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	5	0	0	0	90.96
91.00	09100	EMERGENCY	0	13,687	0	20,222	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,279	0	2,389	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	39	0	1,136	0	94.00
95.00	09500	AMBULANCE SERVICES	0	339	0	4,893	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	724	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	344	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	366	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	193	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	7	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	511,027	262,194	0	984,375	4,363	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,587	0	190.00
190.01	19001	VENDING/PATIENT ART	0	48	0	7,026	329	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	336	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	18,269	0	0	6,856	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	12,932	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	2,005	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
190.09	19009	CONTACT LENS CLINIC	0	0	0	1,121	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	20,546	20	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	45	0	9,205	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	22,657	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	529,296	262,287	0	1,068,646	4,712	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	65,840					9.05
10.00	01000	DIETARY	872	810,431				10.00
11.00	01100	CAFETERIA	0	0	912,057			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,741	2,436,507		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,241	0	559,906	14.00
15.00	01500	PHARMACY	15	0	2,998	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	18,988	11,740	0	16.00
17.00	01700	SOCIAL SERVICE	77	0	23,610	45,589	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	86,446	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,123	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	125	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	1,749	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	486,275	116,676	650,787	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	34,577	10,618	64,909	0	31.01
32.00	03200	CORONARY CARE UNIT	0	30,135	9,619	60,023	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	22,323	5,871	37,656	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	46,115	14,491	84,181	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	49,878	5,122	84,469	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	23,281	10,618	57,876	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	90,862	18,488	107,981	0	40.00
43.00	04300	NURSERY	0	25,904	29,357	75,834	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	73,954	313,250	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,497	30,821	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	11,368	31,150	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,560	0	23,360	21,932	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,371	6,688	0	55.00
55.01	03630	ULTRA SOUND	0	0	3,623	102	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	2,498	2,129	0	55.02
57.00	05700	CT SCAN	0	0	2,748	817	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,498	31	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,247	12,743	0	59.00
60.00	06000	LABORATORY	2,611	0	30,481	29	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	5,497	146	0	60.01
60.02	03140	CARDIOLOGY	235	0	9,494	17,391	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,123	11,869	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	1,874	3,510	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,991	1,504	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,994	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11	0	2,998	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	999	5,607	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,372	3,891	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	167,335	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	10,406	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	382,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,106	0	26,234	7	5	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	0	6,746	20,510	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	2,998	7,072	0	76.00
76.02	03952	URODYNAMICS	0	0	250	1,364	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	750	3,411	0	76.03
76.04	03520	OPHTHALMOLOGY	457	0	2,124	4,788	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	5,996	36,674	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	999	0	0	76.06
76.07	03957	CDC - REHAB	0	0	500	2,097	0	76.07
76.08	03958	DIABETES EDUCATION	225	0	500	2,638	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,975	0	874	21	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	375	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	625	4,131	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	1,124	5,768	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	3,373	10,966	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	3,123	6,397	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	34,479	67,073	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	4,372	11,625	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	7,620	20,492	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	10,618	29,920	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	12,367	30,770	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	6,996	11,255	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	24,110	63,202	0	90.10
90.11	09011	SURGERY CLINIC	0	0	14,741	22,928	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	3,123	7,774	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	9,369	12,495	0	90.13
90.14	09014	CANCER CLINIC	0	0	13,242	62,941	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	7,870	18,552	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	2,374	8,001	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	616	0	90.17
90.19	09019	BURN CLINIC	0	0	500	3,054	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	3,724	0	2,498	8,602	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	20	0	0	289	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,903	0	750	4,702	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,631	0	3,248	20,097	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	3,297	0	2,249	10,823	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	3,029	0	1,249	7,864	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	388	0	250	1,626	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,627	0	625	2,929	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	3,692	0	2,124	13,848	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,466	0	1,124	6,489	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	1	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	2,367	0	750	4,574	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,352	0	1,249	5,213	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	7,885	0	2,124	11,573	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	4,295	0	1,124	7,664	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	1,688	0	125	912	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	9	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	125	438	0	90.96
91.00	09100	EMERGENCY	0	0	17,864	69,810	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	10,204	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	500	4,139	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,124	10,483	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,499	5,500	0	105.00
106.00	10600	HEART ACQUISITION	0	0	625	3,008	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	625	2,403	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	375	1,040	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	5	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	63,509	809,350	857,466	2,435,441	559,906	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	3,373	973	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	2,331	0	13,991	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	1,081	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	999	0	0	190.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	35,603	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	250	93	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	375	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	65,840	810,431	912,057	2,436,507	559,906	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	254,225					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,174,785				16.00
17.00	01700	SOCIAL SERVICE	0	0	806,213			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,066,249		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		1,011,854	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	653	119,319	417,777			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	7,315	12,082			31.01
32.00	03200	CORONARY CARE UNIT	0	6,375	6,392			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,723	28,558			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,754	3,215			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	10,550	15,619			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,927	4,696			35.01
40.00	04000	SUBPROVIDER - IPF	0	8,589	97,280			40.00
43.00	04300	NURSERY	0	8,316	34,249			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	154	0	1,004			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	585			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,930	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	215	0	0			55.00
55.01	03630	ULTRA SOUND	0	0	0			55.01
55.02	05501	RADIOLOGY - PET SCAN	1	0	0			55.02
57.00	05700	CT SCAN	1,425	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	706	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	92	0	0			59.00
60.00	06000	LABORATORY	404	0	0			60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0			60.01
60.02	03140	CARDIOLOGY	172	0	361			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	0	0			63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0			63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
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 PATIENTS	0	0	0			71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0			71.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,848	0	0			73.00
74.00	07400	RENAL DIALYSIS	996	7,236	32,641			74.00
76.00	03950	IVF/CULTURE LAB	1	0	0			76.00
76.02	03952	URODYNAMICS	0	0	0			76.02
76.03	03953	SPINE TREATMENT CENTER	3	0	0			76.03
76.04	03520	OPHTHALMOLOGY	0	0	0			76.04
76.05	03340	DIGESTIVE DISEASE CENTER	41	0	0			76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0			76.06
76.07	03957	CDC - REHAB	0	0	19,438			76.07
76.08	03958	DIABETES EDUCATION	0	0	0			76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	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	ANESTHESIA PAIN CLINIC	21	5,658	0			90.01
90.02	09002	DERMATOLOGY CLINIC	0	22,852	117			90.02
90.03	09003	ORAL SURGERY CLINIC	0	17,895	29			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	48	72,795	10,669			90.04
90.05	09005	NEUROLOGY CLINIC	8	16,755	1,306			90.05
90.06	09006	OB-GYN CLINIC	7	61,886	1,491			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	6	63,757	156			90.07
90.08	09008	ORTHOPEDICS CLINIC	16	50,988	2,504			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	19,303	380			90.09
90.10	09010	PEDIATRIC CLINIC	221	71,784	21,796			90.10
90.11	09011	SURGERY CLINIC	1	34,427	14,235			90.11
90.12	09012	UROLOGY CLINIC	46	8,495	0			90.12
90.13	09013	PSYCHIATRIC CLINIC	0	42,707	36,646			90.13
90.14	09014	CANCER CLINIC	1,491	55,128	2,202			90.14
90.15	09015	FAMILY CARE CLINIC	17	40,254	0			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	64	20,557	0			90.16
90.17	09017	ANEMIA CLINIC	24	0	0			90.17
90.19	09019	BURN CLINIC	0	3,036	0			90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	41	29,659	672			90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	149	0			90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	7,728	487			90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	17	14,835	1,471			90.54
90.56	09056	IRL-OB/GYN CLINIC	3	20,756	1,325			90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	9,674	575			90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	2,508	39			90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	7,614	341			90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1	12,197	1,403			90.60
90.62	09062	IRL-UROLOGY CLINIC	0	16,342	0			90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	5	614			90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	65	0			90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	12	5,021	224			90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	5,250	419			90.70
90.76	09076	IRL-PROCEDURE SUITES	182	25,713	0			90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2	7,275	0			90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	1,080	0			90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	1,986	0			90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	343	0			90.96
91.00	09100	EMERGENCY	1	58,806	653			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	139	3,508	273			92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	169	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,977	13,485			105.00
106.00	10600	HEART ACQUISITION	0	946	4,609			106.00
107.00	10700	LIVER ACQUISITION	0	1,707	4,355			107.00
108.00	10800	LUNG ACQUISITION	0	532	2,718			108.00
109.00	10900	PANCREAS ACQUISITION	0	124	974			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,015	1,035,350	800,065	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	VENDING/PATIENT ART	0	0	0			190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0			190.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			15.00	16.00	17.00	21.00	22.00	
190.03	19003	PHARMACY HOMEGOING DRUGS	39,210	0	0			190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0			190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0			190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0			190.06
190.07	19007	NON-ALLOWABLE	0	0	0			190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0			190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0			190.09
190.10	19010	IRL-PHYSICIANS	0	0	0			190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0			190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0			190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0			190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0			190.14
190.15	19015	RENTAL PROPERTIES	0	0	0			190.15
191.00	19100	RESEARCH	0	0	6,148			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	UICMS	0	139,435	0			194.00
194.01	07951	OUTREACH	0	0	0			194.01
200.00		Cross Foot Adjustments				4,066,249	1,011,854	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	254,225	1,174,785	806,213	4,066,249	1,011,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY		2,963				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			77,332			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				50,426		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL					3,779	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	ANATOMICAL LABORATORY						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
63.01	06301	BONE MARROW TRANSPLANT						63.01
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
71.01	03540	ORTHOTIC SERVICES						71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
74.00	07400	RENAL DIALYSIS						74.00
76.00	03950	IVF/CULTURE LAB						76.00
76.02	03952	URODYNAMICS						76.02
76.03	03953	SPINE TREATMENT CENTER						76.03
76.04	03520	OPHTHALMOLOGY						76.04
76.05	03340	DIGESTIVE DISEASE CENTER						76.05
76.06	03580	RECREATIONAL THERAPY						76.06
76.07	03957	CDC - REHAB						76.07
76.08	03958	DIABETES EDUCATION						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
90.01	09001	ANESTHESIA PAIN CLINIC						90.01
90.02	09002	DERMATOLOGY CLINIC						90.02
90.03	09003	ORAL SURGERY CLINIC						90.03
90.04	09004	INTERNAL MEDICINE CLINIC						90.04
90.05	09005	NEUROLOGY CLINIC						90.05
90.06	09006	OB-GYN CLINIC						90.06
90.07	09007	OPHTHALMOLOGY CLINIC						90.07
90.08	09008	ORTHOPEDICS CLINIC						90.08
90.09	09009	OTOLARYNGOLOGY CLINIC						90.09
90.10	09010	PEDIATRIC CLINIC						90.10
90.11	09011	SURGERY CLINIC						90.11
90.12	09012	UROLOGY CLINIC						90.12
90.13	09013	PSYCHIATRIC CLINIC						90.13
90.14	09014	CANCER CLINIC						90.14
90.15	09015	FAMILY CARE CLINIC						90.15
90.16	09016	ORTHO SPORTS MED CLINIC						90.16
90.17	09017	ANEMIA CLINIC						90.17
90.19	09019	BURN CLINIC						90.19
90.50	09050	IRL-CARDIOLOGY CLINIC						90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC						90.51
90.52	09052	IRL-DERMATOLOGY CLINIC						90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC						90.54
90.56	09056	IRL-OB/GYN CLINIC						90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC						90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC						90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC						90.59
90.60	09060	IRL-PEDIATRICS CLINIC						90.60
90.62	09062	IRL-UROLOGY CLINIC						90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC						90.63
90.65	09065	IRL-FAMILY CARE CLINIC						90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC						90.68
90.70	09070	IRL-DIABETES CENTER CLINIC						90.70
90.76	09076	IRL-PROCEDURE SUITES						90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC						90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC						90.81
90.95	09095	QUAD CITIES-CANCER CENTER						90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC						90.96
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	VENDING/PATIENT ART						190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE						190.02
190.03	19003	PHARMACY HOMEGOING DRUGS						190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING						190.04
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
190.07	19007	NON-ALLOWABLE						190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC						190.08
190.09	19009	CONTACT LENS CLINIC						190.09
190.10	19010	IRL-PHYSICIANS						190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT						190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT						190.12
190.13	19013	OTHER NON-ALLOWABLE						190.13
190.14	19014	EPIC REMOTE HOSTING						190.14
190.15	19015	RENTAL PROPERTIES						190.15
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	UICMS						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	0	2,963	77,332	50,426	3,779	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,963	77,332	50,426	3,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY						23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH						23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL						23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	8,501					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		18,903				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			327			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				10,411,770	0	30.00
31.00	03100	INTENSIVE CARE UNIT				0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT				1,017,946	0	31.01
32.00	03200	CORONARY CARE UNIT				1,254,558	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				691,237	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				1,033,788	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				1,054,568	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				1,012,022	0	35.01
40.00	04000	SUBPROVIDER - IPF				1,248,166	0	40.00
43.00	04300	NURSERY				1,101,278	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				10,741,153	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				518,973	0	52.00
53.00	05300	ANESTHESIOLOGY				1,264,110	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				5,547,362	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,879,447	0	55.00
55.01	03630	ULTRA SOUND				443,906	0	55.01
55.02	05501	RADIOLOGY - PET SCAN				1,138,263	0	55.02
57.00	05700	CT SCAN				1,095,003	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				1,664,209	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				2,002,779	0	59.00
60.00	06000	LABORATORY				4,358,224	0	60.00
60.01	06001	ANATOMICAL LABORATORY				705,074	0	60.01
60.02	03140	CARDIOLOGY				1,772,306	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				557,671	0	63.00
63.01	06301	BONE MARROW TRANSPLANT				124,266	0	63.01
65.00	06500	RESPIRATORY THERAPY				898,024	0	65.00
66.00	06600	PHYSICAL THERAPY				387,128	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				127,629	0	67.00
69.00	06900	ELECTROCARDIOLOGY				63,426	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				374,051	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				905,767	0	71.00
71.01	03540	ORTHOTIC SERVICES				94,561	0	71.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				2,170,766	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				5,634,552	0	73.00
74.00	07400	RENAL DIALYSIS				1,093,589	0	74.00
76.00	03950	IVF/CULTURE LAB				301,083	0	76.00
76.02	03952	URODYNAMICS				19,076	0	76.02
76.03	03953	SPINE TREATMENT CENTER				82,238	0	76.03
76.04	03520	OPHTHALMOLOGY				240,035	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER				815,966	0	76.05
76.06	03580	RECREATIONAL THERAPY				121,249	0	76.06
76.07	03957	CDC - REHAB				53,658	0	76.07
76.08	03958	DIABETES EDUCATION				65,488	0	76.08
76.97	07697	CARDIAC REHABILITATION				228,932	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				49,243	0	76.98
76.99	07699	LITHOTRIPSY				281,308	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC				306,402	0	90.01
90.02	09002	DERMATOLOGY CLINIC				405,815	0	90.02
90.03	09003	ORAL SURGERY CLINIC				422,364	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC				1,754,232	0	90.04
90.05	09005	NEUROLOGY CLINIC				711,697	0	90.05
90.06	09006	OB-GYN CLINIC				856,446	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC				1,163,437	0	90.07
90.08	09008	ORTHOPEDICS CLINIC				900,465	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC				1,324,785	0	90.09
90.10	09010	PEDIATRIC CLINIC				1,625,795	0	90.10
90.11	09011	SURGERY CLINIC				1,034,725	0	90.11
90.12	09012	UROLOGY CLINIC				408,201	0	90.12
90.13	09013	PSYCHIATRIC CLINIC				830,369	0	90.13
90.14	09014	CANCER CLINIC				1,528,809	0	90.14
90.15	09015	FAMILY CARE CLINIC				718,922	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC				331,649	0	90.16
90.17	09017	ANEMIA CLINIC				23,089	0	90.17
90.19	09019	BURN CLINIC				18,689	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC				772,217	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC				4,773	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC				270,074	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC				634,548	0	90.54
90.56	09056	IRL-OB/GYN CLINIC				603,586	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC				396,253	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC				70,355	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC				267,628	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC				495,325	0	90.60
90.62	09062	IRL-UROLOGY CLINIC				445,948	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC				657	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC				965	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC				262,552	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC				203,336	0	90.70
90.76	09076	IRL-PROCEDURE SUITES				1,079,156	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC				173,341	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC				34,447	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER				13,262	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC				11,885	0	90.96
91.00	09100	EMERGENCY				1,599,554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				187,090	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				123,450	0	94.00
95.00	09500	AMBULANCE SERVICES				269,932	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				166,564	0	105.00
106.00	10600	HEART ACQUISITION				57,446	0	106.00
107.00	10700	LIVER ACQUISITION				61,711	0	107.00
108.00	10800	LUNG ACQUISITION				42,309	0	108.00
109.00	10900	PANCREAS ACQUISITION				7,175	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	89,267,278	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				96,065	0	190.00
190.01	19001	VENDING/PATIENT ART				369,567	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE				12,168	0	190.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - NUCLEAR MED TECH	PARAMEDICAL EDUC - ULTRASOUND TECH	PARAMEDICAL EDUC - RAD ONC TECH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.06	23.07	23.08	24.00	25.00	
190.03	19003	PHARMACY HOMEGOING DRUGS				1,802,532	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING				0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT				469,827	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE				94,162	0	190.06
190.07	19007	NON-ALLOWABLE				0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC				59,510	0	190.08
190.09	19009	CONTACT LENS CLINIC				40,640	0	190.09
190.10	19010	IRL-PHYSICIANS				0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT				780,988	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT				0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE				512,187	0	190.13
190.14	19014	EPIC REMOTE HOSTING				7,985	0	190.14
190.15	19015	RENTAL PROPERTIES				4,183	0	190.15
191.00	19100	RESEARCH				827,375	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
194.00	07950	UICMS				825,373	0	194.00
194.01	07951	OUTREACH				66,694	0	194.01
200.00		Cross Foot Adjustments	8,501	18,903	327	5,240,334	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,501	18,903	327	100,476,868	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP			1.01
1.02	00102	CAP REL COSTS-WESTLAWN			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG			1.03
1.04	00104	CAP REL COSTS-CDD			1.04
1.05	00105	CAP REL COSTS-IRL			1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL			2.05
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD			6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP			9.01
9.04	00904	HOUSEKEEPING-CDD			9.04
9.05	00905	HOUSEKEEPING-IRL			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL			23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH			23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	10,411,770		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	1,017,946		31.01
32.00	03200	CORONARY CARE UNIT	1,254,558		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	691,237		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,033,788		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,054,568		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,012,022		35.01
40.00	04000	SUBPROVIDER - IPF	1,248,166		40.00
43.00	04300	NURSERY	1,101,278		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	10,741,153		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,973		52.00
53.00	05300	ANESTHESIOLOGY	1,264,110		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,547,362		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,879,447		55.00
55.01	03630	ULTRA SOUND	443,906		55.01
55.02	05501	RADIOLOGY - PET SCAN	1,138,263		55.02
57.00	05700	CT SCAN	1,095,003		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,664,209		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,002,779		59.00
60.00	06000	LABORATORY	4,358,224		60.00
60.01	06001	ANATOMICAL LABORATORY	705,074		60.01
60.02	03140	CARDIOLOGY	1,772,306		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	557,671		63.00
63.01	06301	BONE MARROW TRANSPLANT	124,266		63.01
65.00	06500	RESPIRATORY THERAPY	898,024		65.00
66.00	06600	PHYSICAL THERAPY	387,128		66.00
67.00	06700	OCCUPATIONAL THERAPY	127,629		67.00
69.00	06900	ELECTROCARDIOLOGY	63,426		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,051		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,767		71.00
71.01	03540	ORTHOTIC SERVICES	94,561		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,170,766		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,634,552		73.00
74.00	07400	RENAL DIALYSIS	1,093,589		74.00
76.00	03950	IVF/CULTURE LAB	301,083		76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
76.02	03952	URODYNAMICS	19,076		76.02
76.03	03953	SPINE TREATMENT CENTER	82,238		76.03
76.04	03520	OPHTHALMOLOGY	240,035		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	815,966		76.05
76.06	03580	RECREATIONAL THERAPY	121,249		76.06
76.07	03957	CDC - REHAB	53,658		76.07
76.08	03958	DIABETES EDUCATION	65,488		76.08
76.97	07697	CARDIAC REHABILITATION	228,932		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	49,243		76.98
76.99	07699	LITHOTRIPSY	281,308		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,402		90.01
90.02	09002	DERMATOLOGY CLINIC	405,815		90.02
90.03	09003	ORAL SURGERY CLINIC	422,364		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,754,232		90.04
90.05	09005	NEUROLOGY CLINIC	711,697		90.05
90.06	09006	OB-GYN CLINIC	856,446		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,163,437		90.07
90.08	09008	ORTHOPEDICS CLINIC	900,465		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,324,785		90.09
90.10	09010	PEDIATRIC CLINIC	1,625,795		90.10
90.11	09011	SURGERY CLINIC	1,034,725		90.11
90.12	09012	UROLOGY CLINIC	408,201		90.12
90.13	09013	PSYCHIATRIC CLINIC	830,369		90.13
90.14	09014	CANCER CLINIC	1,528,809		90.14
90.15	09015	FAMILY CARE CLINIC	718,922		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	331,649		90.16
90.17	09017	ANEMIA CLINIC	23,089		90.17
90.19	09019	BURN CLINIC	18,689		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	772,217		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	4,773		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	270,074		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	634,548		90.54
90.56	09056	IRL-OB/GYN CLINIC	603,586		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	396,253		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	70,355		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	267,628		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	495,325		90.60
90.62	09062	IRL-UROLOGY CLINIC	445,948		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	657		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	965		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	262,552		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	203,336		90.70
90.76	09076	IRL-PROCEDURE SUITES	1,079,156		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	173,341		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	34,447		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	13,262		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	11,885		90.96
91.00	09100	EMERGENCY	1,599,554		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	187,090		92.01
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	123,450		94.00
95.00	09500	AMBULANCE SERVICES	269,932		95.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	166,564		105.00
106.00	10600	HEART ACQUISITION	57,446		106.00
107.00	10700	LIVER ACQUISITION	61,711		107.00
108.00	10800	LUNG ACQUISITION	42,309		108.00
109.00	10900	PANCREAS ACQUISITION	7,175		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	89,267,278		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,065		190.00
190.01	19001	VENDING/PATIENT ART	369,567		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	12,168		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	1,802,532		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	469,827		190.05
190.06	19006	PATIENT EDUCATION SERVICE	94,162		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	59,510		190.08
190.09	19009	CONTACT LENS CLINIC	40,640		190.09
190.10	19010	IRL-PHYSICIANS	0		190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total		
			26.00		
190.11	19011	CLINICAL FACULTY DEPARTMENT	780,988		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	512,187		190.13
190.14	19014	EPIC REMOTE HOSTING	7,985		190.14
190.15	19015	RENTAL PROPERTIES	4,183		190.15
191.00	19100	RESEARCH	827,375		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	UICMS	825,373		194.00
194.01	07951	OUTREACH	66,694		194.01
200.00		Cross Foot Adjustments	5,240,334		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	100,476,868		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	0	2,299,946				1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	17,623			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	22,412		1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	61,136	1.04
1.05	00105	CAP REL COSTS-IRL	0	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	346,574	0	0	22,514	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	36,411	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	19,618	0	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	15,017	0	0	0	10.00
11.00	01100	CAFETERIA	0	43,563	0	0	4,726	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,485	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,320	0	0	0	14.00
15.00	01500	PHARMACY	0	5,332	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,331	0	0	1,984	16.00
17.00	01700	SOCIAL SERVICE	0	13,260	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	129,747	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,103	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,614	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,690	0	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	92	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	206	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	507	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	5	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	215,270	0	0	828	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,495	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	18,712	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	21,056	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	28,994	0	0	0	40.00
43.00	04300	NURSERY	0	23,825	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	168,020	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,298	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,624	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,272	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,701	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	2,804	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,935	0	0	0	55.02
57.00	05700	CT SCAN	0	5,378	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,022	0	2,778	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,124	0	0	0	59.00
60.00	06000	LABORATORY	0	56,903	0	0	1,083	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,513	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	15,808	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,766	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	544	0	0	2,161	63.01
65.00	06500	RESPIRATORY THERAPY	0	4,873	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,447	0	0	1,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,717	0	0	1,138	67.00
69.00	06900	ELECTROCARDIOLOGY	0	609	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,243	0	0	5,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	1,604	0	0	0	71.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,707	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,400	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	10,161	0	0	0	76.00
76.02	03952	URODYNAMICS	0	429	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,731	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	5,447	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	14,635	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,896	0	0	0	76.06
76.07	03957	CDC - REHAB	0	1,094	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,617	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,816	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,634	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	503	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,848	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,444	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,878	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	60,392	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	19,902	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,078	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	34,035	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	31,406	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,472	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	49,506	0	0	9,035	90.10
90.11	09011	SURGERY CLINIC	0	38,276	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,111	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	25,623	0	0	3,737	90.13
90.14	09014	CANCER CLINIC	0	47,111	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	27,712	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	19,634	0	90.16
90.17	09017	ANEMIA CLINIC	0	1,075	0	0	0	90.17
90.19	09019	BURN CLINIC	0	11	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	35,784	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,228	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,659	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,282	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	609	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	647	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	341	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	13	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,150,826	0	22,412	58,275	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,808	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	12,432	0	0	2,695	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
190.03	19003	PHARMACY HOMEGOING DRUGS	0	12,132	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	22,884	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,548	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	1,984	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	36,357	0	0	166	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	16,289	17,623	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	40,092	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	37,593,855	3,653	244,023	205,898	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	16.345538	0.207286	10.888051	3.367868	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP - IRL (DOLLAR VALUE IRL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.05	2.00	2.05	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	110,561					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		45,159,468				2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL		0	3,333,466			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	307	20,095,254	0	-190,808,258	1,159,164,918	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	83,497	0	0	52,958,476	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	1,922	0	0	548,328	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	11,224	0	0	0	4,746,639	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,721	2,525	0	0	2,547,113	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	54,492	0	0	24,352,721	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	181,815	9.04
9.05	00905	HOUSEKEEPING-IRL	1,112	0	0	0	786,224	9.05
10.00	01000	DIETARY	1,458	116,232	0	0	12,776,338	10.00
11.00	01100	CAFETERIA	0	0	0	0	748,058	11.00
13.00	01300	NURSING ADMINISTRATION	0	973,562	0	0	14,727,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	694	0	0	8,320,732	14.00
15.00	01500	PHARMACY	25	10,793	0	0	5,106,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,930	0	0	13,879,656	16.00
17.00	01700	SOCIAL SERVICE	129	5,445	0	0	17,755,174	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	53,132,541	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	18,284,884	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	109,504	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,667,035	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	637,585	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	74,582	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	168,557	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	336,915	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	8,737	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,293,440	0	0	93,310,803	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	220,033	0	0	10,087,582	31.01
32.00	03200	CORONARY CARE UNIT	0	447,715	0	0	9,394,952	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	94,648	0	0	5,247,732	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	284,001	0	0	13,624,120	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	119,738	0	0	14,996,908	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	227,227	0	0	9,783,735	35.01
40.00	04000	SUBPROVIDER - IPF	0	17,309	0	0	12,328,464	40.00
43.00	04300	NURSERY	0	151,685	0	0	11,351,580	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,604,644	0	0	87,919,758	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	127,987	0	0	4,716,619	52.00
53.00	05300	ANESTHESIOLOGY	0	694,058	0	0	8,042,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,643	2,184,984	793,081	0	23,258,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,064,824	0	0	9,799,208	55.00
55.01	03630	ULTRA SOUND	0	270,336	0	0	4,226,409	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	799,542	0	0	4,905,464	55.02
57.00	05700	CT SCAN	0	842,272	0	0	4,982,451	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,233,538	0	0	5,451,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,566,507	0	0	6,578,131	59.00
60.00	06000	LABORATORY	4,366	1,579,041	226,063	0	45,040,961	60.00
60.01	06001	ANATOMICAL LABORATORY	0	186,874	0	0	4,603,452	60.01
60.02	03140	CARDIOLOGY	393	1,154,927	0	0	9,486,891	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	133,771	0	0	7,369,252	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	0	3,839,809	63.01
65.00	06500	RESPIRATORY THERAPY	0	506,773	0	0	9,076,672	65.00
66.00	06600	PHYSICAL THERAPY	0	21,301	0	0	7,033,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	0	0	2,505,183	67.00
69.00	06900	ELECTROCARDIOLOGY	0	23,101	0	0	822,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	160,256	0	0	3,878,739	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	28,491,089	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP - IRL (DOLLAR VALUE IRL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.05	2.00	2.05	5A	5.00	
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	2,004,906	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	69,010,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,883	653,616	0	0	149,510,590	73.00
74.00	07400	RENAL DIALYSIS	0	179,920	0	0	8,379,590	74.00
76.00	03950	IVF/CULTURE LAB	0	12,782	0	0	2,843,872	76.00
76.02	03952	URODYNAMICS	0	3,768	0	0	186,976	76.02
76.03	03953	SPINE TREATMENT CENTER	0	8,640	0	0	562,521	76.03
76.04	03520	OPHTHALMOLOGY	765	50,494	0	0	1,588,204	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	304,047	0	0	6,518,383	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	850,218	76.06
76.07	03957	CDC - REHAB	0	0	0	0	370,589	76.07
76.08	03958	DIABETES EDUCATION	376	0	0	0	552,052	76.08
76.97	07697	CARDIAC REHABILITATION	3,303	10,274	0	0	926,388	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,547	0	0	395,994	76.98
76.99	07699	LITHOTRIPSY	0	104,909	0	0	1,240,762	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	83,804	0	0	1,195,283	90.01
90.02	09002	DERMATOLOGY CLINIC	0	45,617	0	0	2,008,258	90.02
90.03	09003	ORAL SURGERY CLINIC	0	76,110	0	0	2,102,075	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	75,598	0	0	10,850,965	90.04
90.05	09005	NEUROLOGY CLINIC	0	217,185	0	0	2,165,558	90.05
90.06	09006	OB-GYN CLINIC	0	73,588	0	0	4,112,084	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	213,860	0	0	6,189,495	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	20,896	0	0	5,853,002	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	480,983	0	0	6,892,079	90.09
90.10	09010	PEDIATRIC CLINIC	0	127,355	0	0	11,072,969	90.10
90.11	09011	SURGERY CLINIC	0	40,752	0	0	5,370,823	90.11
90.12	09012	UROLOGY CLINIC	0	80,705	0	0	1,660,602	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	77,452	0	0	4,490,782	90.13
90.14	09014	CANCER CLINIC	0	170,319	0	0	10,571,241	90.14
90.15	09015	FAMILY CARE CLINIC	0	19,527	0	0	2,940,768	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	31,857	0	0	2,112,785	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	33,956	90.17
90.19	09019	BURN CLINIC	0	1,442	0	0	402,209	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	6,227	0	395,310	0	2,954,871	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	33	0	1,841	0	43,277	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	3,182	0	103,072	0	817,886	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	7,745	1,056	203,236	0	2,662,674	90.54
90.56	09056	IRL-OB/GYN CLINIC	5,514	0	277,002	0	2,404,039	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	5,065	0	131,558	0	1,352,337	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	648	0	32,926	0	234,560	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,720	0	123,047	0	775,591	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	6,174	0	161,917	0	1,828,634	90.60
90.62	09062	IRL-UROLOGY CLINIC	4,123	0	215,681	0	1,349,704	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	37	0	41	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	1	0	832	0	961	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	3,959	0	68,163	0	752,001	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	2,261	0	69,694	0	1,065,374	90.70
90.76	09076	IRL-PROCEDURE SUITES	13,186	0	417,536	0	2,876,885	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	96,670	0	868,368	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	14,084	0	127,621	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	551	0	0	411,100	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	423,414	90.96
91.00	09100	EMERGENCY	0	391,944	0	0	11,851,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	15,984	0	0	2,007,224	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	23,359	0	0	948,595	94.00
95.00	09500	AMBULANCE SERVICES	0	55,911	0	0	956,021	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	3,574	0	0	4,192,131	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,390,634	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,529,472	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,188,466	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	224,252	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,561	45,025,304	3,331,750	-190,808,258	1,066,443,956	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,533,175	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP - IRL (DOLLAR VALUE IRL)			
			1.05	2.00	2.05	5A	5.00	
190.01	19001	VENDING/PATIENT ART	0	952	0	0	3,775,810	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	9,709	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	42,086	1,716	0	55,606,848	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	374,051	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	848,430	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	2,296,085	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	32,430	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	594,834	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	3,153,233	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	308,093	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	159,099	190.15
191.00	19100	RESEARCH	0	0	0	0	655,325	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	91,126	0	0	20,800,573	194.00
194.01	07951	OUTREACH	0	0	0	0	2,573,267	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,001,953	45,528,958	3,333,466		190,808,258	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.196787	1.008182	1.000000		0.164608	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					30,043,142	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.025918	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	1,916,961				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	17,623			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	38,622		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	112,934	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	1,721	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	19,618	0	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	1,112	9.05
10.00	01000	DIETARY	0	15,017	0	0	1,458	10.00
11.00	01100	CAFETERIA	0	43,563	0	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,485	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,320	0	0	0	14.00
15.00	01500	PHARMACY	0	5,332	0	0	25	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,331	0	1,984	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,260	0	0	129	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	129,747	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,103	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,614	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,690	0	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	92	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	206	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	507	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	5	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	215,270	0	828	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,495	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,344	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	18,712	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	21,056	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	28,994	0	0	0	40.00
43.00	04300	NURSERY	0	23,825	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	168,020	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,298	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,624	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,272	0	0	12,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,701	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	2,804	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,935	0	0	0	55.02
57.00	05700	CT SCAN	0	5,378	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,022	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,124	0	0	0	59.00
60.00	06000	LABORATORY	0	56,903	0	1,083	4,366	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,513	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	15,808	0	0	393	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,766	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	544	0	2,161	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	4,873	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,447	0	1,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,717	0	1,138	18	67.00
69.00	06900	ELECTROCARDIOLOGY	0	609	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,243	0	5,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	1,604	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,707	0	0	11,883	73.00
74.00	07400	RENAL DIALYSIS	0	10,400	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	10,161	0	0	0	76.00
76.02	03952	URODYNAMICS	0	429	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,731	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	5,447	0	0	765	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	14,635	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,896	0	0	0	76.06
76.07	03957	CDC - REHAB	0	1,094	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	1,617	0	0	376	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,816	0	0	3,303	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,634	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	503	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,848	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,444	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,878	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	60,392	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	19,902	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,078	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	34,035	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	31,406	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,472	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	49,506	0	9,035	0	90.10
90.11	09011	SURGERY CLINIC	0	38,276	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,111	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	25,623	0	3,737	0	90.13
90.14	09014	CANCER CLINIC	0	47,111	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	27,712	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	1,075	0	0	0	90.17
90.19	09019	BURN CLINIC	0	11	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	6,227	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	33	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	3,182	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	7,745	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	5,514	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	0	0	5,065	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	648	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	2,720	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	6,174	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	4,123	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	3,959	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	2,261	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	0	0	13,186	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	7,183	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	2,823	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	35,784	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,228	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,659	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,282	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	609	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	647	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	341	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	13	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,767,841	0	35,761	109,036	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,808	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	12,432	0	2,695	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	12,132	0	0	3,898	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
190.05	19005	CLINICAL RESEARCH UNIT	0	22,884	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,548	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	1,984	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	36,357	0	166	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	16,289	17,623	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	40,092	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	61,675,865	268,088	638,587	5,527,974	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	32.173771	15.212393	16.534281	48.948713	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,037,007	5,966	16,223	529,296	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.149259	0.338535	0.420046	4.686773	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE	12,858,126					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	4,168	0	1,891,015			9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	38,622		9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	110,101	9.05
10.00	01000	DIETARY	19,240	0	15,017	0	1,458	10.00
11.00	01100	CAFETERIA	15,685	0	43,563	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	52,485	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	332	0	16,320	0	0	14.00
15.00	01500	PHARMACY	0	0	5,332	0	25	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	38,331	1,984	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	13,260	0	129	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	129,747	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	79,599	0	26,103	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	1,614	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,690	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	92	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	206	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	507	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	5	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,389,543	0	215,270	828	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	296,035	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	238,716	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	271,670	0	13,495	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	390,687	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	151,168	0	18,712	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	102,343	0	21,056	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	276,703	0	28,994	0	0	40.00
43.00	04300	NURSERY	125,252	0	23,825	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,833,662	0	168,020	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,665	0	11,298	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	15,624	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	363,027	0	68,272	0	12,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	132,127	0	26,701	0	0	55.00
55.01	03630	ULTRA SOUND	90,378	0	2,804	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	54,728	0	9,935	0	0	55.02
57.00	05700	CT SCAN	187,891	0	5,378	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	178,362	0	12,022	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	207,598	0	11,124	0	0	59.00
60.00	06000	LABORATORY	73,913	0	56,903	1,083	4,366	60.00
60.01	06001	ANATOMICAL LABORATORY	14,138	0	19,513	0	0	60.01
60.02	03140	CARDIOLOGY	59,911	0	15,808	0	393	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,475	0	10,766	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	544	2,161	0	63.01
65.00	06500	RESPIRATORY THERAPY	102	0	4,873	0	0	65.00
66.00	06600	PHYSICAL THERAPY	38,193	0	8,447	1,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	119	0	2,717	1,138	18	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	609	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,793	0	2,243	5,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	815	0	1,604	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,669	0	18,707	0	11,883	73.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
74.00	07400	RENAL DIALYSIS	81,825	0	10,400	0	0	74.00
76.00	03950	IVF/CULTURE LAB	28,874	0	10,161	0	0	76.00
76.02	03952	URODYNAMICS	10,373	0	429	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	2,731	0	0	76.03
76.04	03520	OPHTHALMOLOGY	2,661	0	5,447	0	765	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	181,625	0	14,635	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	4,896	0	0	76.06
76.07	03957	CDC - REHAB	3,590	0	1,094	0	0	76.07
76.08	03958	DIABETES EDUCATION	412	0	1,617	0	376	76.08
76.97	07697	CARDIAC REHABILITATION	8,225	0	2,816	0	3,303	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,521	0	1,634	0	0	76.98
76.99	07699	LITHOTRIPSY	26,970	0	503	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	42,735	0	8,848	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	38,352	0	13,444	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	10,411	0	12,878	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	12,615	0	60,392	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1,738	0	19,902	0	0	90.05
90.06	09006	OB-GYN CLINIC	43,127	0	29,078	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,392	0	34,035	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	51,600	0	31,406	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	13,032	0	30,472	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	43,340	0	49,506	9,035	0	90.10
90.11	09011	SURGERY CLINIC	14,428	0	38,276	0	0	90.11
90.12	09012	UROLOGY CLINIC	66,389	0	13,111	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	124	0	25,623	3,737	0	90.13
90.14	09014	CANCER CLINIC	150,218	0	47,111	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	20,702	0	27,712	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	269	0	1,075	0	0	90.17
90.19	09019	BURN CLINIC	0	0	11	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	26,699	0	0	0	6,227	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	124	0	0	0	33	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	6,995	0	0	0	3,182	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	14,389	0	0	0	7,745	90.54
90.56	09056	IRL-OB/GYN CLINIC	19,178	0	0	0	5,514	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	8,714	0	0	0	5,065	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	2,275	0	0	0	648	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	6,864	0	0	0	2,720	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	16,346	0	0	0	6,174	90.60
90.62	09062	IRL-UROLOGY CLINIC	14,737	0	0	0	4,123	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	3	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	56	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	4,538	0	0	0	3,959	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	5,363	0	0	0	2,261	90.70
90.76	09076	IRL-PROCEDURE SUITES	23,951	0	0	0	13,186	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	6,878	0	0	0	7,183	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	953	0	0	0	2,823	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	2,754	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	231	0	0	0	0	90.96
91.00	09100	EMERGENCY	670,972	0	35,784	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	209,750	0	4,228	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,910	0	2,011	0	0	94.00
95.00	09500	AMBULANCE SERVICES	16,629	0	8,659	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,282	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	609	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	647	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	341	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	13	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,853,564	0	1,741,895	35,761	106,203	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,808	0	0	190.00
190.01	19001	VENDING/PATIENT ART	2,332	0	12,432	2,695	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	594	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	12,132	0	3,898	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	22,884	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,548	0	0	190.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (LAUNDRY LBS.)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSP (SQUARE FEET)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	1,984	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	36,357	166	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	2,230	0	16,289	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	40,092	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,254,225	0	28,993,614	211,743	970,074	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.253087	0.000000	15.332302	5.482445	8.810765	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	262,287	0	1,068,646	4,712	65,840	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.020399	0.000000	0.565118	0.122003	0.597996	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY	700,018					10.00
11.00	01100	CAFETERIA	0	7,301				11.00
13.00	01300	NURSING ADMINISTRATION	0	110	6,238,357			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	122	0	301,731,433		14.00
15.00	01500	PHARMACY	0	24	0	0	740,359,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	152	30,058	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	189	116,725	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	692	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	1	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	14	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	420,025	934	1,666,260	0	1,903,220	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	29,866	85	166,191	0	0	31.01
32.00	03200	CORONARY CARE UNIT	26,029	77	153,680	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,282	47	96,414	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	39,832	116	215,534	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	43,083	41	216,272	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	20,109	85	148,183	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	78,483	148	276,471	0	0	40.00
43.00	04300	NURSERY	22,375	235	194,162	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	592	802,035	0	448,042	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36	78,912	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	91	79,756	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	187	56,153	0	5,627,928	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51	17,125	0	627,716	55.00
55.01	03630	ULTRA SOUND	0	29	260	0	1,274	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	20	5,452	0	4,145	55.02
57.00	05700	CT SCAN	0	22	2,091	0	4,154,493	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28	80	0	2,058,928	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34	32,627	0	267,972	59.00
60.00	06000	LABORATORY	0	244	75	0	1,176,420	60.00
60.01	06001	ANATOMICAL LABORATORY	0	44	375	0	0	60.01
60.02	03140	CARDIOLOGY	0	76	44,528	0	500,707	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	25	30,390	0	18,056	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	15	8,986	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	112	3,850	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	8	14,356	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43	9,962	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	90,158,764	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	5,606,636	0	71.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	205,963,155	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	210	18	2,878	599,315,080	73.00
74.00	07400	RENAL DIALYSIS	0	54	52,513	0	2,904,483	74.00
76.00	03950	IVF/CULTURE LAB	0	24	18,107	0	1,732	76.00
76.02	03952	URODYNAMICS	0	2	3,493	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	6	8,734	0	9,075	76.03
76.04	03520	OPHTHALMOLOGY	0	17	12,260	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	48	93,898	0	118,735	76.05
76.06	03580	RECREATIONAL THERAPY	0	8	0	0	0	76.06
76.07	03957	CDC - REHAB	0	4	5,369	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	4	6,753	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	7	55	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	5	10,576	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	9	14,767	0	59,926	90.01
90.02	09002	DERMATOLOGY CLINIC	0	27	28,077	0	885	90.02
90.03	09003	ORAL SURGERY CLINIC	0	25	16,378	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	276	171,732	0	139,303	90.04
90.05	09005	NEUROLOGY CLINIC	0	35	29,763	0	24,459	90.05
90.06	09006	OB-GYN CLINIC	0	61	52,466	0	21,128	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	85	76,607	0	16,559	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	99	78,782	0	45,969	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	56	28,817	0	6	90.09
90.10	09010	PEDIATRIC CLINIC	0	193	161,820	0	645,420	90.10
90.11	09011	SURGERY CLINIC	0	118	58,703	0	2,142	90.11
90.12	09012	UROLOGY CLINIC	0	25	19,904	0	134,193	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	75	31,992	0	0	90.13
90.14	09014	CANCER CLINIC	0	106	161,151	0	4,347,532	90.14
90.15	09015	FAMILY CARE CLINIC	0	63	47,499	0	50,500	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	19	20,486	0	187,434	90.16
90.17	09017	ANEMIA CLINIC	0	0	1,577	0	69,754	90.17
90.19	09019	BURN CLINIC	0	4	7,819	0	1,240	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	20	22,025	0	119,034	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	740	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	6	12,040	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	26	51,455	0	50,753	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	18	27,710	0	8,751	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	10	20,136	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	2	4,164	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	5	7,499	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	17	35,457	0	2,742	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	9	16,614	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	6	11,712	0	35,049	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	10	13,348	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	17	29,631	0	529,587	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	9	19,622	0	7,204	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	1	2,335	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	24	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	1	1,122	0	0	90.96
91.00	09100	EMERGENCY	0	143	178,738	0	2,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	26,125	0	405,638	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	4	10,597	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	17	26,841	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	12	14,083	0	0	105.00
106.00	10600	HEART ACQUISITION	0	5	7,702	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	5	6,152	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	3	2,663	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	14	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	699,084	6,864	6,235,628	301,731,433	626,045,734	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	27	2,490	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (GROSS CHARGES)	
			10.00	11.00	13.00	14.00	15.00	
190.03	19003	PHARMACY HOMEGOING DRUGS	0	112	0	0	114,313,478	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	934	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	8	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	285	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	2	239	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	3	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,681,906	3,048,722	19,691,194	10,516,718	6,211,849	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.402147	417.575949	3.156471	0.034855	0.008390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	810,431	912,057	2,436,507	559,906	254,225	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.157729	124.922202	0.390569	0.001856	0.000343	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	236,072					16.00
17.00	01700	SOCIAL SERVICE	0	82,743				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,186,968			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		3,186,968		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0				23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0				23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0				23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0				23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,977	42,877	328,628	328,628	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	1,470	1,240	34,522	34,522	0	31.01
32.00	03200	CORONARY CARE UNIT	1,281	656	35,555	35,555	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	949	2,931	16,401	16,401	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,960	330	54,820	54,820	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,120	1,603	59,308	59,308	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	990	482	29,692	29,692	0	35.01
40.00	04000	SUBPROVIDER - IPF	1,726	9,984	40,078	40,078	0	40.00
43.00	04300	NURSERY	1,671	3,515	70,556	70,556	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	103	517,219	517,219	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60	23,806	23,806	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	67,083	67,083	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	138,183	138,183	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	87,092	87,092	0	55.00
55.01	03630	ULTRA SOUND	0	0	34,813	34,813	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	30,344	30,344	0	55.02
57.00	05700	CT SCAN	0	0	165,308	165,308	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	131,736	131,736	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	84,217	84,217	0	59.00
60.00	06000	LABORATORY	0	0	408,120	408,120	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	35,307	35,307	0	60.01
60.02	03140	CARDIOLOGY	0	37	73,560	73,560	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	30,709	30,709	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	11,577	11,577	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	76,490	76,490	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,513	26,513	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	10,708	10,708	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,114	9,114	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	27,780	27,780	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			16.00	17.00	21.00	22.00	23.00	
71.01	03540	ORTHOTIC SERVICES	0	0	6,071	6,071	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,454	3,350	49,728	49,728	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	4,805	4,805	0	76.00
76.02	03952	URODYNAMICS	0	0	2,891	2,891	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	1,982	1,982	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	11,565	11,565	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	40,494	40,494	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	565	565	0	76.06
76.07	03957	CDC - REHAB	0	1,995	1,342	1,342	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	574	574	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,306	4,306	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,218	2,218	0	76.98
76.99	07699	LITHOTRIPSY	0	0	8,938	8,938	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,137	0	7,414	7,414	0	90.01
90.02	09002	DERMATOLOGY CLINIC	4,592	12	13,460	13,460	0	90.02
90.03	09003	ORAL SURGERY CLINIC	3,596	3	4,787	4,787	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	14,628	1,095	14,899	14,899	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,367	134	3,773	3,773	0	90.05
90.06	09006	OB-GYN CLINIC	12,436	153	6,660	6,660	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,812	16	17,614	17,614	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	10,246	257	10,491	10,491	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	3,879	39	15,808	15,808	0	90.09
90.10	09010	PEDIATRIC CLINIC	14,425	2,237	14,810	14,810	0	90.10
90.11	09011	SURGERY CLINIC	6,918	1,461	6,836	6,836	0	90.11
90.12	09012	UROLOGY CLINIC	1,707	0	6,740	6,740	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,582	3,761	12,308	12,308	0	90.13
90.14	09014	CANCER CLINIC	11,078	226	37,618	37,618	0	90.14
90.15	09015	FAMILY CARE CLINIC	8,089	0	8,996	8,996	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,131	0	7,523	7,523	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	105	105	0	90.17
90.19	09019	BURN CLINIC	610	0	698	698	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	5,960	69	11,431	11,431	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	30	0	58	58	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,553	50	2,977	2,977	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,981	151	5,745	5,745	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	4,171	136	7,997	7,997	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	1,944	59	3,727	3,727	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	504	4	966	966	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,530	35	2,934	2,934	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,451	144	4,700	4,700	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	3,284	0	6,297	6,297	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	1	63	1	1	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	13	0	25	25	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,009	23	1,968	1,968	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,055	43	2,022	2,022	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	5,167	0	9,908	9,908	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,462	0	2,803	2,803	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	217	0	416	416	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	399	0	1,157	1,157	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	69	0	101	101	0	90.96
91.00	09100	EMERGENCY	11,817	67	125,823	125,823	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	705	28	908	908	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	34	0	8,240	8,240	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,506	1,506	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,201	1,384	0	0	0	105.00
106.00	10600	HEART ACQUISITION	190	473	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	343	447	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	107	279	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	25	100	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	208,053	82,112	3,186,968	3,186,968	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (CASE TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTE TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTE TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			16.00	17.00	21.00	22.00	23.00	
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	631	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	28,019	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,187,343	21,762,560	68,331,315	22,565,357	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	77.041509	263.013911	21.440854	7.080509	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,174,785	806,213	4,066,249	1,011,854	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.976384	9.743580	1.275899	0.317497	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMEDICAL EDUC - PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP						9.01
9.04	00904	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	272					23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY		304				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			1,000			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL				944		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH					1,000	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98	124	0	719	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	16	25	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	31	26	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	17	9	0	181	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	13	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14	17	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	21	11	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,000	0	1,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	71.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMEDICAL EDUC - PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	32	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	10	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	4	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	8	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	5	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	3	16	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	4	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	3	0	0	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	5	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	9	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	44	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	268	290	1,000	944	1,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARMACY HOURS)	PARAMEDICAL EDUC - RAD TECH (100% RADIATION)	PARAMEDICAL EDUC - PASTORAL (100% HOURS)	PARAMEDICAL EDUC - NUCLEAR MED TECH (100% RADIATION)	
			23.01	23.02	23.04	23.05	23.06	
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	4	14	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICMS	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	127,947	2,023,962	822,823	91,230	206,089	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	470.393382	6,657.769737	822.823000	96.641949	206.089000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,963	77,332	50,426	3,779	8,501	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.893382	254.381579	50.426000	4.003178	8.501000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)		
			23.07	23.08		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP				1.01
1.02	00102	CAP REL COSTS-WESTLAWN				1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG				1.03
1.04	00104	CAP REL COSTS-CDD				1.04
1.05	00105	CAP REL COSTS-IRL				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP - IRL				2.05
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN				6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD				6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL				6.05
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP				9.01
9.04	00904	HOUSEKEEPING-CDD				9.04
9.05	00905	HOUSEKEEPING-IRL				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL				23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH				23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	1,000			23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH		1,000		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0		35.01
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000	1,000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)		
			23.07	23.08		
71.01	03540	ORTHOTIC SERVICES	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	ANEMIA CLINIC	0	0		90.17
90.19	09019	BURN CLINIC	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0		90.96
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,000	1,000		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)		
			23.07	23.08		
190.01	19001	VENDING/PATIENT ART	0	0		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0		190.08
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19010	IRL-PHYSICIANS	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0		190.13
190.14	19014	EPIC REMOTE HOSTING	0	0		190.14
190.15	19015	RENTAL PROPERTIES	0	0		190.15
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	UICMS	0	0		194.00
194.01	07951	OUTREACH	0	0		194.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	416,459	10,413		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	416.459000	10.413000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,903	327		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.903000	0.327000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-2 | Date/Time Prepared: 11/22/2017 3:29 pm

