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 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/20/2018 1:23 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/20/2018 Time: 1:23 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF IOWA HOSP & CLINICS (16-0058) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

CFO, UI HEALTH CARE
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	-4,254,974	648,916	0	0	1.00
2.00	Subprovider - IPF	0	49,734	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-4,205,240	648,916	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 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 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	Renal Dialysis	UIHC MUSCATINE DIALYSIS CENTER	163504	99916		06/01/1996				18.01
18.02	Renal Dialysis	UIHC GRINNELL DIALYSIS CENTER	163507	99916		05/01/1997				18.02
18.03	Renal Dialysis	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	26980		06/01/1998				18.03
18.04	Renal Dialysis	UIHC WASHINGTON DIALYSIS CENTER	163510	26980		06/01/1999				18.04
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)	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 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 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.	5,284	3,134	829	568	60,692	287	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)(i) or (ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.06
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1	60.07

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 pm

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	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	535.42	0.000000	66.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	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	43.67	0.000000	67.00
67.01		FAMILY MEDICINE	1350	0.00	16.70	0.000000	67.01
67.02		FAMILY MED AND INT MED - GERIATRIC	1351	0.00	0.82	0.000000	67.02
67.03		INTERNAL MEDICINE	1400	0.00	65.27	0.000000	67.03
67.04		OCCUPATION ENVIRON HEALTH - PREVENT	2152	0.00	1.73	0.000000	67.04

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

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

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

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		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	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 Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

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

		1.00	2.00	3.00	
	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	1,299,889	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 pm

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	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

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 1:21 pm

		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)	10/03/2017	12/31/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 1:21 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	10/22/2018	Y	10/22/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 1:21 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.	319-356-7650		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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 1:21 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	472	172,211	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)		472	172,211	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	MEDICAL INTENSIVE CARE UNIT	31.01	26	9,490	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	95	34,604	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	29	10,556	0.00	0	12.01
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		699	254,966	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)		772				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	2,555			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 1:21 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)	49,487	3,661	140,664			1.00
2.00	HMO and other (see instructions)	14,478	52,069				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)	49,487	3,661	140,664			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSIVE CARE UNIT	3,401	285	8,093			8.01
9.00	CORONARY CARE UNIT	3,515	185	7,756			9.00
10.00	BURN INTENSIVE CARE UNIT	1,433	243	5,187			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,231	403	10,844			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	22	12,034			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	16	100	5,749			12.01
13.00	NURSERY		13,539	18,476			13.00
14.00	Total (see instructions)	62,083	18,438	208,803	596.06	8,281.77	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,807	8,853	26,180	9.49	146.06	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	129			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)				605.55	8,427.83	27.00
28.00	Observation Bed Days		0	4,360			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	287	1,912			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			334			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 1:21 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	10,420	1,686	33,492	1.00
2.00	HMO and other (see instructions)			2,252	7,600		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	10,420	1,686	33,492	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	304	0	1,701	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	542,770,166	33,275,668	576,045,834	18,011,551.00	31.98	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	12,580,732	12,580,732	71,732.00	175.39	4.00
4.01	Physicians - Part A - Teaching		0	21,844,505	21,844,505	146,009.00	149.61	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	29,861,172	8,633,091	38,494,263	1,362,441.00	28.25	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)		27,741,691	-152,146	27,589,545	820,289.00	33.63	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	15,576,219	15,576,219	198,949.00	78.29	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		203,351,997	0	203,351,997			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,936,331	0	10,936,331			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	2,097,679	2,097,679			22.00
22.01	Physician Part A - Teaching		0	3,893,138	3,893,138			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)		16,976,394	0	16,976,394			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	82,806,228	17,116,652	99,922,880	2,690,235.00	37.14	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	1,749,661	1,749,661	16,347.00	107.03	28.00
29.00	Maintenance & Repairs	6.00	9,647,130	360,537	10,007,667	358,178.00	27.94	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	1,431,932	21,591	1,453,523	78,525.00	18.51	31.00
32.00	Housekeeping	9.00	15,064,384	86,291	15,150,675	845,478.00	17.92	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,706,226	-5,234,076	6,472,150	337,033.00	19.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,636,245	4,636,245	216,070.00	21.46	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,921,898	-551,068	8,370,830	189,364.00	44.20	38.00
39.00	Central Services and Supply	14.00	6,213,164	12,071	6,225,235	277,542.00	22.43	39.00
40.00	Pharmacy	15.00	2,836,204	111,266	2,947,470	58,964.00	49.99	40.00
41.00	Medical Records & Medical Records Library	16.00	5,918,270	2,629,603	8,547,873	315,502.00	27.09	41.00
42.00	Social Service	17.00	12,336,285	525,935	12,862,220	412,835.00	31.16	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 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2018 1:21 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)		512,908,994	4,547,733	517,456,727	16,519,448.00	31.32	1.00
2.00	Excluded area salaries (see instructions)		27,741,691	-152,146	27,589,545	820,289.00	33.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)		485,167,303	4,699,879	489,867,182	15,699,159.00	31.20	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	15,576,219	15,576,219	198,949.00	78.29	4.00
5.00	Subtotal wage-related costs (see inst.)		203,351,997	2,097,679	205,449,676	0.00	41.94	5.00
6.00	Total (sum of lines 3 thru 5)		688,519,300	22,373,777	710,893,077	15,898,108.00	44.72	6.00
7.00	Total overhead cost (see instructions)		156,881,721	21,464,708	178,346,429	5,796,073.00	30.77	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	49,299,612	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)	4,646,192	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	115,887,008	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	7,105,934	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,113,030	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)	4,538,904	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,303,628	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	36,777,511	17.00
18.00	Medicare Taxes - Employers Portion Only	9,232,845	18.00
19.00	Unemployment Insurance	584,185	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	766,690	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	237,255,539	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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 11/20/2018 1:21 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 07/01/2017 To 06/30/2018 | Worksheet S-5 | Date/Time Prepared: 11/20/2018 1:21 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	150	0	0	3	13	33	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	4.00