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-449,219	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	149,166,873		149,166,873	0	149,166,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	14,570,960		14,570,960	0	14,570,960	31.01
32.00	03200	CORONARY CARE UNIT	13,565,290		13,565,290	0	13,565,290	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,506,728		8,506,728	0	8,506,728	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,354,969		18,354,969	0	18,354,969	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,651,517		20,651,517	0	20,651,517	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	13,696,932		13,696,932	0	13,696,932	35.01
40.00	04000	SUBPROVIDER - IPF	21,339,929		21,339,929	0	21,339,929	40.00
43.00	04300	NURSERY	16,649,148		16,649,148	0	16,649,148	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	113,900,841		113,900,841	0	113,900,841	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,373,578		6,373,578	0	6,373,578	52.00
53.00	05300	ANESTHESIOLOGY	10,398,031		10,398,031	0	10,398,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,910,643		32,910,643	0	32,910,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,794,754		12,794,754	0	12,794,754	55.00
55.01	03630	ULTRA SOUND	5,091,132		5,091,132	0	5,091,132	55.01
55.02	05501	RADIOLOGY - PET SCAN	6,224,362		6,224,362	0	6,224,362	55.02
57.00	05700	CT SCAN	6,156,286		6,156,286	0	6,156,286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,994,588		6,994,588	0	6,994,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,361,374		8,361,374	0	8,361,374	59.00
60.00	06000	LABORATORY	55,565,026		55,565,026	92,642	55,657,668	60.00
60.01	06001	ANATOMICAL LABORATORY	6,311,338		6,311,338	35,580	6,346,918	60.01
60.02	03140	CARDIOLOGY	12,023,568		12,023,568	0	12,023,568	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,210,753		9,210,753	0	9,210,753	63.00
63.01	06301	BONE MARROW TRANSPLANT	4,579,923		4,579,923	0	4,579,923	63.01
65.00	06500	RESPIRATORY THERAPY	10,861,209	0	10,861,209	0	10,861,209	65.00
66.00	06600	PHYSICAL THERAPY	8,655,715	0	8,655,715	0	8,655,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,082,777	0	3,082,777	0	3,082,777	67.00
69.00	06900	ELECTROCARDIOLOGY	1,035,305		1,035,305	0	1,035,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,800,447		4,800,447	0	4,800,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,323,434		36,323,434	0	36,323,434	71.00
71.01	03540	ORTHOTIC SERVICES	2,606,755		2,606,755	0	2,606,755	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,548,523		87,548,523	0	87,548,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,817,789		180,817,789	0	180,817,789	73.00
74.00	07400	RENAL DIALYSIS	11,034,514		11,034,514	0	11,034,514	74.00
76.00	03950	IVF/CULTURE LAB	3,869,205		3,869,205	0	3,869,205	76.00
76.02	03952	URODYNAMICS	252,621		252,621	0	252,621	76.02
76.03	03953	SPINE TREATMENT CENTER	815,006		815,006	0	815,006	76.03
76.04	03520	OPHTHALMOLOGY	2,199,057		2,199,057	0	2,199,057	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	8,650,005		8,650,005	0	8,650,005	76.05
76.06	03580	RECREATIONAL THERAPY	1,226,102		1,226,102	0	1,226,102	76.06
76.07	03957	CDC - REHAB	1,027,802		1,027,802	0	1,027,802	76.07
76.08	03958	DIABETES EDUCATION	764,549		764,549	0	764,549	76.08
76.97	07697	CARDIAC REHABILITATION	1,408,615		1,408,615	0	1,408,615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	542,972		542,972	0	542,972	76.98
76.99	07699	LITHOTRIPSY	1,511,193		1,511,193	0	1,511,193	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,961,655		1,961,655	0	1,961,655	90.01
90.02	09002	DERMATOLOGY CLINIC	3,444,047		3,444,047	0	3,444,047	90.02
90.03	09003	ORAL SURGERY CLINIC	3,431,539		3,431,539	0	3,431,539	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	17,795,799		17,795,799	0	17,795,799	90.04
90.05	09005	NEUROLOGY CLINIC	3,871,340		3,871,340	0	3,871,340	90.05
90.06	09006	OB-GYN CLINIC	7,370,848		7,370,848	0	7,370,848	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,096,539		10,096,539	0	10,096,539	90.07
90.08	09008	ORTHOPEDICS CLINIC	9,468,848		9,468,848	0	9,468,848	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	9,967,212		9,967,212	0	9,967,212	90.09
90.10	09010	PEDIATRIC CLINIC	17,758,571		17,758,571	0	17,758,571	90.10
90.11	09011	SURGERY CLINIC	9,228,719		9,228,719	0	9,228,719	90.11
90.12	09012	UROLOGY CLINIC	2,779,505		2,779,505	0	2,779,505	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,312,223		8,312,223	0	8,312,223	90.13
90.14	09014	CANCER CLINIC	16,091,625		16,091,625	0	16,091,625	90.14
90.15	09015	FAMILY CARE CLINIC	5,599,681		5,599,681	0	5,599,681	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,852,994		2,852,994	0	2,852,994	90.16
90.17	09017	ANEMIA CLINIC	96,245		96,245	0	96,245	90.17
90.19	09019	BURN CLINIC	542,294		542,294	0	542,294	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,366,231		4,366,231	0	4,366,231	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	56,985		56,985	0	56,985	90.51

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	1,311,853		1,311,853	0	1,311,853	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,102,970		4,102,970	0	4,102,970	90.54
90.56	09056	IRL-OB/GYN CLINIC	3,577,150		3,577,150	0	3,577,150	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2,103,662		2,103,662	0	2,103,662	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	365,034		365,034	0	365,034	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,215,408		1,215,408	0	1,215,408	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,837,071		2,837,071	0	2,837,071	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,124,364		2,124,364	0	2,124,364	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	16,696		16,696	0	16,696	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	2,193		2,193	0	2,193	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,229,627		1,229,627	0	1,229,627	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,512,062		1,512,062	0	1,512,062	90.70
90.76	09076	IRL-PROCEDURE SUITES	4,623,613		4,623,613	0	4,623,613	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,606,795		1,606,795	0	1,606,795	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	336,430		336,430	0	336,430	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	510,283		510,283	0	510,283	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	502,445		502,445	0	502,445	90.96
91.00	09100	EMERGENCY	17,283,990		17,283,990	0	17,283,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,815,907		4,815,907		4,815,907	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,743,366		2,743,366	0	2,743,366	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,238,496		1,238,496	0	1,238,496	94.00
95.00	09500	AMBULANCE SERVICES	1,620,776		1,620,776	0	1,620,776	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,449,094		5,449,094		5,449,094	105.00
106.00	10600	HEART ACQUISITION	1,813,917		1,813,917		1,813,917	106.00
107.00	10700	LIVER ACQUISITION	1,977,470		1,977,470		1,977,470	107.00
108.00	10800	LUNG ACQUISITION	1,491,579		1,491,579		1,491,579	108.00
109.00	10900	PANCREAS ACQUISITION	290,054		290,054		290,054	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,144,227,343	0	1,144,227,343	128,222	1,144,355,565	200.00
201.00		Less Observation Beds	4,815,907		4,815,907		4,815,907	201.00
202.00		Total (see instructions)	1,139,411,436	0	1,139,411,436	128,222	1,139,539,658	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	326,736,104		326,736,104			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	34,521,931		34,521,931			31.01
32.00	03200	CORONARY CARE UNIT	35,554,688		35,554,688			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	16,601,529		16,601,529			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	54,820,345		54,820,345			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	67,914,351		67,914,351			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,692,159		29,692,159			35.01
40.00	04000	SUBPROVIDER - IPF	40,078,106		40,078,106			40.00
43.00	04300	NURSERY	60,009,954		60,009,954			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	290,764,830	226,389,290	517,154,120	0.220245	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,642,512	855,791	24,498,303	0.260164	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	35,602,894	31,480,265	67,083,159	0.155002	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,438,946	84,747,439	138,186,385	0.238161	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,701,843	82,389,781	87,091,624	0.146911	0.000000	55.00
55.01	03630	ULTRA SOUND	7,610,507	27,202,128	34,812,635	0.146244	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	3,949,965	26,394,217	30,344,182	0.205125	0.000000	55.02
57.00	05700	CT SCAN	61,557,122	103,750,731	165,307,853	0.037241	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,177,172	95,558,655	131,735,827	0.053096	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,001,670	47,216,073	84,217,743	0.099283	0.000000	59.00
60.00	06000	LABORATORY	188,369,756	219,749,927	408,119,683	0.136149	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	10,058,660	25,248,326	35,306,986	0.178756	0.000000	60.01
60.02	03140	CARDIOLOGY	40,904,216	32,656,252	73,560,468	0.163451	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,830,729	7,871,429	30,702,158	0.300003	0.000000	63.00
63.01	06301	BONE MARROW TRANSPLANT	8,507,097	5,286,215	13,793,312	0.332039	0.000000	63.01
65.00	06500	RESPIRATORY THERAPY	74,317,209	2,172,878	76,490,087	0.141995	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,602,884	11,910,472	26,513,356	0.326466	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,774,037	1,933,552	10,707,589	0.287906	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	4,607,678	4,505,984	9,113,662	0.113599	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,807,833	10,966,111	27,773,944	0.172840	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,031,936	28,648,607	92,680,543	0.391921	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	2,049,072	1,805,402	3,854,474	0.676293	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,696,816	58,609,107	205,305,923	0.426430	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	239,365,057	363,860,850	603,225,907	0.299751	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,331,350	31,133,353	49,464,703	0.223079	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	2,167	4,803,201	4,805,368	0.805184	0.000000	76.00
76.02	03952	URODYNAMICS	7,888	2,883,538	2,891,426	0.087369	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	5,611	1,976,829	1,982,440	0.411113	0.000000	76.03
76.04	03520	OPHTHALMOLOGY	200,059	11,364,505	11,564,564	0.190155	0.000000	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	9,717,169	30,809,596	40,526,765	0.213439	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	2,900	561,859	564,759	2.171018	0.000000	76.06
76.07	03957	CDC - REHAB	3,630	1,338,141	1,341,771	0.766004	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1,752	572,121	573,873	1.332262	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,303,394	2,002,144	4,305,538	0.327164	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	469,581	1,748,067	2,217,648	0.244841	0.000000	76.98
76.99	07699	LITHOTRIPSY	719,840	8,218,208	8,938,048	0.169074	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	89,714	7,324,525	7,414,239	0.264579	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	20,642	13,439,014	13,459,656	0.255879	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	13,286	4,773,959	4,787,245	0.716809	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	289,013	14,609,860	14,898,873	1.194439	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	17,479	3,755,438	3,772,917	1.026087	0.000000	90.05
90.06	09006	OB-GYN CLINIC	171,998	6,487,737	6,659,735	1.106778	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	132,875	17,481,494	17,614,369	0.573199	0.000000	90.07
90.08	09008	ORTHOPEDICS CLINIC	84,614	10,405,989	10,490,603	0.902603	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,273,844	13,534,638	15,808,482	0.630498	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	325,756	14,484,551	14,810,307	1.199068	0.000000	90.10
90.11	09011	SURGERY CLINIC	100,927	6,735,083	6,836,010	1.350015	0.000000	90.11
90.12	09012	UROLOGY CLINIC	140,034	6,600,128	6,740,162	0.412380	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	137,706	12,169,924	12,307,630	0.675372	0.000000	90.13
90.14	09014	CANCER CLINIC	865,990	36,489,917	37,355,907	0.430765	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	95,017	8,900,503	8,995,520	0.622497	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	7,051	7,515,581	7,522,632	0.379255	0.000000	90.16
90.17	09017	ANEMIA CLINIC	1,948	103,316	105,264	0.914320	0.000000	90.17
90.19	09019	BURN CLINIC	12,511	685,284	697,795	0.777154	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	173,117	11,255,225	11,428,342	0.382053	0.000000	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	193	57,794	57,987	0.982720	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,269	2,975,499	2,976,768	0.440697	0.000000	90.52

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	44,448	5,670,303	5,714,751	0.717961	0.000000	90.54
90.56	09056	IRL-OB/GYN CLINIC	93,149	7,903,725	7,996,874	0.447319	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2,960	3,724,311	3,727,271	0.564397	0.000000	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	1,544	964,820	966,364	0.377740	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	5,319	2,928,382	2,933,701	0.414292	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	59,457	4,640,834	4,700,291	0.603595	0.000000	90.60
90.62	09062	IRL-UROLOGY CLINIC	25,356	6,271,512	6,296,868	0.337368	0.000000	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1,074	1,074	15.545624	0.000000	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	24,724	24,724	0.088699	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	2,316	1,932,092	1,934,408	0.635661	0.000000	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	4,396	2,017,611	2,022,007	0.747803	0.000000	90.70
90.76	09076	IRL-PROCEDURE SUITES	13,039	9,894,889	9,907,928	0.466658	0.000000	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	8,399	2,794,837	2,803,236	0.573193	0.000000	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	386	415,886	416,272	0.808198	0.000000	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	894	1,156,517	1,157,411	0.440883	0.000000	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	867	100,546	101,413	4.954444	0.000000	90.96
91.00	09100	EMERGENCY	59,926,033	66,165,139	126,091,172	0.137075	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,208,259	14,826,463	19,034,722	0.253006	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	597,292	3,350,003	3,947,295	0.694999	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	10,416	8,492,753	8,503,169	0.145651	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	923,051	582,710	1,505,761	1.076383	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,464,472	0	9,464,472			105.00
106.00	10600	HEART ACQUISITION	3,262,000	0	3,262,000			106.00
107.00	10700	LIVER ACQUISITION	3,029,584	0	3,029,584			107.00
108.00	10800	LUNG ACQUISITION	2,620,000	0	2,620,000			108.00
109.00	10900	PANCREAS ACQUISITION	300,000	0	300,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,183,623,570	1,942,265,634	4,125,889,204			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,183,623,570	1,942,265,634	4,125,889,204			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.220245	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.260164	52.00
53.00	05300	ANESTHESIOLOGY	0.155002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238161	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146911	55.00
55.01	03630	ULTRA SOUND	0.146244	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.205125	55.02
57.00	05700	CT SCAN	0.037241	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053096	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099283	59.00
60.00	06000	LABORATORY	0.136376	60.00
60.01	06001	ANATOMICAL LABORATORY	0.179764	60.01
60.02	03140	CARDIOLOGY	0.163451	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300003	63.00
63.01	06301	BONE MARROW TRANSPLANT	0.332039	63.01
65.00	06500	RESPIRATORY THERAPY	0.141995	65.00
66.00	06600	PHYSICAL THERAPY	0.326466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287906	67.00
69.00	06900	ELECTROCARDIOLOGY	0.113599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391921	71.00
71.01	03540	ORTHOTIC SERVICES	0.676293	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.426430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299751	73.00
74.00	07400	RENAL DIALYSIS	0.223079	74.00
76.00	03950	IVF/CULTURE LAB	0.805184	76.00
76.02	03952	URODYNAMICS	0.087369	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411113	76.03
76.04	03520	OPHTHALMOLOGY	0.190155	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.213439	76.05
76.06	03580	RECREATIONAL THERAPY	2.171018	76.06
76.07	03957	CDC - REHAB	0.766004	76.07
76.08	03958	DIABETES EDUCATION	1.332262	76.08
76.97	07697	CARDIAC REHABILITATION	0.327164	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.244841	76.98
76.99	07699	LITHOTRIPSY	0.169074	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.264579	90.01
90.02	09002	DERMATOLOGY CLINIC	0.255879	90.02
90.03	09003	ORAL SURGERY CLINIC	0.716809	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.194439	90.04
90.05	09005	NEUROLOGY CLINIC	1.026087	90.05
90.06	09006	OB-GYN CLINIC	1.106778	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.573199	90.07
90.08	09008	ORTHOPEDICS CLINIC	0.902603	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.630498	90.09
90.10	09010	PEDIATRIC CLINIC	1.199068	90.10
90.11	09011	SURGERY CLINIC	1.350015	90.11
90.12	09012	UROLOGY CLINIC	0.412380	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.675372	90.13
90.14	09014	CANCER CLINIC	0.430765	90.14
90.15	09015	FAMILY CARE CLINIC	0.622497	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.379255	90.16
90.17	09017	ANEMIA CLINIC	0.914320	90.17
90.19	09019	BURN CLINIC	0.777154	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.382053	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.982720	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.440697	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.717961	90.54
90.56	09056	IRL-OB/GYN CLINIC	0.447319	90.56

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.564397		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.377740		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.414292		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.603595		90.60
90.62	09062	IRL-UROLOGY CLINIC	0.337368		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	15.545624		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0.088699		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.635661		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.747803		90.70
90.76	09076	IRL-PROCEDURE SUITES	0.466658		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.573193		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.808198		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.440883		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	4.954444		90.96
91.00	09100	EMERGENCY	0.137075		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253006		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.694999		92.01
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.145651		94.00
95.00	09500	AMBULANCE SERVICES	1.076383		95.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	149,166,873		149,166,873	0	149,166,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	14,570,960		14,570,960	0	14,570,960	31.01
32.00	03200	CORONARY CARE UNIT	13,565,290		13,565,290	0	13,565,290	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,506,728		8,506,728	0	8,506,728	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,354,969		18,354,969	0	18,354,969	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,651,517		20,651,517	0	20,651,517	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	13,696,932		13,696,932	0	13,696,932	35.01
40.00	04000	SUBPROVIDER - IPF	21,339,929		21,339,929	0	21,339,929	40.00
43.00	04300	NURSERY	16,649,148		16,649,148	0	16,649,148	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	113,900,841		113,900,841	0	113,900,841	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,373,578		6,373,578	0	6,373,578	52.00
53.00	05300	ANESTHESIOLOGY	10,398,031		10,398,031	0	10,398,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,910,643		32,910,643	0	32,910,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,794,754		12,794,754	0	12,794,754	55.00
55.01	03630	ULTRA SOUND	5,091,132		5,091,132	0	5,091,132	55.01
55.02	05501	RADIOLOGY - PET SCAN	6,224,362		6,224,362	0	6,224,362	55.02
57.00	05700	CT SCAN	6,156,286		6,156,286	0	6,156,286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,994,588		6,994,588	0	6,994,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,361,374		8,361,374	0	8,361,374	59.00
60.00	06000	LABORATORY	55,565,026		55,565,026	92,642	55,657,668	60.00
60.01	06001	ANATOMICAL LABORATORY	6,311,338		6,311,338	35,580	6,346,918	60.01
60.02	03140	CARDIOLOGY	12,023,568		12,023,568	0	12,023,568	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,210,753		9,210,753	0	9,210,753	63.00
63.01	06301	BONE MARROW TRANSPLANT	4,579,923		4,579,923	0	4,579,923	63.01
65.00	06500	RESPIRATORY THERAPY	10,861,209	0	10,861,209	0	10,861,209	65.00
66.00	06600	PHYSICAL THERAPY	8,655,715	0	8,655,715	0	8,655,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,082,777	0	3,082,777	0	3,082,777	67.00
69.00	06900	ELECTROCARDIOLOGY	1,035,305		1,035,305	0	1,035,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,800,447		4,800,447	0	4,800,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,323,434		36,323,434	0	36,323,434	71.00
71.01	03540	ORTHOTIC SERVICES	2,606,755		2,606,755	0	2,606,755	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,548,523		87,548,523	0	87,548,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,817,789		180,817,789	0	180,817,789	73.00
74.00	07400	RENAL DIALYSIS	11,034,514		11,034,514	0	11,034,514	74.00
76.00	03950	IVF/CULTURE LAB	3,869,205		3,869,205	0	3,869,205	76.00
76.02	03952	URODYNAMICS	252,621		252,621	0	252,621	76.02
76.03	03953	SPINE TREATMENT CENTER	815,006		815,006	0	815,006	76.03
76.04	03520	OPHTHALMOLOGY	2,199,057		2,199,057	0	2,199,057	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	8,650,005		8,650,005	0	8,650,005	76.05
76.06	03580	RECREATIONAL THERAPY	1,226,102		1,226,102	0	1,226,102	76.06
76.07	03957	CDC - REHAB	1,027,802		1,027,802	0	1,027,802	76.07
76.08	03958	DIABETES EDUCATION	764,549		764,549	0	764,549	76.08
76.97	07697	CARDIAC REHABILITATION	1,408,615		1,408,615	0	1,408,615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	542,972		542,972	0	542,972	76.98
76.99	07699	LITHOTRIPSY	1,511,193		1,511,193	0	1,511,193	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,961,655		1,961,655	0	1,961,655	90.01
90.02	09002	DERMATOLOGY CLINIC	3,444,047		3,444,047	0	3,444,047	90.02
90.03	09003	ORAL SURGERY CLINIC	3,431,539		3,431,539	0	3,431,539	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	17,795,799		17,795,799	0	17,795,799	90.04
90.05	09005	NEUROLOGY CLINIC	3,871,340		3,871,340	0	3,871,340	90.05
90.06	09006	OB-GYN CLINIC	7,370,848		7,370,848	0	7,370,848	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,096,539		10,096,539	0	10,096,539	90.07
90.08	09008	ORTHOPEDICS CLINIC	9,468,848		9,468,848	0	9,468,848	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	9,967,212		9,967,212	0	9,967,212	90.09
90.10	09010	PEDIATRIC CLINIC	17,758,571		17,758,571	0	17,758,571	90.10
90.11	09011	SURGERY CLINIC	9,228,719		9,228,719	0	9,228,719	90.11
90.12	09012	UROLOGY CLINIC	2,779,505		2,779,505	0	2,779,505	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,312,223		8,312,223	0	8,312,223	90.13
90.14	09014	CANCER CLINIC	16,091,625		16,091,625	0	16,091,625	90.14
90.15	09015	FAMILY CARE CLINIC	5,599,681		5,599,681	0	5,599,681	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,852,994		2,852,994	0	2,852,994	90.16
90.17	09017	ANEMIA CLINIC	96,245		96,245	0	96,245	90.17
90.19	09019	BURN CLINIC	542,294		542,294	0	542,294	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,366,231		4,366,231	0	4,366,231	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	56,985		56,985	0	56,985	90.51

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	1,311,853		1,311,853	0	1,311,853	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,102,970		4,102,970	0	4,102,970	90.54
90.56	09056	IRL-OB/GYN CLINIC	3,577,150		3,577,150	0	3,577,150	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2,103,662		2,103,662	0	2,103,662	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	365,034		365,034	0	365,034	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,215,408		1,215,408	0	1,215,408	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,837,071		2,837,071	0	2,837,071	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,124,364		2,124,364	0	2,124,364	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	16,696		16,696	0	16,696	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	2,193		2,193	0	2,193	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,229,627		1,229,627	0	1,229,627	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	1,512,062		1,512,062	0	1,512,062	90.70
90.76	09076	IRL-PROCEDURE SUITES	4,623,613		4,623,613	0	4,623,613	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,606,795		1,606,795	0	1,606,795	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	336,430		336,430	0	336,430	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	510,283		510,283	0	510,283	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	502,445		502,445	0	502,445	90.96
91.00	09100	EMERGENCY	17,283,990		17,283,990	0	17,283,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,815,907		4,815,907		4,815,907	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,743,366		2,743,366	0	2,743,366	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,238,496		1,238,496	0	1,238,496	94.00
95.00	09500	AMBULANCE SERVICES	1,620,776		1,620,776	0	1,620,776	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,449,094		5,449,094		5,449,094	105.00
106.00	10600	HEART ACQUISITION	1,813,917		1,813,917		1,813,917	106.00
107.00	10700	LIVER ACQUISITION	1,977,470		1,977,470		1,977,470	107.00
108.00	10800	LUNG ACQUISITION	1,491,579		1,491,579		1,491,579	108.00
109.00	10900	PANCREAS ACQUISITION	290,054		290,054		290,054	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,144,227,343	0	1,144,227,343	128,222	1,144,355,565	200.00
201.00		Less Observation Beds	4,815,907		4,815,907		4,815,907	201.00
202.00		Total (see instructions)	1,139,411,436	0	1,139,411,436	128,222	1,139,539,658	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	326,736,104		326,736,104			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	34,521,931		34,521,931			31.01
32.00	03200	CORONARY CARE UNIT	35,554,688		35,554,688			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	16,601,529		16,601,529			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	54,820,345		54,820,345			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	67,914,351		67,914,351			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,692,159		29,692,159			35.01
40.00	04000	SUBPROVIDER - IPF	40,078,106		40,078,106			40.00
43.00	04300	NURSERY	60,009,954		60,009,954			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	290,764,830	226,389,290	517,154,120	0.220245	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,642,512	855,791	24,498,303	0.260164	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	35,602,894	31,480,265	67,083,159	0.155002	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,438,946	84,747,439	138,186,385	0.238161	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,701,843	82,389,781	87,091,624	0.146911	0.000000	55.00
55.01	03630	ULTRA SOUND	7,610,507	27,202,128	34,812,635	0.146244	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	3,949,965	26,394,217	30,344,182	0.205125	0.000000	55.02
57.00	05700	CT SCAN	61,557,122	103,750,731	165,307,853	0.037241	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,177,172	95,558,655	131,735,827	0.053096	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,001,670	47,216,073	84,217,743	0.099283	0.000000	59.00
60.00	06000	LABORATORY	188,369,756	219,749,927	408,119,683	0.136149	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	10,058,660	25,248,326	35,306,986	0.178756	0.000000	60.01
60.02	03140	CARDIOLOGY	40,904,216	32,656,252	73,560,468	0.163451	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,830,729	7,871,429	30,702,158	0.300003	0.000000	63.00
63.01	06301	BONE MARROW TRANSPLANT	8,507,097	5,286,215	13,793,312	0.332039	0.000000	63.01
65.00	06500	RESPIRATORY THERAPY	74,317,209	2,172,878	76,490,087	0.141995	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,602,884	11,910,472	26,513,356	0.326466	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,774,037	1,933,552	10,707,589	0.287906	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	4,607,678	4,505,984	9,113,662	0.113599	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,807,833	10,966,111	27,773,944	0.172840	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,031,936	28,648,607	92,680,543	0.391921	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	2,049,072	1,805,402	3,854,474	0.676293	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,696,816	58,609,107	205,305,923	0.426430	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	239,365,057	363,860,850	603,225,907	0.299751	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,331,350	31,133,353	49,464,703	0.223079	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	2,167	4,803,201	4,805,368	0.805184	0.000000	76.00
76.02	03952	URODYNAMICS	7,888	2,883,538	2,891,426	0.087369	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	5,611	1,976,829	1,982,440	0.411113	0.000000	76.03
76.04	03520	OPHTHALMOLOGY	200,059	11,364,505	11,564,564	0.190155	0.000000	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	9,717,169	30,809,596	40,526,765	0.213439	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	2,900	561,859	564,759	2.171018	0.000000	76.06
76.07	03957	CDC - REHAB	3,630	1,338,141	1,341,771	0.766004	0.000000	76.07
76.08	03958	DIABETES EDUCATION	1,752	572,121	573,873	1.332262	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,303,394	2,002,144	4,305,538	0.327164	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	469,581	1,748,067	2,217,648	0.244841	0.000000	76.98
76.99	07699	LITHOTRIPSY	719,840	8,218,208	8,938,048	0.169074	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	89,714	7,324,525	7,414,239	0.264579	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	20,642	13,439,014	13,459,656	0.255879	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	13,286	4,773,959	4,787,245	0.716809	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	289,013	14,609,860	14,898,873	1.194439	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	17,479	3,755,438	3,772,917	1.026087	0.000000	90.05
90.06	09006	OB-GYN CLINIC	171,998	6,487,737	6,659,735	1.106778	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	132,875	17,481,494	17,614,369	0.573199	0.000000	90.07
90.08	09008	ORTHOPEDICS CLINIC	84,614	10,405,989	10,490,603	0.902603	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,273,844	13,534,638	15,808,482	0.630498	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	325,756	14,484,551	14,810,307	1.199068	0.000000	90.10
90.11	09011	SURGERY CLINIC	100,927	6,735,083	6,836,010	1.350015	0.000000	90.11
90.12	09012	UROLOGY CLINIC	140,034	6,600,128	6,740,162	0.412380	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	137,706	12,169,924	12,307,630	0.675372	0.000000	90.13
90.14	09014	CANCER CLINIC	865,990	36,489,917	37,355,907	0.430765	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	95,017	8,900,503	8,995,520	0.622497	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	7,051	7,515,581	7,522,632	0.379255	0.000000	90.16
90.17	09017	ANEMIA CLINIC	1,948	103,316	105,264	0.914320	0.000000	90.17
90.19	09019	BURN CLINIC	12,511	685,284	697,795	0.777154	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	173,117	11,255,225	11,428,342	0.382053	0.000000	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	193	57,794	57,987	0.982720	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,269	2,975,499	2,976,768	0.440697	0.000000	90.52

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	44,448	5,670,303	5,714,751	0.717961	0.000000	90.54
90.56	09056	IRL-OB/GYN CLINIC	93,149	7,903,725	7,996,874	0.447319	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	2,960	3,724,311	3,727,271	0.564397	0.000000	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	1,544	964,820	966,364	0.377740	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	5,319	2,928,382	2,933,701	0.414292	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	59,457	4,640,834	4,700,291	0.603595	0.000000	90.60
90.62	09062	IRL-UROLOGY CLINIC	25,356	6,271,512	6,296,868	0.337368	0.000000	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1,074	1,074	15.545624	0.000000	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	24,724	24,724	0.088699	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	2,316	1,932,092	1,934,408	0.635661	0.000000	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	4,396	2,017,611	2,022,007	0.747803	0.000000	90.70
90.76	09076	IRL-PROCEDURE SUITES	13,039	9,894,889	9,907,928	0.466658	0.000000	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	8,399	2,794,837	2,803,236	0.573193	0.000000	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	386	415,886	416,272	0.808198	0.000000	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	894	1,156,517	1,157,411	0.440883	0.000000	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	867	100,546	101,413	4.954444	0.000000	90.96
91.00	09100	EMERGENCY	59,926,033	66,165,139	126,091,172	0.137075	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,208,259	14,826,463	19,034,722	0.253006	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	597,292	3,350,003	3,947,295	0.694999	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	10,416	8,492,753	8,503,169	0.145651	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	923,051	582,710	1,505,761	1.076383	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,464,472	0	9,464,472			105.00
106.00	10600	HEART ACQUISITION	3,262,000	0	3,262,000			106.00
107.00	10700	LIVER ACQUISITION	3,029,584	0	3,029,584			107.00
108.00	10800	LUNG ACQUISITION	2,620,000	0	2,620,000			108.00
109.00	10900	PANCREAS ACQUISITION	300,000	0	300,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,183,623,570	1,942,265,634	4,125,889,204			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,183,623,570	1,942,265,634	4,125,889,204			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03630	ULTRA SOUND	0.000000			55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000			55.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	ANATOMICAL LABORATORY	0.000000			60.01
60.02	03140	CARDIOLOGY	0.000000			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
63.01	06301	BONE MARROW TRANSPLANT	0.000000			63.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.01	03540	ORTHOTIC SERVICES	0.000000			71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03950	IVF/CULTURE LAB	0.000000			76.00
76.02	03952	URODYNAMICS	0.000000			76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000			76.03
76.04	03520	OPHTHALMOLOGY	0.000000			76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.000000			76.05
76.06	03580	RECREATIONAL THERAPY	0.000000			76.06
76.07	03957	CDC - REHAB	0.000000			76.07
76.08	03958	DIABETES EDUCATION	0.000000			76.08
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000			90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000			90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000			90.04
90.05	09005	NEUROLOGY CLINIC	0.000000			90.05
90.06	09006	OB-GYN CLINIC	0.000000			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000			90.07
90.08	09008	ORTHOPEDICS CLINIC	0.000000			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000			90.09
90.10	09010	PEDIATRIC CLINIC	0.000000			90.10
90.11	09011	SURGERY CLINIC	0.000000			90.11
90.12	09012	UROLOGY CLINIC	0.000000			90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000			90.13
90.14	09014	CANCER CLINIC	0.000000			90.14
90.15	09015	FAMILY CARE CLINIC	0.000000			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000			90.16
90.17	09017	ANEMIA CLINIC	0.000000			90.17
90.19	09019	BURN CLINIC	0.000000			90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000000			90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.000000			90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000000			90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.000000			90.54
90.56	09056	IRL-OB/GYN CLINIC	0.000000			90.56

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/22/2017 3:29 pm
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.000000		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.000000		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000000		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000000		90.60
90.62	09062	IRL-UROLOGY CLINIC	0.000000		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0.000000		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0.000000		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.000000		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000		90.70
90.76	09076	IRL-PROCEDURE SUITES	0.000000		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000000		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.000000		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.000000		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0.000000		90.96
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0058

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

Worksheet D Part I Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII Hospital PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,411,770	0	10,411,770	140,559	74.07	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	MEDICAL INTENSTIVE CARE UNIT	1,017,946		1,017,946	8,056	126.36	31.01
32.00	CORONARY CARE UNIT	1,254,558		1,254,558	7,021	178.69	32.00
33.00	BURN INTENSIVE CARE UNIT	691,237		691,237	5,201	132.90	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,033,788		1,033,788	10,744	96.22	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,054,568		1,054,568	11,621	90.75	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,012,022		1,012,022	5,424	186.58	35.01
40.00	SUBPROVIDER - IPF	1,248,166	0	1,248,166	26,050	47.91	40.00
43.00	NURSERY	1,101,278		1,101,278	18,106	60.82	43.00
200.00	Total (lines 30-199)	18,825,333		18,825,333	232,782		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	48,353	3,581,507	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	MEDICAL INTENSTIVE CARE UNIT	3,564	450,347	31.01
32.00	CORONARY CARE UNIT	3,234	577,883	32.00
33.00	BURN INTENSIVE CARE UNIT	1,233	163,866	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,885	373,815	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	26	4,851	35.01
40.00	SUBPROVIDER - IPF	7,409	354,965	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	67,704	5,507,234	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,741,153	517,154,120	0.020770	87,768,864	1,822,959	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,973	24,498,303	0.021184	182,086	3,857	52.00
53.00	05300	ANESTHESIOLOGY	1,264,110	67,083,159	0.018844	9,994,215	188,331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,547,362	138,186,385	0.040144	19,481,954	782,084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,879,447	87,091,624	0.021580	1,440,849	31,094	55.00
55.01	03630	ULTRA SOUND	443,906	34,812,635	0.012751	2,132,129	27,187	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,138,263	30,344,182	0.037512	1,598,063	59,947	55.02
57.00	05700	CT SCAN	1,095,003	165,307,853	0.006624	23,572,545	156,145	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,664,209	131,735,827	0.012633	12,028,976	151,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,002,779	84,217,743	0.023781	18,044,561	429,118	59.00
60.00	06000	LABORATORY	4,358,224	408,119,683	0.010679	60,386,045	644,863	60.00
60.01	06001	ANATOMICAL LABORATORY	705,074	35,306,986	0.019970	3,228,519	64,474	60.01
60.02	03140	CARDIOLOGY	1,772,306	73,560,468	0.024093	15,299,603	368,613	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	557,671	30,702,158	0.018164	6,269,791	113,884	63.00
63.01	06301	BONE MARROW TRANSPLANT	124,266	13,793,312	0.009009	1,113,770	10,034	63.01
65.00	06500	RESPIRATORY THERAPY	898,024	76,490,087	0.011740	15,749,380	184,898	65.00
66.00	06600	PHYSICAL THERAPY	387,128	26,513,356	0.014601	5,583,590	81,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,629	10,707,589	0.011919	2,665,476	31,770	67.00
69.00	06900	ELECTROCARDIOLOGY	63,426	9,113,662	0.006959	1,995,453	13,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,051	27,773,944	0.013468	5,320,043	71,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,767	92,680,543	0.009773	20,091,183	196,351	71.00
71.01	03540	ORTHOTIC SERVICES	94,561	3,854,474	0.024533	832,758	20,430	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,170,766	205,305,923	0.010573	54,704,004	578,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,634,552	603,225,907	0.009341	67,579,078	631,256	73.00
74.00	07400	RENAL DIALYSIS	1,093,589	49,464,703	0.022108	8,031,634	177,563	74.00
76.00	03950	IVF/CULTURE LAB	301,083	4,805,368	0.062656	0	0	76.00
76.02	03952	URODYNAMICS	19,076	2,891,426	0.006597	2,989	20	76.02
76.03	03953	SPINE TREATMENT CENTER	82,238	1,982,440	0.041483	1,550	64	76.03
76.04	03520	OPHTHALMOLOGY	240,035	11,564,564	0.020756	47,449	985	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	815,966	40,526,765	0.020134	4,034,755	81,236	76.05
76.06	03580	RECREATIONAL THERAPY	121,249	564,759	0.214692	0	0	76.06
76.07	03957	CDC - REHAB	53,658	1,341,771	0.039990	99	4	76.07
76.08	03958	DIABETES EDUCATION	65,488	573,873	0.114116	615	70	76.08
76.97	07697	CARDIAC REHABILITATION	228,932	4,305,538	0.053172	1,181,267	62,810	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	49,243	2,217,648	0.022205	71,223	1,582	76.98
76.99	07699	LITHOTRIPSY	281,308	8,938,048	0.031473	19,643	618	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,402	7,414,239	0.041326	5,627	233	90.01
90.02	09002	DERMATOLOGY CLINIC	405,815	13,459,656	0.030150	10,355	312	90.02
90.03	09003	ORAL SURGERY CLINIC	422,364	4,787,245	0.088227	4,997	441	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,754,232	14,898,873	0.117743	111,678	13,149	90.04
90.05	09005	NEUROLOGY CLINIC	711,697	3,772,917	0.188633	6,866	1,295	90.05
90.06	09006	OB-GYN CLINIC	856,446	6,659,735	0.128601	7,031	904	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,163,437	17,614,369	0.066050	50,565	3,340	90.07
90.08	09008	ORTHOPEDICS CLINIC	900,465	10,490,603	0.085835	23,485	2,016	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,324,785	15,808,482	0.083802	862,908	72,313	90.09
90.10	09010	PEDIATRIC CLINIC	1,625,795	14,810,307	0.109775	3,672	403	90.10
90.11	09011	SURGERY CLINIC	1,034,725	6,836,010	0.151364	28,729	4,349	90.11
90.12	09012	UROLOGY CLINIC	408,201	6,740,162	0.060562	69,498	4,209	90.12
90.13	09013	PSYCHIATRIC CLINIC	830,369	12,307,630	0.067468	31,559	2,129	90.13
90.14	09014	CANCER CLINIC	1,528,809	37,355,907	0.040925	233,909	9,573	90.14
90.15	09015	FAMILY CARE CLINIC	718,922	8,995,520	0.079920	28,468	2,275	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	331,649	7,522,632	0.044087	2,188	96	90.16
90.17	09017	ANEMIA CLINIC	23,089	105,264	0.219344	0	0	90.17
90.19	09019	BURN CLINIC	18,689	697,795	0.026783	6,553	176	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	772,217	11,428,342	0.067570	100,093	6,763	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	4,773	57,987	0.082312	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	270,074	2,976,768	0.090727	620	56	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	634,548	5,714,751	0.111037	44,209	4,909	90.54
90.56	09056	IRL-OB/GYN CLINIC	603,586	7,996,874	0.075478	1,363	103	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	396,253	3,727,271	0.106312	619	66	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	70,355	966,364	0.072804	1,238	90	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	267,628	2,933,701	0.091225	681	62	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	495,325	4,700,291	0.105382	893	94	90.60
90.62	09062	IRL-UROLOGY CLINIC	445,948	6,296,868	0.070821	2,700	191	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	657	1,074	0.611732	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	965	24,724	0.039031	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	262,552	1,934,408	0.135727	2,110	286	90.68

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058

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

Worksheet D Part II Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII Hospital PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.70	09070	IRL-DIABETES CENTER CLINIC	203,336	2,022,007	0.100561	2,457	247	90.70
90.76	09076	IRL-PROCEDURE SUITES	1,079,156	9,907,928	0.108918	1,205	131	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	173,341	2,803,236	0.061836	2,349	145	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	34,447	416,272	0.082751	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	13,262	1,157,411	0.011458	798	9	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	11,885	101,413	0.117194	0	0	90.96
91.00	09100	EMERGENCY	1,599,554	126,091,172	0.012686	22,019,861	279,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	336,145	19,034,722	0.017660	1,145,418	20,228	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	187,090	3,947,295	0.047397	2,651	126	92.01
	OTHER	REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	123,450	8,503,169	0.014518	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	70,172,953	3,439,778,220		475,271,512	7,419,719	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part III Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII Hospital PPS

		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	941,149	0	0	941,149	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	0	173,970	0		173,970	31.01
32.00	03200	CORONARY CARE UNIT	0	187,684	0		187,684	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	85,409	0		85,409	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	86,551	0		86,551	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	8,937	0		8,937	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	119,768	0		119,768	35.01
40.00	04000	SUBPROVIDER - IPF	0	83,113	0	0	83,113	40.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	1,686,581	0		1,686,581	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	140,559	6.70	48,353	323,965		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT	8,056	21.60	3,564	76,982		31.01
32.00	03200	CORONARY CARE UNIT	7,021	26.73	3,234	86,445		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,201	16.42	1,233	20,246		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,744	8.06	3,885	31,313		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,621	0.77	0	0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,424	22.08	26	574		35.01
40.00	04000	SUBPROVIDER - IPF	26,050	3.19	7,409	23,635		40.00
43.00	04300	NURSERY	18,106	0.00	0	0		43.00
200.00		Total (lines 30-199)	232,782		67,704	563,160		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS 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
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	1,455,784	0	1,455,784	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,234	0	4,234	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	213,049	0	213,049	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	4,704	0	4,704	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	1,882	0	1,882	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	53,262	0	53,262	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	2,352	0	2,352	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	470	0	470	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	107,935	0	107,935	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	1,882	0	1,882	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	941	0	941	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	470	0	470	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	941	0	941	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	1,411	0	1,411	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	470	0	470	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	470	0	470	90.70

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII Hospital PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.76	09076	IRL-PROCEDURE SUITES	0	0	2,352	0	2,352	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	470	0	470	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	0	59,920	0	59,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	30,384	0	30,384	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	4,252	0	4,252	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	1,947,635	0	1,947,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	517,154,120	0.000000	0.000000	87,768,864	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,498,303	0.000000	0.000000	182,086	52.00
53.00	05300	ANESTHESIOLOGY	0	67,083,159	0.000000	0.000000	9,994,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,455,784	138,186,385	0.010535	0.010535	19,481,954	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	87,091,624	0.000000	0.000000	1,440,849	55.00
55.01	03630	ULTRA SOUND	0	34,812,635	0.000000	0.000000	2,132,129	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	30,344,182	0.000000	0.000000	1,598,063	55.02
57.00	05700	CT SCAN	0	165,307,853	0.000000	0.000000	23,572,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	131,735,827	0.000000	0.000000	12,028,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	84,217,743	0.000000	0.000000	18,044,561	59.00
60.00	06000	LABORATORY	0	408,119,683	0.000000	0.000000	60,386,045	60.00
60.01	06001	ANATOMICAL LABORATORY	0	35,306,986	0.000000	0.000000	3,228,519	60.01
60.02	03140	CARDIOLOGY	0	73,560,468	0.000000	0.000000	15,299,603	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	30,702,158	0.000000	0.000000	6,269,791	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	13,793,312	0.000000	0.000000	1,113,770	63.01
65.00	06500	RESPIRATORY THERAPY	0	76,490,087	0.000000	0.000000	15,749,380	65.00
66.00	06600	PHYSICAL THERAPY	0	26,513,356	0.000000	0.000000	5,583,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,707,589	0.000000	0.000000	2,665,476	67.00
69.00	06900	ELECTROCARDIOLOGY	0	9,113,662	0.000000	0.000000	1,995,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,773,944	0.000000	0.000000	5,320,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	92,680,543	0.000000	0.000000	20,091,183	71.00
71.01	03540	ORTHOTIC SERVICES	0	3,854,474	0.000000	0.000000	832,758	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,305,923	0.000000	0.000000	54,704,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	603,225,907	0.000000	0.000000	67,579,078	73.00
74.00	07400	RENAL DIALYSIS	4,234	49,464,703	0.000086	0.000086	8,031,634	74.00
76.00	03950	IVF/CULTURE LAB	0	4,805,368	0.000000	0.000000	0	76.00
76.02	03952	URODYNAMICS	0	2,891,426	0.000000	0.000000	2,989	76.02
76.03	03953	SPINE TREATMENT CENTER	0	1,982,440	0.000000	0.000000	1,550	76.03
76.04	03520	OPHTHALMOLOGY	0	11,564,564	0.000000	0.000000	47,449	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	40,526,765	0.000000	0.000000	4,034,755	76.05
76.06	03580	RECREATIONAL THERAPY	0	564,759	0.000000	0.000000	0	76.06
76.07	03957	CDC - REHAB	0	1,341,771	0.000000	0.000000	99	76.07
76.08	03958	DIABETES EDUCATION	0	573,873	0.000000	0.000000	615	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,305,538	0.000000	0.000000	1,181,267	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,217,648	0.000000	0.000000	71,223	76.98
76.99	07699	LITHOTRIPSY	0	8,938,048	0.000000	0.000000	19,643	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	7,414,239	0.000000	0.000000	5,627	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,459,656	0.000000	0.000000	10,355	90.02
90.03	09003	ORAL SURGERY CLINIC	0	4,787,245	0.000000	0.000000	4,997	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	213,049	14,898,873	0.014300	0.014300	111,678	90.04
90.05	09005	NEUROLOGY CLINIC	0	3,772,917	0.000000	0.000000	6,866	90.05
90.06	09006	OB-GYN CLINIC	0	6,659,735	0.000000	0.000000	7,031	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	17,614,369	0.000000	0.000000	50,565	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	10,490,603	0.000000	0.000000	23,485	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	15,808,482	0.000000	0.000000	862,908	90.09
90.10	09010	PEDIATRIC CLINIC	4,704	14,810,307	0.000318	0.000318	3,672	90.10
90.11	09011	SURGERY CLINIC	0	6,836,010	0.000000	0.000000	28,729	90.11
90.12	09012	UROLOGY CLINIC	0	6,740,162	0.000000	0.000000	69,498	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	12,307,630	0.000000	0.000000	31,559	90.13
90.14	09014	CANCER CLINIC	1,882	37,355,907	0.000050	0.000050	233,909	90.14
90.15	09015	FAMILY CARE CLINIC	53,262	8,995,520	0.005921	0.005921	28,468	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	7,522,632	0.000000	0.000000	2,188	90.16
90.17	09017	ANEMIA CLINIC	0	105,264	0.000000	0.000000	0	90.17
90.19	09019	BURN CLINIC	0	697,795	0.000000	0.000000	6,553	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,352	11,428,342	0.000206	0.000206	100,093	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	57,987	0.000000	0.000000	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	470	2,976,768	0.000158	0.000158	620	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	107,935	5,714,751	0.018887	0.018887	44,209	90.54
90.56	09056	IRL-OB/GYN CLINIC	1,882	7,996,874	0.000235	0.000235	1,363	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	941	3,727,271	0.000252	0.000252	619	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	966,364	0.000000	0.000000	1,238	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	470	2,933,701	0.000160	0.000160	681	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	941	4,700,291	0.000200	0.000200	893	90.60
90.62	09062	IRL-UROLOGY CLINIC	1,411	6,296,868	0.000224	0.000224	2,700	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1,074	0.000000	0.000000	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	24,724	0.000000	0.000000	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	470	1,934,408	0.000243	0.000243	2,110	90.68

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		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	
90.70	09070	IRL-DIABETES CENTER CLINIC	470	2,022,007	0.000232	0.000232	2,457	90.70
90.76	09076	IRL-PROCEDURE SUITES	2,352	9,907,928	0.000237	0.000237	1,205	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	470	2,803,236	0.000168	0.000168	2,349	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	416,272	0.000000	0.000000	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	1,157,411	0.000000	0.000000	798	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	101,413	0.000000	0.000000	0	90.96
91.00	09100	EMERGENCY	59,920	126,091,172	0.000475	0.000475	22,019,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	30,384	19,034,722	0.001596	0.001596	1,145,418	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,252	3,947,295	0.001077	0.001077	2,651	92.01
	OTHER	REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	8,503,169	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,947,635	3,439,778,220			475,271,512	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | 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	41,160,624	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,149	0		52.00
53.00	05300	ANESTHESIOLOGY	0	5,577,317	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205,242	22,830,517	240,519		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,825,707	0		55.00
55.01	03630	ULTRA SOUND	0	3,516,577	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,531,267	0		55.02
57.00	05700	CT SCAN	0	35,670,447	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,313,854	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,535,093	0		59.00
60.00	06000	LABORATORY	0	42,994,688	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	5,957,426	0		60.01
60.02	03140	CARDIOLOGY	0	7,866,023	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,834,556	0		63.00
63.01	06301	BONE MARROW TRANSPLANT	0	154,872	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	410,055	0		65.00
66.00	06600	PHYSICAL THERAPY	0	115,273	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	106,161	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,478,810	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,864,794	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,940,932	0		71.00
71.01	03540	ORTHOTIC SERVICES	0	359,736	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,782,289	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	125,911,664	0		73.00
74.00	07400	RENAL DIALYSIS	691	9,956	1		74.00
76.00	03950	IVF/CULTURE LAB	0	11,208	0		76.00
76.02	03952	URODYNAMICS	0	833,026	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	418,064	0		76.03
76.04	03520	OPHTHALMOLOGY	0	4,498,586	0		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	10,434,479	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	60,465	0		76.06
76.07	03957	CDC - REHAB	0	149,848	0		76.07
76.08	03958	DIABETES EDUCATION	0	26,477	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	850,523	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	454,545	0		76.98
76.99	07699	LITHOTRIPSY	0	2,834,283	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	2,304,693	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	5,420,502	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	460,234	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,597	4,896,742	70,023		90.04
90.05	09005	NEUROLOGY CLINIC	0	1,441,433	0		90.05
90.06	09006	OB-GYN CLINIC	0	304,474	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	6,927,565	0		90.07
90.08	09008	ORTHOPEDICS CLINIC	0	1,917,963	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	2,649,984	0		90.09
90.10	09010	PEDIATRIC CLINIC	1	92,087	29		90.10
90.11	09011	SURGERY CLINIC	0	1,699,175	0		90.11
90.12	09012	UROLOGY CLINIC	0	2,791,104	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	1,536,379	0		90.13
90.14	09014	CANCER CLINIC	12	13,326,977	666		90.14
90.15	09015	FAMILY CARE CLINIC	169	1,562,840	9,254		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,034,872	0		90.16
90.17	09017	ANEMIA CLINIC	0	23,652	0		90.17
90.19	09019	BURN CLINIC	0	81,796	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	21	4,618,097	951		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	22,869	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	676,922	107		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	835	1,753,347	33,115		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	686,213	161		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	1,361,492	343		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	300,008	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	298,677	48		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	569	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	1	2,572,121	576		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1,074	0		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	1,621	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1	363,239	88		90.68

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	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			
90.70	09070	IRL-DIABETES CENTER CLINIC	1	566,749	131			90.70
90.76	09076	IRL-PROCEDURE SUITES	0	1,485,807	352			90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	310,960	52			90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	6,451	0			90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	450,106	0			90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	1,138	0			90.96
91.00	09100	EMERGENCY	10,459	11,051,190	5,249			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,828	2,897,551	4,624			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3	117,547	127			92.01
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	220,861	494,345,511	366,416			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.220245	41,160,624	2,000,323	0	9,065,422	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.260164	9,149	0	0	2,380	52.00
53.00	05300	ANESTHESIOLOGY	0.155002	5,577,317	0	0	864,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238161	22,830,517	0	0	5,437,339	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146911	23,825,707	0	0	3,500,258	55.00
55.01	03630	ULTRA SOUND	0.146244	3,516,577	0	0	514,278	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.205125	9,531,267	0	0	1,955,101	55.02
57.00	05700	CT SCAN	0.037241	35,670,447	0	0	1,328,403	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053096	21,313,854	0	0	1,131,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099283	14,535,093	0	0	1,443,088	59.00
60.00	06000	LABORATORY	0.136149	42,994,688	40,993	0	5,853,684	60.00
60.01	06001	ANATOMICAL LABORATORY	0.178756	5,957,426	0	0	1,064,926	60.01
60.02	03140	CARDIOLOGY	0.163451	7,866,023	9,537	0	1,285,709	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300003	2,834,556	0	0	850,375	63.00
63.01	06301	BONE MARROW TRANSPLANT	0.332039	154,872	0	0	51,424	63.01
65.00	06500	RESPIRATORY THERAPY	0.141995	410,055	0	0	58,226	65.00
66.00	06600	PHYSICAL THERAPY	0.326466	115,273	0	0	37,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287906	106,161	0	0	30,564	67.00
69.00	06900	ELECTROCARDIOLOGY	0.113599	1,478,810	0	0	167,991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172840	1,864,794	0	0	322,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391921	7,940,932	12,791	0	3,112,218	71.00
71.01	03540	ORTHOTIC SERVICES	0.676293	359,736	0	0	243,287	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.426430	19,782,289	0	0	8,435,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299751	125,911,664	844,434	0	37,742,147	73.00
74.00	07400	RENAL DIALYSIS	0.223079	9,956	0	0	2,221	74.00
76.00	03950	IVF/CULTURE LAB	0.805184	11,208	0	0	9,025	76.00
76.02	03952	URODYNAMICS	0.087369	833,026	0	0	72,781	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411113	418,064	0	0	171,872	76.03
76.04	03520	OPHTHALMOLOGY	0.190155	4,498,586	0	0	855,429	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.213439	10,434,479	0	0	2,227,125	76.05
76.06	03580	RECREATIONAL THERAPY	2.171018	60,465	0	0	131,271	76.06
76.07	03957	CDC - REHAB	0.766004	149,848	0	0	114,784	76.07
76.08	03958	DIABETES EDUCATION	1.332262	26,477	0	0	35,274	76.08
76.97	07697	CARDIAC REHABILITATION	0.327164	850,523	0	0	278,261	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.244841	454,545	0	0	111,291	76.98
76.99	07699	LITHOTRIPSY	0.169074	2,834,283	0	0	479,204	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.264579	2,304,693	0	0	609,773	90.01
90.02	09002	DERMATOLOGY CLINIC	0.255879	5,420,502	0	0	1,386,993	90.02
90.03	09003	ORAL SURGERY CLINIC	0.716809	460,234	0	0	329,900	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.194439	4,896,742	0	0	5,848,860	90.04
90.05	09005	NEUROLOGY CLINIC	1.026087	1,441,433	0	0	1,479,036	90.05
90.06	09006	OB-GYN CLINIC	1.106778	304,474	0	0	336,985	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.573199	6,927,565	0	0	3,970,873	90.07
90.08	09008	ORTHOPEDICS CLINIC	0.902603	1,917,963	0	0	1,731,159	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.630498	2,649,984	0	0	1,670,810	90.09
90.10	09010	PEDIATRIC CLINIC	1.199068	92,087	0	0	110,419	90.10
90.11	09011	SURGERY CLINIC	1.350015	1,699,175	0	0	2,293,912	90.11
90.12	09012	UROLOGY CLINIC	0.412380	2,791,104	0	0	1,150,995	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.675372	1,536,379	0	0	1,037,627	90.13
90.14	09014	CANCER CLINIC	0.430765	13,326,977	0	0	5,740,795	90.14
90.15	09015	FAMILY CARE CLINIC	0.622497	1,562,840	0	0	972,863	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.379255	1,034,872	0	0	392,480	90.16
90.17	09017	ANEMIA CLINIC	0.914320	23,652	0	0	21,625	90.17
90.19	09019	BURN CLINIC	0.777154	81,796	0	0	63,568	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.382053	4,618,097	0	0	1,764,358	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.982720	22,869	0	0	22,474	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.440697	676,922	0	0	298,317	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.717961	1,753,347	0	0	1,258,835	90.54
90.56	09056	IRL-OB/GYN CLINIC	0.447319	686,213	0	0	306,956	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.564397	1,361,492	0	0	768,422	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.377740	300,008	0	0	113,325	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.414292	298,677	0	0	123,739	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.603595	569	0	0	343	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.337368	2,572,121	0	0	867,751	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	15.545624	1,074	0	0	16,696	90.63

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058

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

Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.65	09065	IRL-FAMILY CARE CLINIC	0.088699	1,621	0	0	144	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.635661	363,239	0	0	230,897	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.747803	566,749	0	0	423,817	90.70
90.76	09076	IRL-PROCEDURE SUITES	0.466658	1,485,807	0	0	693,364	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.573193	310,960	0	0	178,240	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.808198	6,451	0	0	5,214	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.440883	450,106	0	0	198,444	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	4.954444	1,138	0	0	5,638	90.96
91.00	09100	EMERGENCY	0.137075	11,051,190	0	0	1,514,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253006	2,897,551	0	0	733,098	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.694999	117,547	0	0	81,695	92.01
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.145651		0			94.00
95.00	09500	AMBULANCE SERVICES	1.076383		0			95.00
200.00		Subtotal (see instructions)		494,345,511	2,908,078	0	127,742,520	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		494,345,511	2,908,078	0	127,742,520	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	440,561	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	5,581	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	1,559	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,013	0		71.00
71.01	03540	ORTHOTIC SERVICES	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	253,120	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	ANEMIA CLINIC	0	0		90.17
90.19	09019	BURN CLINIC	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0		90.63

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.65	09065	IRL-FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0		90.96
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	705,834	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	705,834	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D Part II
Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,741,153	517,154,120	0.020770	695,157	14,438	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,973	24,498,303	0.021184	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,264,110	67,083,159	0.018844	255,534	4,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,547,362	138,186,385	0.040144	19,398	779	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,879,447	87,091,624	0.021580	43,706	943	55.00
55.01	03630	ULTRA SOUND	443,906	34,812,635	0.012751	4,351	55	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,138,263	30,344,182	0.037512	0	0	55.02
57.00	05700	CT SCAN	1,095,003	165,307,853	0.006624	74,121	491	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,664,209	131,735,827	0.012633	60,318	762	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,002,779	84,217,743	0.023781	0	0	59.00
60.00	06000	LABORATORY	4,358,224	408,119,683	0.010679	611,015	6,525	60.00
60.01	06001	ANATOMICAL LABORATORY	705,074	35,306,986	0.019970	1,222	24	60.01
60.02	03140	CARDIOLOGY	1,772,306	73,560,468	0.024093	24,984	602	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	557,671	30,702,158	0.018164	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	124,266	13,793,312	0.009009	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	898,024	76,490,087	0.011740	70,673	830	65.00
66.00	06600	PHYSICAL THERAPY	387,128	26,513,356	0.014601	28,840	421	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,629	10,707,589	0.011919	406,583	4,846	67.00
69.00	06900	ELECTROCARDIOLOGY	63,426	9,113,662	0.006959	51,126	356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,051	27,773,944	0.013468	9,660	130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,767	92,680,543	0.009773	43,748	428	71.00
71.01	03540	ORTHOTIC SERVICES	94,561	3,854,474	0.024533	16,902	415	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,170,766	205,305,923	0.010573	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,634,552	603,225,907	0.009341	1,089,969	10,181	73.00
74.00	07400	RENAL DIALYSIS	1,093,589	49,464,703	0.022108	23,849	527	74.00
76.00	03950	IVF/CULTURE LAB	301,083	4,805,368	0.062656	0	0	76.00
76.02	03952	URODYNAMICS	19,076	2,891,426	0.006597	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	82,238	1,982,440	0.041483	628	26	76.03
76.04	03520	OPHTHALMOLOGY	240,035	11,564,564	0.020756	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	815,966	40,526,765	0.020134	10,670	215	76.05
76.06	03580	RECREATIONAL THERAPY	121,249	564,759	0.214692	0	0	76.06
76.07	03957	CDC - REHAB	53,658	1,341,771	0.039990	0	0	76.07
76.08	03958	DIABETES EDUCATION	65,488	573,873	0.114116	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	228,932	4,305,538	0.053172	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	49,243	2,217,648	0.022205	672	15	76.98
76.99	07699	LITHOTRIPSY	281,308	8,938,048	0.031473	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,402	7,414,239	0.041326	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	405,815	13,459,656	0.030150	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	422,364	4,787,245	0.088227	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,754,232	14,898,873	0.117743	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	711,697	3,772,917	0.188633	0	0	90.05
90.06	09006	OB-GYN CLINIC	856,446	6,659,735	0.128601	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,163,437	17,614,369	0.066050	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	900,465	10,490,603	0.085835	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,324,785	15,808,482	0.083802	6,407	537	90.09
90.10	09010	PEDIATRIC CLINIC	1,625,795	14,810,307	0.109775	0	0	90.10
90.11	09011	SURGERY CLINIC	1,034,725	6,836,010	0.151364	0	0	90.11
90.12	09012	UROLOGY CLINIC	408,201	6,740,162	0.060562	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	830,369	12,307,630	0.067468	41,892	2,826	90.13
90.14	09014	CANCER CLINIC	1,528,809	37,355,907	0.040925	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	718,922	8,995,520	0.079920	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	331,649	7,522,632	0.044087	0	0	90.16
90.17	09017	ANEMIA CLINIC	23,089	105,264	0.219344	0	0	90.17
90.19	09019	BURN CLINIC	18,689	697,795	0.026783	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	772,217	11,428,342	0.067570	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	4,773	57,987	0.082312	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	270,074	2,976,768	0.090727	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	634,548	5,714,751	0.111037	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	603,586	7,996,874	0.075478	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	396,253	3,727,271	0.106312	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	70,355	966,364	0.072804	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	267,628	2,933,701	0.091225	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	495,325	4,700,291	0.105382	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	445,948	6,296,868	0.070821	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	657	1,074	0.611732	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	965	24,724	0.039031	0	0	90.65

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D
Part II
Date/Time Prepared:
11/22/2017 3:29 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	262,552	1,934,408	0.135727	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	203,336	2,022,007	0.100561	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	1,079,156	9,907,928	0.108918	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	173,341	2,803,236	0.061836	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	34,447	416,272	0.082751	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	13,262	1,157,411	0.011458	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	11,885	101,413	0.117194	0	0	90.96
91.00	09100	EMERGENCY	1,599,554	126,091,172	0.012686	419,095	5,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,034,722	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	187,090	3,947,295	0.047397	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	123,450	8,503,169	0.014518	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	69,836,808	3,439,778,220		4,010,520	56,504	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	1,455,784	0	1,455,784	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,234	0	4,234	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	213,049	0	213,049	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	4,704	0	4,704	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	1,882	0	1,882	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	53,262	0	53,262	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	2,352	0	2,352	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	470	0	470	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	107,935	0	107,935	90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	1,882	0	1,882	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	941	0	941	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	470	0	470	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	941	0	941	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	1,411	0	1,411	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	470	0	470	90.68

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	470	0	470	90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	2,352	0	2,352	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	470	0	470	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0	0	0	90.96
91.00	09100	EMERGENCY	0	0	59,920	0	59,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	4,252	0	4,252	92.01
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	1,917,251	0	1,917,251	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Subprovider - IPF | PPS

		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	517,154,120	0.000000	0.000000	695,157	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,498,303	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	67,083,159	0.000000	0.000000	255,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,455,784	138,186,385	0.010535	0.010535	19,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	87,091,624	0.000000	0.000000	43,706	55.00
55.01	03630	ULTRA SOUND	0	34,812,635	0.000000	0.000000	4,351	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	30,344,182	0.000000	0.000000	0	55.02
57.00	05700	CT SCAN	0	165,307,853	0.000000	0.000000	74,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	131,735,827	0.000000	0.000000	60,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	84,217,743	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	408,119,683	0.000000	0.000000	611,015	60.00
60.01	06001	ANATOMICAL LABORATORY	0	35,306,986	0.000000	0.000000	1,222	60.01
60.02	03140	CARDIOLOGY	0	73,560,468	0.000000	0.000000	24,984	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	30,702,158	0.000000	0.000000	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0	13,793,312	0.000000	0.000000	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	76,490,087	0.000000	0.000000	70,673	65.00
66.00	06600	PHYSICAL THERAPY	0	26,513,356	0.000000	0.000000	28,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,707,589	0.000000	0.000000	406,583	67.00
69.00	06900	ELECTROCARDIOLOGY	0	9,113,662	0.000000	0.000000	51,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,773,944	0.000000	0.000000	9,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	92,680,543	0.000000	0.000000	43,748	71.00
71.01	03540	ORTHOTIC SERVICES	0	3,854,474	0.000000	0.000000	16,902	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,305,923	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	603,225,907	0.000000	0.000000	1,089,969	73.00
74.00	07400	RENAL DIALYSIS	4,234	49,464,703	0.000086	0.000086	23,849	74.00
76.00	03950	IVF/CULTURE LAB	0	4,805,368	0.000000	0.000000	0	76.00
76.02	03952	URODYNAMICS	0	2,891,426	0.000000	0.000000	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	1,982,440	0.000000	0.000000	628	76.03
76.04	03520	OPHTHALMOLOGY	0	11,564,564	0.000000	0.000000	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	40,526,765	0.000000	0.000000	10,670	76.05
76.06	03580	RECREATIONAL THERAPY	0	564,759	0.000000	0.000000	0	76.06
76.07	03957	CDC - REHAB	0	1,341,771	0.000000	0.000000	0	76.07
76.08	03958	DIABETES EDUCATION	0	573,873	0.000000	0.000000	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,305,538	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,217,648	0.000000	0.000000	672	76.98
76.99	07699	LITHOTRIPSY	0	8,938,048	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	ANESTHESIA PAIN CLINIC	0	7,414,239	0.000000	0.000000	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,459,656	0.000000	0.000000	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	4,787,245	0.000000	0.000000	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	213,049	14,898,873	0.014300	0.014300	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	3,772,917	0.000000	0.000000	0	90.05
90.06	09006	OB-GYN CLINIC	0	6,659,735	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	17,614,369	0.000000	0.000000	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0	10,490,603	0.000000	0.000000	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	15,808,482	0.000000	0.000000	6,407	90.09
90.10	09010	PEDIATRIC CLINIC	4,704	14,810,307	0.000318	0.000318	0	90.10
90.11	09011	SURGERY CLINIC	0	6,836,010	0.000000	0.000000	0	90.11
90.12	09012	UROLOGY CLINIC	0	6,740,162	0.000000	0.000000	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	12,307,630	0.000000	0.000000	41,892	90.13
90.14	09014	CANCER CLINIC	1,882	37,355,907	0.000050	0.000050	0	90.14
90.15	09015	FAMILY CARE CLINIC	53,262	8,995,520	0.005921	0.005921	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	7,522,632	0.000000	0.000000	0	90.16
90.17	09017	ANEMIA CLINIC	0	105,264	0.000000	0.000000	0	90.17
90.19	09019	BURN CLINIC	0	697,795	0.000000	0.000000	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,352	11,428,342	0.000206	0.000206	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	57,987	0.000000	0.000000	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	470	2,976,768	0.000158	0.000158	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	107,935	5,714,751	0.018887	0.018887	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	1,882	7,996,874	0.000235	0.000235	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	941	3,727,271	0.000252	0.000252	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	966,364	0.000000	0.000000	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	470	2,933,701	0.000160	0.000160	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	941	4,700,291	0.000200	0.000200	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	1,411	6,296,868	0.000224	0.000224	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	1,074	0.000000	0.000000	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	24,724	0.000000	0.000000	0	90.65

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		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	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	470	1,934,408	0.000243	0.000243	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	470	2,022,007	0.000232	0.000232	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	2,352	9,907,928	0.000237	0.000237	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	470	2,803,236	0.000168	0.000168	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	416,272	0.000000	0.000000	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	1,157,411	0.000000	0.000000	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	101,413	0.000000	0.000000	0	90.96
91.00	09100	EMERGENCY	59,920	126,091,172	0.000475	0.000475	419,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,034,722	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,252	3,947,295	0.001077	0.001077	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	8,503,169	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,917,251	3,439,778,220			4,010,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm

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
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	204	2,012	21		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03630	ULTRA SOUND	0	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0		55.02
57.00	05700	CT SCAN	0	12,584	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0		60.01
60.02	03140	CARDIOLOGY	0	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	872	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	188	0		73.00
74.00	07400	RENAL DIALYSIS	2	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0	0		76.00
76.02	03952	URODYNAMICS	0	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0	0		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0		76.06
76.07	03957	CDC - REHAB	0	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	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	ANESTHESIA PAIN CLINIC	0	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0		90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0		90.13
90.14	09014	CANCER CLINIC	0	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0		90.16
90.17	09017	ANEMIA CLINIC	0	0	0		90.17
90.19	09019	BURN CLINIC	0	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0	0		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0		90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0	0		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0	0		90.65

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/22/2017 3:29 pm
	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		
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0		90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0	0		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0	0		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0	0		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0	0		90.96
91.00	09100	EMERGENCY	199	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	405	15,656	21		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

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

Worksheet D Part V
Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.220245	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.260164	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.155002	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238161	2,012	0	0	479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146911	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.146244	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.205125	0	0	0	0	55.02
57.00	05700	CT SCAN	0.037241	12,584	0	0	469	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053096	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099283	0	0	0	0	59.00
60.00	06000	LABORATORY	0.136149	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.178756	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.163451	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300003	0	0	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0.332039	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.141995	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.326466	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287906	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.113599	872	0	0	99	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172840	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391921	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0.676293	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.426430	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299751	188	0	0	56	73.00
74.00	07400	RENAL DIALYSIS	0.223079	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.805184	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0.087369	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411113	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0.190155	0	0	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.213439	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	2.171018	0	0	0	0	76.06
76.07	03957	CDC - REHAB	0.766004	0	0	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.332262	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.327164	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.244841	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.169074	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	ANESTHESIA PAIN CLINIC	0.264579	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.255879	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.716809	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.194439	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1.026087	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	1.106778	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.573199	0	0	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0.902603	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.630498	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1.199068	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1.350015	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.412380	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.675372	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.430765	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.622497	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.379255	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0.914320	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0.777154	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.382053	0	0	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.982720	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.440697	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.717961	0	0	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	0.447319	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.564397	0	0	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.377740	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.414292	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.603595	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.337368	0	0	0	0	90.62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.63	09063	IRL-PSYCHIATRIC CLINIC	15.545624	0	0	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0.088699	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.635661	0	0	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.747803	0	0	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0.466658	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.573193	0	0	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.808198	0	0	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.440883	0	0	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	4.954444	0	0	0	0	90.96
91.00	09100	EMERGENCY	0.137075	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253006	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.694999	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.145651		0			94.00
95.00	09500	AMBULANCE SERVICES	1.076383		0			95.00
200.00		Subtotal (see instructions)		15,656	0	0	1,103	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		15,656	0	0	1,103	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	06301	BONE MARROW TRANSPLANT	0	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01	03540	ORTHOTIC SERVICES	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03952	URODYNAMICS	0	0		76.02
76.03	03953	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03957	CDC - REHAB	0	0		76.07
76.08	03958	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	ANEMIA CLINIC	0	0		90.17
90.19	09019	BURN CLINIC	0	0		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0		90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0	0		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0		90.54
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0	0		90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.63	09063	IRL-PSYCHIATRIC CLINIC	0	0		90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	09076	IRL-PROCEDURE SUITES	0	0		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0		90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0	0		90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	0	0		90.96
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	140,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	140,559	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)	136,021	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)	48,353	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)	149,166,873	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)	149,166,873	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)	149,166,873	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,061.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	51,314,138	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)	51,314,138	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSTIVE CARE UNIT	14,570,960	8,056	1,808.71	3,564	6,446,242	43.01
44.00	CORONARY CARE UNIT	13,565,290	7,021	1,932.10	3,234	6,248,411	44.00
45.00	BURN INTENSIVE CARE UNIT	8,506,728	5,201	1,635.59	1,233	2,016,682	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	18,354,969	10,744	1,708.39	3,885	6,637,095	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	20,651,517	11,621	1,777.09	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	13,696,932	5,424	2,525.25	26	65,657	47.01

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	108,715,417	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	181,443,642	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,691,794	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,640,580	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,332,374	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	168,111,268	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)	4,538	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,061.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,815,907	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	10,411,770	149,166,873	0.069799	4,815,907	336,145	90.00
91.00	Nursing School cost	0	149,166,873	0.000000	4,815,907	0	91.00
92.00	Allied health cost	941,149	149,166,873	0.006309	4,815,907	30,384	92.00
93.00	All other Medical Education	0	149,166,873	0.000000	4,815,907	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	26,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	26,050	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	26,050	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)	7,409	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	21,339,929	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	21,339,929	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,339,929	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)	819.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,069,379	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)	6,069,379	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	895,067	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,964,446	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)	378,600	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	56,909	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	435,509	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,528,937	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,248,166	21,339,929	0.058490	0	0	90.00
91.00	Nursing School cost	0	21,339,929	0.000000	0	0	91.00
92.00	Allied health cost	83,113	21,339,929	0.003895	0	0	92.00
93.00	All other Medical Education	0	21,339,929	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		116,318,951		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT		15,121,973		31.01
32.00	03200	CORONARY CARE UNIT		16,324,092		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,829,741		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		19,749,063		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		146,520		35.01
40.00	04000	SUBPROVIDER - IPF		2,155		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.220245	87,768,864	19,330,653	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.260164	182,086	47,372	52.00
53.00	05300	ANESTHESIOLOGY	0.155002	9,994,215	1,549,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238161	19,481,954	4,639,842	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146911	1,440,849	211,677	55.00
55.01	03630	ULTRA SOUND	0.146244	2,132,129	311,811	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.205125	1,598,063	327,803	55.02
57.00	05700	CT SCAN	0.037241	23,572,545	877,865	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053096	12,028,976	638,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099283	18,044,561	1,791,518	59.00
60.00	06000	LABORATORY	0.136376	60,386,045	8,235,207	60.00
60.01	06001	ANATOMICAL LABORATORY	0.179764	3,228,519	580,371	60.01
60.02	03140	CARDIOLOGY	0.163451	15,299,603	2,500,735	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300003	6,269,791	1,880,956	63.00
63.01	06301	BONE MARROW TRANSPLANT	0.332039	1,113,770	369,815	63.01
65.00	06500	RESPIRATORY THERAPY	0.141995	15,749,380	2,236,333	65.00
66.00	06600	PHYSICAL THERAPY	0.326466	5,583,590	1,822,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287906	2,665,476	767,407	67.00
69.00	06900	ELECTROCARDIOLOGY	0.113599	1,995,453	226,681	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172840	5,320,043	919,516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391921	20,091,183	7,874,157	71.00
71.01	03540	ORTHOTIC SERVICES	0.676293	832,758	563,188	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.426430	54,704,004	23,327,428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299751	67,579,078	20,256,896	73.00
74.00	07400	RENAL DIALYSIS	0.223079	8,031,634	1,791,689	74.00
76.00	03950	IVF/CULTURE LAB	0.805184	0	0	76.00
76.02	03952	URODYNAMICS	0.087369	2,989	261	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411113	1,550	637	76.03
76.04	03520	OPHTHALMOLOGY	0.190155	47,449	9,023	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.213439	4,034,755	861,174	76.05
76.06	03580	RECREATIONAL THERAPY	2.171018	0	0	76.06
76.07	03957	CDC - REHAB	0.766004	99	76	76.07
76.08	03958	DIABETES EDUCATION	1.332262	615	819	76.08
76.97	07697	CARDIAC REHABILITATION	0.327164	1,181,267	386,468	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.244841	71,223	17,438	76.98
76.99	07699	LITHOTRIPSY	0.169074	19,643	3,321	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.264579	5,627	1,489	90.01
90.02	09002	DERMATOLOGY CLINIC	0.255879	10,355	2,650	90.02
90.03	09003	ORAL SURGERY CLINIC	0.716809	4,997	3,582	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.194439	111,678	133,393	90.04
90.05	09005	NEUROLOGY CLINIC	1.026087	6,866	7,045	90.05
90.06	09006	OB-GYN CLINIC	1.106778	7,031	7,782	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.573199	50,565	28,984	90.07
90.08	09008	ORTHOPEDICS CLINIC	0.902603	23,485	21,198	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.630498	862,908	544,062	90.09
90.10	09010	PEDIATRIC CLINIC	1.199068	3,672	4,403	90.10
90.11	09011	SURGERY CLINIC	1.350015	28,729	38,785	90.11
90.12	09012	UROLOGY CLINIC	0.412380	69,498	28,660	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.675372	31,559	21,314	90.13
90.14	09014	CANCER CLINIC	0.430765	233,909	100,760	90.14
90.15	09015	FAMILY CARE CLINIC	0.622497	28,468	17,721	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.379255	2,188	830	90.16
90.17	09017	ANEMIA CLINIC	0.914320	0	0	90.17
90.19	09019	BURN CLINIC	0.777154	6,553	5,093	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.382053	100,093	38,241	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.982720	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.440697	620	273	90.52

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/22/2017 3:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.717961	44,209	31,740	90.54
90.56	09056	IRL-OB/GYN CLINIC	0.447319	1,363	610	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.564397	619	349	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.377740	1,238	468	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.414292	681	282	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.603595	893	539	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.337368	2,700	911	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	15.545624	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0.088699	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.635661	2,110	1,341	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.747803	2,457	1,837	90.70
90.76	09076	IRL-PROCEDURE SUITES	0.466658	1,205	562	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.573193	2,349	1,346	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.808198	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.440883	798	352	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	4.954444	0	0	90.96
91.00	09100	EMERGENCY	0.137075	22,019,861	3,018,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253006	1,145,418	289,798	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.694999	2,651	1,842	92.01
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.145651	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		475,271,512	108,715,417	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)		475,271,512		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSTIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
40.00	04000	SUBPROVIDER - IPF		10,848,744		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.220245	695,157	153,105	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.260164	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.155002	255,534	39,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238161	19,398	4,620	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146911	43,706	6,421	55.00
55.01	03630	ULTRA SOUND	0.146244	4,351	636	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.205125	0	0	55.02
57.00	05700	CT SCAN	0.037241	74,121	2,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053096	60,318	3,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099283	0	0	59.00
60.00	06000	LABORATORY	0.136376	611,015	83,328	60.00
60.01	06001	ANATOMICAL LABORATORY	0.179764	1,222	220	60.01
60.02	03140	CARDIOLOGY	0.163451	24,984	4,084	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300003	0	0	63.00
63.01	06301	BONE MARROW TRANSPLANT	0.332039	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.141995	70,673	10,035	65.00
66.00	06600	PHYSICAL THERAPY	0.326466	28,840	9,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287906	406,583	117,058	67.00
69.00	06900	ELECTROCARDIOLOGY	0.113599	51,126	5,808	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172840	9,660	1,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391921	43,748	17,146	71.00
71.01	03540	ORTHOTIC SERVICES	0.676293	16,902	11,431	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.426430	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299751	1,089,969	326,719	73.00
74.00	07400	RENAL DIALYSIS	0.223079	23,849	5,320	74.00
76.00	03950	IVF/CULTURE LAB	0.805184	0	0	76.00
76.02	03952	URODYNAMICS	0.087369	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.411113	628	258	76.03
76.04	03520	OPHTHALMOLOGY	0.190155	0	0	76.04
76.05	03340	DIGESTIVE DISEASE CENTER	0.213439	10,670	2,277	76.05
76.06	03580	RECREATIONAL THERAPY	2.171018	0	0	76.06
76.07	03957	CDC - REHAB	0.766004	0	0	76.07
76.08	03958	DIABETES EDUCATION	1.332262	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.327164	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.244841	672	165	76.98
76.99	07699	LITHOTRIPSY	0.169074	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.264579	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.255879	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.716809	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.194439	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1.026087	0	0	90.05
90.06	09006	OB-GYN CLINIC	1.106778	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.573199	0	0	90.07
90.08	09008	ORTHOPEDICS CLINIC	0.902603	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.630498	6,407	4,040	90.09
90.10	09010	PEDIATRIC CLINIC	1.199068	0	0	90.10
90.11	09011	SURGERY CLINIC	1.350015	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.412380	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.675372	41,892	28,293	90.13
90.14	09014	CANCER CLINIC	0.430765	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.622497	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.379255	0	0	90.16
90.17	09017	ANEMIA CLINIC	0.914320	0	0	90.17
90.19	09019	BURN CLINIC	0.777154	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.382053	0	0	90.50
90.51	09051	IRL-ANESTHESIA PAIN CLINIC	0.982720	0	0	90.51

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.52	09052	IRL-DERMATOLOGY CLINIC	0.440697	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.717961	0	0	90.54
90.56	09056	IRL-OB/GYN CLINIC	0.447319	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY CLINIC	0.564397	0	0	90.57
90.58	09058	IRL-ORTHOPEDICS CLINIC	0.377740	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.414292	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.603595	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.337368	0	0	90.62
90.63	09063	IRL-PSYCHIATRIC CLINIC	15.545624	0	0	90.63
90.65	09065	IRL-FAMILY CARE CLINIC	0.088699	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.635661	0	0	90.68
90.70	09070	IRL-DIABETES CENTER CLINIC	0.747803	0	0	90.70
90.76	09076	IRL-PROCEDURE SUITES	0.466658	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.573193	0	0	90.80
90.81	09081	IRL EAST-PEDIATRICS SPECIALTY CLINIC	0.808198	0	0	90.81
90.95	09095	QUAD CITIES-CANCER CENTER	0.440883	0	0	90.95
90.96	09096	NORTH DODGE- OB/GYN CLINIC	4.954444	0	0	90.96
91.00	09100	EMERGENCY	0.137075	419,095	57,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253006	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.694999	0	0	92.01
	OTHER	REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.145651	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,010,520	895,067	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)		4,010,520		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	88,463	1,061.24	54	57,307	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSTIVE CARE UNIT	43.01	7,051	1,808.71	1	1,809	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,932.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,635.59	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	43,714	1,708.39	9	15,376	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,777.09	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	13,462	2,525.25	2	5,051	6.01
7.00	TOTAL (sum of lines 1-6)		152,690		66	79,543	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.220245	931,754	205,214	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.260164	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.155002	83,101	12,881	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.238161	129,289	30,792	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146911	0	0	13.00
13.01	ULTRA SOUND	55.01	0.146244	19,168	2,803	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.205125	544,918	111,776	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.037241	390,924	14,558	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.053096	13,036	692	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.099283	147,012	14,596	17.00
18.00	LABORATORY	60.00	0.136149	1,189,796	161,990	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.178756	8,157	1,458	18.01
18.02	CARDIOLOGY	60.02	0.163451	1,308,605	213,893	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.300003	4,559	1,368	21.00
21.01	BONE MARROW TRANSPLANT	63.01	0.332039	0	0	21.01
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.141995	58,137	8,255	23.00
24.00	PHYSICAL THERAPY	66.00	0.326466	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.287906	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.113599	56,546	6,424	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.172840	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391921	132,058	51,756	29.00
29.01	ORTHOTIC SERVICES	71.01	0.676293	0	0	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.426430	21,116	9,004	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299751	436,707	130,903	31.00
32.00	RENAL DIALYSIS	74.00	0.223079	2,181	487	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.805184	380	306	34.00
34.02	URODYNAMICS	76.02	0.087369	8,643	755	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.411113	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.190155	229	44	34.04
34.05	DIGESTIVE DISEASE CENTER	76.05	0.213439	5,849	1,248	34.05
34.06	RECREATIONAL THERAPY	76.06	2.171018	0	0	34.06
34.07	CDC - REHAB	76.07	0.766004	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.332262	21,783	29,021	34.08
34.97	CARDIAC REHABILITATION	76.97	0.327164	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.244841	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.169074	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.264579	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.255879	644	165	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.716809	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.194439	5,047	6,028	37.04
37.05	NEUROLOGY CLINIC	90.05	1.026087	579	594	37.05
37.06	OB-GYN CLINIC	90.06	1.106778	386	427	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.573199	579	332	37.07
37.08	ORTHOPEDICS CLINIC	90.08	0.902603	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.630498	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.199068	1,737	2,083	37.10
37.11	SURGERY CLINIC	90.11	1.350015	80,054	108,074	37.11
37.12	UROLOGY CLINIC	90.12	0.412380	5,459	2,251	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.675372	7,978	5,388	37.13
37.14	CANCER CLINIC	90.14	0.430765	1,950	840	37.14
37.15	FAMILY CARE CLINIC	90.15	0.622497	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.379255	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.914320	0	0	37.17
37.19	BURN CLINIC	90.19	0.777154	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.382053	27,280	10,422	37.50
37.51	IRL-ANESTHESIA PAIN CLINIC	90.51	0.982720	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.440697	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.717961	9,206	6,610	37.54
37.56	IRL-OB/GYN CLINIC	90.56	0.447319	0	0	37.56
37.57	IRL-OPHTHALMOLOGY CLINIC	90.57	0.564397	0	0	37.57
37.58	IRL-ORTHOPEDICS CLINIC	90.58	0.377740	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.414292	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.603595	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.337368	3,108	1,049	37.62
37.63	IRL-PSYCHIATRIC CLINIC	90.63	15.545624	0	0	37.63
37.65	IRL-FAMILY CARE CLINIC	90.65	0.088699	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.635661	193	123	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.747803	5,069	3,791	37.70
37.76	IRL-PROCEDURE SUITES	90.76	0.466658	6,316	2,947	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.573193	0	0	37.80
37.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0.808198	0	0	37.81
37.95	QUAD CITIES-CANCER CENTER	90.95	0.440883	0	0	37.95
37.96	NORTH DODGE- OB/GYN CLINIC	90.96	4.954444	0	0	37.96
38.00	EMERGENCY	91.00	0.137075	5,215	715	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.253006	21,637	5,474	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.694999	4,551	3,163	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			5,700,936	1,170,700	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	54	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSTIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	9	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	2	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			66	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	644	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	5,047	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	579	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	386	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	579	0.000000	0	51.07
51.08	ORTHOPEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	1,737	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	80,054	0.000000	0	51.11

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Kidney: Worksheet D-2, Part I Line Numbers	Kidney: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.12	UROLOGY CLINIC	23.12	5,459	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	7,978	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,950	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	ANEMIA CLINIC	23.17	0	0.000000	0	51.17
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	27,280	0.000000	0	51.50
51.51	IRL-ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	9,206	0.000000	0	51.54
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY CLINIC	23.57	0	0.000000	0	51.57
51.58	IRL-ORTHOPEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	3,108	0.000000	0	51.62
51.63	IRL-PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.65	IRL-FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	193	0.000000	0	51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	5,069	0.000000	0	51.70
51.76	IRL-PROCEDURE SUITES	23.76	6,316	0.000000	0	51.76
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	23.81	0	0.000000	0	51.81
51.95	QUAD CITIES-CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE- OB/GYN CLINIC	23.96	0	0.000000	0	51.96
52.00	EMERGENCY	24.00	5,215	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	21,637	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	4,551	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		186,988		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,250,243		5,853,626		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,449,094		9,458,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,699,337		15,311,626		61.00
62.00	Total Usable Organs (see instructions)		115			62.00
63.00	Medicare Usable Organs (see instructions)		87			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.756522			64.00
65.00	Medicare Cost/Charges (see instructions)	5,068,196		11,583,582		65.00
66.00	Revenue for Organs Sold	426,757		426,757		66.00
67.00	Subtotal (line 65 minus line 66)	4,641,439		11,156,825		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,641,439	0	11,156,825	0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Kidney Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	17	49		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	49		73.00
74.00	Total (sum of lines 70 through 73)	17	98		74.00
75.00	Organs Transplanted	17	49	9,458,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	49	426,757	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	17	98		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Liver

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,061.24	1	1,061	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSTIVE CARE UNIT	43.01	3,525	1,808.71	1	1,809	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,932.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,635.59	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	28,026	1,708.39	6	10,250	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,777.09	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	8,153	2,525.25	1	2,525	6.01
7.00	TOTAL (sum of lines 1-6)		39,704		9	15,645	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.220245	152,680	33,627	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.260164	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.155002	15,040	2,331	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.238161	31,139	7,416	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146911	0	0	13.00
13.01	ULTRA SOUND	55.01	0.146244	66,193	9,680	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.205125	114,257	23,437	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.037241	95,100	3,542	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.053096	154,080	8,181	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.099283	56,509	5,610	17.00
18.00	LABORATORY	60.00	0.136149	459,263	62,528	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.178756	24,799	4,433	18.01
18.02	CARDIOLOGY	60.02	0.163451	515,006	84,178	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.300003	1,496	449	21.00
21.01	BONE MARROW TRANSPLANT	63.01	0.332039	0	0	21.01
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.141995	42,454	6,028	23.00
24.00	PHYSICAL THERAPY	66.00	0.326466	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.287906	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.113599	15,365	1,745	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.172840	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391921	12,376	4,850	29.00
29.01	ORTHOTIC SERVICES	71.01	0.676293	0	0	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.426430	944	403	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299751	109,671	32,874	31.00
32.00	RENAL DIALYSIS	74.00	0.223079	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.805184	0	0	34.00
34.02	URODYNAMICS	76.02	0.087369	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.411113	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.190155	0	0	34.04
34.05	DIGESTIVE DISEASE CENTER	76.05	0.213439	4,680	999	34.05
34.06	RECREATIONAL THERAPY	76.06	2.171018	0	0	34.06
34.07	CDC - REHAB	76.07	0.766004	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.332262	6,042	8,050	34.08
34.97	CARDIAC REHABILITATION	76.97	0.327164	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.244841	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.169074	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.264579	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.255879	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.716809	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.194439	6,809	8,133	37.04
37.05	NEUROLOGY CLINIC	90.05	1.026087	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.106778	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.573199	0	0	37.07
37.08	ORTHOPEDICS CLINIC	90.08	0.902603	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.630498	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.199068	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.350015	27,253	36,792	37.11
37.12	UROLOGY CLINIC	90.12	0.412380	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.675372	7,460	5,038	37.13
37.14	CANCER CLINIC	90.14	0.430765	1,779	766	37.14
37.15	FAMILY CARE CLINIC	90.15	0.622497	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.379255	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.914320	0	0	37.17
37.19	BURN CLINIC	90.19	0.777154	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.382053	16,731	6,392	37.50
37.51	IRL-ANESTHESIA PAIN CLINIC	90.51	0.982720	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.440697	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.717961	193	139	37.54
37.56	IRL-OB/GYN CLINIC	90.56	0.447319	0	0	37.56
37.57	IRL-OPHTHALMOLOGY CLINIC	90.57	0.564397	0	0	37.57
37.58	IRL-ORTHOPEDICS CLINIC	90.58	0.377740	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.414292	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.603595	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.337368	0	0	37.62
37.63	IRL-PSYCHIATRIC CLINIC	90.63	15.545624	0	0	37.63
37.65	IRL-FAMILY CARE CLINIC	90.65	0.088699	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.635661	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.747803	617	461	37.70
37.76	IRL-PROCEDURE SUITES	90.76	0.466658	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.573193	0	0	37.80
37.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0.808198	0	0	37.81
37.95	QUAD CITIES-CANCER CENTER	90.95	0.440883	0	0	37.95
37.96	NORTH DODGE- OB/GYN CLINIC	90.96	4.954444	0	0	37.96
38.00	EMERGENCY	91.00	0.137075	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.253006	10,333	2,614	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.694999	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			1,948,269	360,696	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSTIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	6	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			9	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	6,809	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	27,253	0.000000	0	51.11

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Liver: Worksheet D-2, Part I Line Numbers	Liver: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	7,460	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,779	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	ANEMIA CLINIC	23.17	0	0.000000	0	51.17
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	16,731	0.000000	0	51.50
51.51	IRL-ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	193	0.000000	0	51.54
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY CLINIC	23.57	0	0.000000	0	51.57
51.58	IRL-ORTHOPEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL-PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.65	IRL-FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	617	0.000000	0	51.70
51.76	IRL-PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	23.81	0	0.000000	0	51.81
51.95	QUAD CITIES-CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE- OB/GYN CLINIC	23.96	0	0.000000	0	51.96
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	10,333	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		71,175		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	376,341		1,987,973		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,977,470		3,042,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,353,811		5,029,973		61.00
62.00	Total Usable Organs (see instructions)		37			62.00
63.00	Medicare Usable Organs (see instructions)		29			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.783784			64.00
65.00	Medicare Cost/Charges (see instructions)	1,844,879		3,942,412		65.00
66.00	Revenue for Organs Sold	173,435		173,435		66.00
67.00	Subtotal (line 65 minus line 66)	1,671,444		3,768,977		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,671,444	0	3,768,977	0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Liver Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	18		73.00
74.00	Total (sum of lines 70 through 73)	0	37		74.00
75.00	Organs Transplanted	0	18	3,042,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	19	173,435	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	37		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,061.24	4	4,245	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSTIVE CARE UNIT	43.01	1,763	1,808.71	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	18,949	1,932.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,635.59	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	8,461	1,708.39	2	3,417	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,777.09	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	8,153	2,525.25	1	2,525	6.01
7.00	TOTAL (sum of lines 1-6)		37,326		7	10,187	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.220245	85,302	18,787	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.260164	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.155002	10,002	1,550	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.238161	12,726	3,031	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146911	0	0	13.00
13.01	ULTRA SOUND	55.01	0.146244	23,369	3,418	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.205125	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.037241	15,757	587	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.053096	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.099283	121,780	12,091	17.00
18.00	LABORATORY	60.00	0.136149	262,601	35,753	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.178756	359	64	18.01
18.02	CARDIOLOGY	60.02	0.163451	105,214	17,197	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.300003	2,025	608	21.00
21.01	BONE MARROW TRANSPLANT	63.01	0.332039	0	0	21.01
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.141995	13,112	1,862	23.00
24.00	PHYSICAL THERAPY	66.00	0.326466	390	127	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.287906	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.113599	9,327	1,060	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.172840	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391921	16,709	6,549	29.00
29.01	ORTHOTIC SERVICES	71.01	0.676293	12,781	8,644	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.426430	17,409	7,424	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299751	46,139	13,830	31.00
32.00	RENAL DIALYSIS	74.00	0.223079	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.805184	0	0	34.00
34.02	URODYNAMICS	76.02	0.087369	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.411113	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.190155	0	0	34.04
34.05	DIGESTIVE DISEASE CENTER	76.05	0.213439	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.171018	0	0	34.06
34.07	CDC - REHAB	76.07	0.766004	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.332262	1,855	2,471	34.08
34.97	CARDIAC REHABILITATION	76.97	0.327164	3,555	1,163	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.244841	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.169074	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.264579	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.255879	386	99	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.716809	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.194439	28,282	33,781	37.04
37.05	NEUROLOGY CLINIC	90.05	1.026087	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.106778	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.573199	0	0	37.07
37.08	ORTHOPEDICS CLINIC	90.08	0.902603	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.630498	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Heart: Worksheet C Line Numbers	Heart: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.199068	12,992	15,578	37.10
37.11	SURGERY CLINIC	90.11	1.350015	1,417	1,913	37.11
37.12	UROLOGY CLINIC	90.12	0.412380	386	159	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.675372	0	0	37.13
37.14	CANCER CLINIC	90.14	0.430765	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.622497	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.379255	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.914320	0	0	37.17
37.19	BURN CLINIC	90.19	0.777154	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.382053	822	314	37.50
37.51	IRL-ANESTHESIA PAIN CLINIC	90.51	0.982720	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.440697	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.717961	0	0	37.54
37.56	IRL-OB/GYN CLINIC	90.56	0.447319	193	86	37.56
37.57	IRL-OPHTHALMOLOGY CLINIC	90.57	0.564397	0	0	37.57
37.58	IRL-ORTHOPEDICS CLINIC	90.58	0.377740	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.414292	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.603595	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.337368	0	0	37.62
37.63	IRL-PSYCHIATRIC CLINIC	90.63	15.545624	0	0	37.63
37.65	IRL-FAMILY CARE CLINIC	90.65	0.088699	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.635661	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.747803	0	0	37.70
37.76	IRL-PROCEDURE SUITES	90.76	0.466658	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.573193	0	0	37.80
37.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0.808198	0	0	37.81
37.95	QUAD CITIES-CANCER CENTER	90.95	0.440883	0	0	37.95
37.96	NORTH DODGE- OB/GYN CLINIC	90.96	4.954444	0	0	37.96
38.00	EMERGENCY	91.00	0.137075	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.253006	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.694999	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			804,890	188,146	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	386	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	28,282	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	12,992	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	1,417	0.000000	0	51.11

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.12	UROLOGY CLINIC	23.12	386	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	ANEMIA CLINIC	23.17	0	0.000000	0	51.17
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	822	0.000000	0	51.50
51.51	IRL-ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.56	IRL-OB/GYN CLINIC	23.56	193	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY CLINIC	23.57	0	0.000000	0	51.57
51.58	IRL-ORTHOPEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL-PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.65	IRL-FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.76	IRL-PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	23.81	0	0.000000	0	51.81
51.95	QUAD CITIES-CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE- OB/GYN CLINIC	23.96	0	0.000000	0	51.96
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		44,478		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	198,333		842,216		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,813,917		3,262,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,012,250		4,104,216		61.00
62.00	Total Usable Organs (see instructions)		23			62.00
63.00	Medicare Usable Organs (see instructions)		17			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.739130			64.00
65.00	Medicare Cost/Charges (see instructions)	1,487,314		3,033,549		65.00
66.00	Revenue for Organs Sold	86,718		86,718		66.00
67.00	Subtotal (line 65 minus line 66)	1,400,596		2,946,831		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,400,596	0	2,946,831	0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Heart Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	9		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	14		73.00
74.00	Total (sum of lines 70 through 73)	0	23		74.00
75.00	Organs Transplanted	0	14	3,262,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	9	86,718	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	23		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Worksheet D-1 Line Numbers	Lung: Inpatient Routine Organ Charges	Lung: Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,974	1,061.24	2	2,122	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSTIVE CARE UNIT	43.01	1,763	1,808.71	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,932.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,635.59	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	4,759	1,708.39	1	1,708	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,777.09	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	1,896	2,525.25	0	0	6.01
7.00	TOTAL (sum of lines 1-6)		10,392		3	3,830	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.220245	33,330	7,341	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.260164	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.155002	3,929	609	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.238161	35,936	8,559	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146911	0	0	13.00
13.01	ULTRA SOUND	55.01	0.146244	5,673	830	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.205125	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.037241	84,258	3,138	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.053096	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.099283	91,097	9,044	17.00
18.00	LABORATORY	60.00	0.136149	200,908	27,353	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.178756	1,355	242	18.01
18.02	CARDIOLOGY	60.02	0.163451	86,720	14,174	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.300003	509	153	21.00
21.01	BONE MARROW TRANSPLANT	63.01	0.332039	0	0	21.01
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.141995	16,528	2,347	23.00
24.00	PHYSICAL THERAPY	66.00	0.326466	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.287906	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.113599	2,885	328	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.172840	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391921	7,201	2,822	29.00
29.01	ORTHOTIC SERVICES	71.01	0.676293	0	0	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.426430	775	330	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299751	16,485	4,941	31.00
32.00	RENAL DIALYSIS	74.00	0.223079	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.805184	0	0	34.00
34.02	URODYNAMICS	76.02	0.087369	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.411113	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.190155	0	0	34.04
34.05	DIGESTIVE DISEASE CENTER	76.05	0.213439	5,336	1,139	34.05
34.06	RECREATIONAL THERAPY	76.06	2.171018	0	0	34.06
34.07	CDC - REHAB	76.07	0.766004	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.332262	1,219	1,624	34.08
34.97	CARDIAC REHABILITATION	76.97	0.327164	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.244841	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.169074	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.264579	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.255879	2,054	526	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.716809	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.194439	11,505	13,742	37.04
37.05	NEUROLOGY CLINIC	90.05	1.026087	193	198	37.05
37.06	OB-GYN CLINIC	90.06	1.106778	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.573199	0	0	37.07
37.08	ORTHOPEDICS CLINIC	90.08	0.902603	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.630498	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Lung		Hospital	PPS	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.199068	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.350015	852	1,150	37.11
37.12	UROLOGY CLINIC	90.12	0.412380	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.675372	0	0	37.13
37.14	CANCER CLINIC	90.14	0.430765	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.622497	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.379255	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.914320	0	0	37.17
37.19	BURN CLINIC	90.19	0.777154	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.382053	0	0	37.50
37.51	IRL-ANESTHESIA PAIN CLINIC	90.51	0.982720	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.440697	193	85	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.717961	0	0	37.54
37.56	IRL-OB/GYN CLINIC	90.56	0.447319	0	0	37.56
37.57	IRL-OPHTHALMOLOGY CLINIC	90.57	0.564397	0	0	37.57
37.58	IRL-ORTHOPEDICS CLINIC	90.58	0.377740	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.414292	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.603595	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.337368	193	65	37.62
37.63	IRL-PSYCHIATRIC CLINIC	90.63	15.545624	0	0	37.63
37.65	IRL-FAMILY CARE CLINIC	90.65	0.088699	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.635661	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.747803	159	119	37.70
37.76	IRL-PROCEDURE SUITES	90.76	0.466658	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.573193	0	0	37.80
37.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0.808198	0	0	37.81
37.95	QUAD CITIES-CANCER CENTER	90.95	0.440883	0	0	37.95
37.96	NORTH DODGE- OB/GYN CLINIC	90.96	4.954444	0	0	37.96
38.00	EMERGENCY	91.00	0.137075	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.253006	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.694999	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			609,293	100,859	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	2,054	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	11,505	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	193	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	852	0.000000	0	51.11

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Lung: Worksheet D-2, Part I Line Numbers	Lung: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	ANEMIA CLINIC	23.17	0	0.000000	0	51.17
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	0	0.000000	0	51.50
51.51	IRL-ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	193	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY CLINIC	23.57	0	0.000000	0	51.57
51.58	IRL-ORTHOPEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	193	0.000000	0	51.62
51.63	IRL-PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.65	IRL-FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	159	0.000000	0	51.70
51.76	IRL-PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	23.81	0	0.000000	0	51.81
51.95	QUAD CITIES-CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE- OB/GYN CLINIC	23.96	0	0.000000	0	51.96
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		15,149		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	104,689		619,685		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,491,579		2,620,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,596,268		3,239,685		61.00
62.00	Total Usable Organs (see instructions)		20			62.00
63.00	Medicare Usable Organs (see instructions)		13			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.650000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,037,574		2,105,795		65.00
66.00	Revenue for Organs Sold	55,184		55,184		66.00
67.00	Subtotal (line 65 minus line 66)	982,390		2,050,611		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	982,390	0	2,050,611	0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Lung Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	14		73.00
74.00	Total (sum of lines 70 through 73)	0	20		74.00
75.00	Organs Transplanted	0	14	2,620,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	55,184	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	20		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,061.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSTIVE CARE UNIT	43.01	1,763	1,808.71	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,932.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,635.59	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	4,935	1,708.39	1	1,708	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,777.09	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	8,153	2,525.25	1	2,525	6.01
7.00	TOTAL (sum of lines 1-6)		14,851		2	4,233	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.220245	51,019	11,237	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.260164	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.155002	5,995	929	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.238161	1,168	278	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146911	0	0	13.00
13.01	ULTRA SOUND	55.01	0.146244	523	76	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.205125	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.037241	2,217	83	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.053096	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.099283	5,834	579	17.00
18.00	LABORATORY	60.00	0.136149	27,806	3,786	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.178756	0	0	18.01
18.02	CARDIOLOGY	60.02	0.163451	15,027	2,456	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.300003	1,496	449	21.00
21.01	BONE MARROW TRANSPLANT	63.01	0.332039	0	0	21.01
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.141995	8,503	1,207	23.00
24.00	PHYSICAL THERAPY	66.00	0.326466	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.287906	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.113599	461	52	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.172840	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391921	6,826	2,675	29.00
29.01	ORTHOTIC SERVICES	71.01	0.676293	0	0	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.426430	633	270	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299751	14,724	4,414	31.00
32.00	RENAL DIALYSIS	74.00	0.223079	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.805184	0	0	34.00
34.02	URODYNAMICS	76.02	0.087369	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.411113	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.190155	0	0	34.04
34.05	DIGESTIVE DISEASE CENTER	76.05	0.213439	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.171018	0	0	34.06
34.07	CDC - REHAB	76.07	0.766004	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.332262	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.327164	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.244841	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.169074	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.264579	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.255879	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.716809	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.194439	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.026087	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.106778	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.573199	0	0	37.07
37.08	ORTHOPEDICS CLINIC	90.08	0.902603	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.630498	0	0	37.09

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Pancreas: Worksheet C Line Numbers	Pancreas: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.199068	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.350015	179	242	37.11
37.12	UROLOGY CLINIC	90.12	0.412380	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.675372	0	0	37.13
37.14	CANCER CLINIC	90.14	0.430765	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.622497	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.379255	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.914320	0	0	37.17
37.19	BURN CLINIC	90.19	0.777154	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.382053	0	0	37.50
37.51	IRL-ANESTHESIA PAIN CLINIC	90.51	0.982720	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.440697	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.717961	0	0	37.54
37.56	IRL-OB/GYN CLINIC	90.56	0.447319	0	0	37.56
37.57	IRL-OPHTHALMOLOGY CLINIC	90.57	0.564397	0	0	37.57
37.58	IRL-ORTHOPEDICS CLINIC	90.58	0.377740	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.414292	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.603595	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.337368	0	0	37.62
37.63	IRL-PSYCHIATRIC CLINIC	90.63	15.545624	0	0	37.63
37.65	IRL-FAMILY CARE CLINIC	90.65	0.088699	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.635661	0	0	37.68
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.747803	0	0	37.70
37.76	IRL-PROCEDURE SUITES	90.76	0.466658	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.573193	0	0	37.80
37.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	90.81	0.808198	0	0	37.81
37.95	QUAD CITIES-CANCER CENTER	90.95	0.440883	0	0	37.95
37.96	NORTH DODGE- OB/GYN CLINIC	90.96	4.954444	0	0	37.96
38.00	EMERGENCY	91.00	0.137075	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.253006	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.694999	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			142,411	28,733	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	179	0.000000	0	51.11

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	ANEMIA CLINIC	23.17	0	0.000000	0	51.17
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19
51.50	IRL-CARDIOLOGY CLINIC	23.50	0	0.000000	0	51.50
51.51	IRL-ANESTHESIA PAIN CLINIC	23.51	0	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	0	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	0	0.000000	0	51.54
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY CLINIC	23.57	0	0.000000	0	51.57
51.58	IRL-ORTHOPEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
51.63	IRL-PSYCHIATRIC CLINIC	23.63	0	0.000000	0	51.63
51.65	IRL-FAMILY CARE CLINIC	23.65	0	0.000000	0	51.65
51.68	IRL-GASTROENTEROLOGY CLINIC	23.68	0	0.000000	0	51.68
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.76	IRL-PROCEDURE SUITES	23.76	0	0.000000	0	51.76
51.80	IRL EAST-FAMILY PRACTICE CLINIC	23.80	0	0.000000	0	51.80
51.81	IRL EAST-PEDIATRICS SPECIALTY CLINIC	23.81	0	0.000000	0	51.81
51.95	QUAD CITIES-CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE- OB/GYN CLINIC	23.96	0	0.000000	0	51.96
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		179		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	32,966		157,262		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	290,054		300,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	323,020		457,262		61.00
62.00	Total Usable Organs (see instructions)		11			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.727273			64.00
65.00	Medicare Cost/Charges (see instructions)	234,924		332,554		65.00
66.00	Revenue for Organs Sold	70,951		70,951		66.00
67.00	Subtotal (line 65 minus line 66)	163,973		261,603		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	163,973	0	261,603	0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Pancreas Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	5		73.00
74.00	Total (sum of lines 70 through 73)	0	11		74.00
75.00	Organs Transplanted	0	5	300,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	70,951	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	11		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	28,806,577	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	90,470,405	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)	7,742,775	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	25,253,499	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	648.11	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	346.30	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.88	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA 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)	353.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	572.01	10.00
11.00	FTE count for residents in dental and podiatric programs.	24.19	11.00
12.00	Current year allowable FTE (see instructions)	377.37	12.00
13.00	Total allowable FTE count for the prior year.	375.75	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.	373.76	14.00
15.00	Sum of lines 12 through 14 divided by 3.	375.63	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	375.63	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.579578	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.607744	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.579578	21.00
22.00	IME payment adjustment (see instructions)	32,751,909	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	6,934,283	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).	25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	218.83	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.038574	26.00
27.00	IME payments adjustment factor. (see instructions)	0.010195	27.00
28.00	IME add-on adjustment amount (see instructions)	1,216,029	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	257,459	28.01
29.00	Total IME payment (sum of lines 22 and 28)	33,967,938	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	7,191,742	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)	34.65	31.00
32.00	Sum of lines 30 and 31	41.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)	23.21	33.00
34.00	Disproportionate share adjustment (see instructions)	6,921,047	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.001885716	0.001884427	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	12,080,169	11,264,129	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,036,544	8,424,949	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	11,461,493		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 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	179,370,235		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)	186,561,977	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	13,289,894	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).	7,029,000	52.00
53.00	Nursing and Allied Health Managed Care payment	78,468	53.00
54.00	Special add-on payments for new technologies	51,270	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)	8,859,842	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	539,525	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	220,861	58.00
59.00	Total (sum of amounts on lines 49 through 58)	216,630,837	59.00
60.00	Primary payer payments	269,530	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	216,361,307	61.00
62.00	Deductibles billed to program beneficiaries	9,046,912	62.00
63.00	Coinsurance billed to program beneficiaries	830,746	63.00
64.00	Allowable bad debts (see instructions)	153,480	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	99,762	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,184	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	206,583,411	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)	-509,803	70.93
70.94	HRR adjustment amount (see instructions)	-20,580	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		206,053,028	71.00
71.01	Sequestration adjustment (see instructions)		4,121,061	71.01
72.00	Interim payments		204,579,958	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)		-2,647,991	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		15,358,220	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	705,834	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	127,376,104	2.00
3.00	PPS payments	110,561,017	3.00
4.00	Outlier payment (see instructions)	920,373	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	366,416	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	705,834	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,908,078	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)	2,908,078	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,908,078	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,202,244	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)	705,834	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)	111,847,806	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	405,010	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	20,259,195	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)	91,889,435	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,580,834	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	344	29.00
30.00	Subtotal (sum of lines 27 through 29)	96,470,613	30.00
31.00	Primary payer payments	64,467	31.00
32.00	Subtotal (line 30 minus line 31)	96,406,146	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)	233,441	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	151,737	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	25,745	36.00
37.00	Subtotal (see instructions)	96,557,883	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	96,557,883	40.00
40.01	Sequestration adjustment (see instructions)	1,931,158	40.01
41.00	Interim payments	94,297,775	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	328,950	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	662,910	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,082	2.00
3.00	PPS payments	1,286	3.00
4.00	Outlier payment (see instructions)	0	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	21	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,307	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	297	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)	1,010	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,010	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,010	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,010	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,010	40.00
40.01	Sequestration adjustment (see instructions)	20	40.01
41.00	Interim payments	969	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		204,579,958		94,297,775	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)		204,579,958		94,297,775	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		328,950	6.01
6.02	SETTLEMENT TO PROGRAM		2,647,991		0	6.02
7.00	Total Medicare program liability (see instructions)		201,931,967		94,626,725	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,769,036		969	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)		5,769,036		969	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		15,446		21	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,784,482		990	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	32,746	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	60,295	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	12,434	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	184,088	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	4,125,889,204	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	31,876,013	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: 16-0058 Component CCN: 16-S058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	6,148,840	1.00
2.00	Net IPF PPS Outlier Payments	36,304	2.00
3.00	Net IPF PPS ECT Payments	144,495	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	9.49	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	12.37	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	9.49	8.00
9.00	Average Daily Census (see instructions)	71.369863	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.066405	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	408,314	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,737,953	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	6,737,953	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,737,953	18.00
19.00	Deductibles	219,716	19.00
20.00	Subtotal (line 18 minus line 19)	6,518,237	20.00
21.00	Coinsurance	639,744	21.00
22.00	Subtotal (line 20 minus line 21)	5,878,493	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,878,493	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)	24,040	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00		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)	5,902,533	31.00
31.01	Sequestration adjustment (see instructions)	118,051	31.01
32.00	Interim payments	5,769,036	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)	15,446	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	36,304	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			383.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			7.95	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			391.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			620.15	6.00
7.00	Enter the lesser of line 5 or line 6			391.65	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	115.04	415.09	530.13	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.	72.65	262.15	334.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		23.81		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	72.65	285.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	79.46	275.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	78.58	281.88		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	76.90	281.20		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	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	76.90	281.20		17.00
18.00	Per resident amount	81,919.44	81,919.44		18.00
19.00	Approved amount for resident costs	6,299,605	23,035,747	29,335,352	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			228.50	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.37	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,376.00	23.00
24.00	Multiply line 22 time line 23			2,059,555	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			31,394,907	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	67,704	12,434		26.00
27.00	Total Inpatient Days (see instructions)	211,955	211,955		27.00
28.00	Ratio of inpatient days to total inpatient days	0.319426	0.058663		28.00
29.00	Program direct GME amount	10,028,350	1,841,719		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		260,235		30.00
31.00	Net Program direct GME amount			11,609,834	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	4,234	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	57,967,872	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000073	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	4,718,618	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	344	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	188,408,088	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	8,859,842	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	269,530	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	196,998,400	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	128,449,457	42.00
43.00	Primary payer payments (see instructions)	64,467	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	128,384,990	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	325,383,390	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.605435	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.394565	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	11,609,834	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,029,000	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,580,834	50.00

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

Provider CCN: 16-0058

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

Worksheet G

Date/Time Prepared: 11/22/2017 3:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	24,057,701	0	0	0	1.00
2.00	Temporary investments	64,746,390	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	227,014,435	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,233,061	0	0	0	6.00
7.00	Inventory	33,112,570	0	0	0	7.00
8.00	Prepaid expenses	15,450,812	0	0	0	8.00
9.00	Other current assets	7,325,419	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)	355,474,266	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	21,240,477	0	0	0	12.00
13.00	Land improvements	57,308,548	0	0	0	13.00
14.00	Accumulated depreciation	-46,930,715	0	0	0	14.00
15.00	Buildings	1,473,290,416	0	0	0	15.00
16.00	Accumulated depreciation	-634,649,823	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	569,061,256	0	0	0	23.00
24.00	Accumulated depreciation	-346,109,647	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,093,210,512	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	598,805,811	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,614,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	600,419,811	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,049,104,589	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	45,133,522	0	0	0	37.00
38.00	Salaries, wages, and fees payable	97,993,066	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	446,552	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	80,813,141	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	224,386,281	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	328,607,735	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	109,739,292	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	438,347,027	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	662,733,308	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,386,371,281				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,386,371,281	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,049,104,589	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/22/2017 3:29 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,338,814,100		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		42,893,811				2.00
3.00	Total (sum of line 1 and line 2)		1,381,707,911		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RESTRICTED FUND TRANSACTIONS	29,362,411		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		29,362,411		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,411,070,322		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO UNIVERSITY	24,425,219		0		0	13.00
14.00	TRANSFER TO SUPPORT UICMS CLINICS	0		0		0	14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC	2,519		0		0	15.00
16.00	TRANSFER TO SUPPORT HOUSEKEEPING	5,644		0		0	16.00
17.00	TRANSFER TO SUPPORT CDD	265,659		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		24,699,041		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,386,371,281		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	RESTRICTED FUND TRANSACTIONS		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	TRANSFER TO UNIVERSITY		0		13.00
14.00	TRANSFER TO SUPPORT UICMS CLINICS		0		14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC		0		15.00
16.00	TRANSFER TO SUPPORT HOUSEKEEPING		0		16.00
17.00	TRANSFER TO SUPPORT CDD		0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/22/2017 3:29 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	386,746,058		386,746,058	1.00
2.00	SUBPROVIDER - IPF	40,078,106		40,078,106	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)	426,824,164		426,824,164	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSTIVE CARE UNIT	34,521,931		34,521,931	11.01
12.00	CORONARY CARE UNIT	35,554,688		35,554,688	12.00
13.00	BURN INTENSIVE CARE UNIT	16,601,529		16,601,529	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	54,820,345		54,820,345	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	67,914,351		67,914,351	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	29,692,159		29,692,159	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	239,105,003		239,105,003	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	665,929,167		665,929,167	17.00
18.00	Ancillary services	1,428,135,782	1,598,621,042	3,026,756,824	18.00
19.00	Outpatient services	69,959,514	343,061,877	413,021,391	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	923,051	582,710	1,505,761	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	TRANSPLANT CHARGES	18,676,056	0	18,676,056	27.01
27.02	NON ALLOWABLE CHARGES	127,295	89,505,259	89,632,554	27.02
27.03	FAMILY CARE PHYSICIANS	0	0	0	27.03
27.04	EMER ROOM PHYSICIANS	-4,741	33,222,979	33,218,238	27.04
27.05	IOWA CARE PHYSICIANS	0	0	0	27.05
27.06	IRL PHYSICIANS	3,539	57,514,180	57,517,719	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,183,749,663	2,122,508,047	4,306,257,710	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,486,247,409		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	873,636			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)		873,636		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)		1,487,121,045		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-3 | Date/Time Prepared: 11/22/2017 3:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,306,257,710	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,887,147,019	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,419,110,691	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,487,121,045	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-68,010,354	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	31,289,567	6.00
7.00	Income from investments	24,099,751	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	10,156,715	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	-67	17.00
18.00	Revenue from sale of medical records and abstracts	1,120,973	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUSINESS OFFICE	3,825,050	24.00
24.01	RADIOLOGY	38,400	24.01
24.02	PLANT OPERATIONS	1,013,549	24.02
24.03	DIETARY	59,326	24.03
24.04	SOCIAL SERVICE	0	24.04
24.05	LAB	11,105	24.05
24.06	ORAL SURGERY CLINIC	0	24.06
24.07	FAMILY CARE CLINIC	-5	24.07
24.08	EMERGENCY	53,157	24.08
24.09	NON-ALLOWABLE - DIET-CAF	1,963,344	24.09
24.10	CARDIOLOGY	0	24.10
24.11	DERMATOLOGY CLINIC	0	24.11
24.12	NURSING ADMIN	0	24.12
24.13	CENTRAL SERVICES	0	24.13
24.14	NON-ALLOWABLE	0	24.14
24.15	NOT OFFSET	0	24.15
24.16	HOUSEKEEPING	30,276	24.16
24.17	OPERATING ROOM	15,604	24.17
24.18	BONE MARROW TRANSPLANT	102,267	24.18
24.19	PHYSICAL THERAPY	25,998	24.19
24.20	ELECTROCARDIOLOGY	30,658	24.20
24.21	CARDIAC REHABILITATION	0	24.21
24.22	BLOOD STORAGE	0	24.22
24.23	AMBULANCE SERVICE	2,436,482	24.23
24.24	CANCER CLINIC	1,200	24.24
24.25	CARDIAC CATHETERIZATION	0	24.25
24.26	INTERNAL MEDICINE	0	24.26
24.27	OPHTHALMOLOGY CLINIC	0	24.27
24.28	ANESTHESIOLOGY	428	24.28
24.29	RESPIRATORY THERAPY	12,442	24.29
24.30	ELECTROENCEPHALOGRAPHY	141,150	24.30
24.31	REIMB RESEARCH OVERHEAD (COST OFFSET	2,147,596	24.31
24.32	FUND 165 IRL	11,035	24.32
24.33	FUND 240 CONT EDUCATION REVENUE	1,618,740	24.33
24.34	FUND 261 INCOME FOR BIOENGINEERING	677,607	24.34
24.35	FUND 285 INCOME FOR PHONE SERVICE	10,365,492	24.35
24.36	FUND 450 AUXILLARY - NOT OFFSET	2,488,689	24.36
24.37	FUND 500/510 RESTICTED FUNDS	5,626,764	24.37
24.38	FUND 990 IRL PHYSICIANS	333,037	24.38
24.39	FUND 175/260 OTHER CENTRAL SERVICES	11,207,835	24.39
25.00	Total other income (sum of lines 6-24)	110,904,165	25.00
26.00	Total (line 5 plus line 25)	42,893,811	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,893,811	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

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

Worksheet I-1
Date/Time Prepared:
11/22/2017 3:29 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,676,269	HOURS OF SERVICE	47,636.89	22.90	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	1,115,293	HOURS OF SERVICE	46,031.40	22.13	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	581,908	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,373,470				9.00
10.00	EMPLOYEE BENEFITS	1,268,793	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	424,503	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,111,349	REQUISITIONS			14.00
15.00	DRUGS	449,219	REQUISITIONS			15.00
16.00	OTHER	1,400,870	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	8,028,204				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	169,994	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	181,392	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,379,348	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	494,063	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	4,234				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	24,369	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	1,202,129	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	11,483,733				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	OPHTHALMOLOGY	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CENTER	0	CHARGES	0		30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	11,483,733				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

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

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

Worksheet I-2
Date/Time Prepared: 11/22/2017 3:29 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,088,560	181,392	1,676,269	1,115,293	1,268,793	24,369	1.00
	MAINTENANCE							
2.00	Hemodialysis	462,715	69,356	1,096,203	912,561	875,892	10,527	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	10,916	12,990	65,626	27,544	44,492	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	6,591	7,854	30,086	14,147	21,964	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	608,338	91,192	484,354	161,041	326,445	13,842	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						449,219	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,088,560	181,392	1,676,269	1,115,293	1,268,793	24,369	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,111,349	0	6,466,025	4,564,255	11,030,280		1.00
	MAINTENANCE							
2.00	Hemodialysis	550,483	0	3,977,737	2,807,815	6,785,552		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	152,475	0	314,043	221,678	535,721		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	69,879	0	150,521	106,250	256,771		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	338,512	0	2,023,724	1,428,512	3,452,236		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,111,349	0	6,466,025	4,564,255	11,030,280		17.00
18.00	Medical Educational Program Costs					4,234		18.00
19.00	Total Renal Costs (line 17 + line 18)					11,034,514		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

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

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

Worksheet I-3

Date/Time Prepared: 11/22/2017 3:29 pm

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,088,560	181,392	1,676,269	1,115,293	1,268,793	1.00
	MAINTENANCE							
2.00	Hemodialysis		4,493	77,724.68	31,152.31	44,826.58	2,328,821	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		106	14,557.00	1,865.00	1,353.00	118,296	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		64	8,802.00	855.00	694.94	58,399	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	4,857	5,907	102,194.85	13,764.58	7,910.62	867,953	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		10,570	203,278.53	47,636.89	54,785.14	3,373,469	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		102.985809	0.892332	35.188464	20.357582	0.376109	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	24,369	1,111,349	0	6,466,025	4,564,255		1.00
	MAINTENANCE							
2.00	Hemodialysis	10,527	549,804	31,028,056				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	152,287	229,755				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	69,793	138,921				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	13,842	338,095	18,331,350				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	24,369	1,109,979	49,728,082		6,466,025		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.001234	0.000000		0.705883		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058
Component CCN: 16-2306
Rate 0

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

Worksheet I-4
Date/Time Prepared: 11/22/2017 3:29 pm

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	19,239	6,785,552	352.70	12,825	4,523,378	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	115	535,721	4,658.44	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	57	256,771	4,504.75	17	76,581	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	19,411	7,578,044		12,842	4,599,959	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	19,411					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	3,520,081	274.47	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	6,390	375.88	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	3,526,471		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	UIHC MUSCATINE DIALYSIS CENTER			20.00
20.01	UIHC GRINNELL DIALYSIS CENTER			20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER			20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER			20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet I-1 Date/Time Prepared: 11/22/2017 3:29 pm
		Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	186,948	HOURS OF SERVICE	5,157.93	2.48	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	150,796	HOURS OF SERVICE	5,153.43	2.48	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	34,430	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	372,174				9.00
10.00	EMPLOYEE BENEFITS	132,121	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	20,124	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	290,838	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	76,917	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	892,174				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	32,871	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	23,550	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	156,146	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	95,534	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	38,221	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,238,496				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	IVF/CULTURE LAB	0	CHARGES	0		30.00
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	OPHTHALMOLOGY	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CENTER	0	CHARGES	0		30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,238,496				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0058

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

Worksheet I-2

Date/Time Prepared: 11/22/2017 3:29 pm

		Home Program Dialysis					PPS	
		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	148,529	23,550	186,948	150,796	132,121	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	54,803	23,550	45,777	27,724	26,726	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	1,773	0	1,486	897	869	0	10.00
11.00	CCPD	91,953	0	139,685	122,175	104,526	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	148,529	23,550	186,948	150,796	132,121	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	290,838	0	932,782	305,714	1,238,496		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	103,182	0	281,762	92,346	374,108		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	3,357	0	8,382	2,747	11,129		10.00
11.00	CCPD	184,299	0	642,638	210,621	853,259		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	290,838	0	932,782	305,714	1,238,496		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,238,496		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet I-3

Date/Time Prepared: 11/22/2017 3:29 pm

		Home Program Dialysis	PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		148,529	23,550	186,948	150,796	132,121	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		742	23,550.00	1,263.00	1,144.00	75,285	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		24	0.00	41.00	37.00	2,448	10.00
11.00	CCPD		1,245	0.00	3,853.93	5,041.43	294,440	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,011	23,550.00	5,157.93	6,222.43	372,173	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		73.858279	1.000000	36.244773	24.234262	0.354999	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	290,838	0	932,782	305,714		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	103,182	3,039,324				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	3,357	98,871				10.00
11.00	CCPD	0	184,299	5,101,595				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	290,838	8,239,790		932,782		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.327744		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet I-4 Date/Time Prepared: 11/22/2017 3:29 pm
	Rate 0	Home Program Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	2,017	374,108	185.48	1,309	242,793	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	23	11,129	483.87	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,160	853,259	735.57	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	2,017	1,238,496		1,309	242,793	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,566					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	0	0.00	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	337,843	258.09	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	471,774	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	809,617		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	UIHC MUSCATINE DIALYSIS CENTER			20.00
20.01	UIHC GRINNELL DIALYSIS CENTER			20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER			20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER			20.03

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 16-0058 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-5 | Date/Time Prepared: 11/22/2017 3:29 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	4,842,752		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,336,088	4,125,866	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	4,336,088	4,125,866	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	171	163	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	171	163	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	874,580	832,179	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	874,580	832,179	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	832,342	8.00
9.00	Program payment (see instructions)	3,468,734	3,300,562	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	9,265,759		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	8,816,540		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.951518		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0058	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/22/2017 3:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	9,604,142	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	463,563	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)	509.33	3.00
4.00	Number of interns & residents (see instructions)	400.63	4.00
5.00	Indirect medical education percentage (see instructions)	24.85	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,386,629	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	34.65	8.00
9.00	Sum of lines 7 and 8	41.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.70	10.00
11.00	Disproportionate share adjustment (see instructions)	835,560	11.00
12.00	Total prospective capital payments (see instructions)	13,289,894	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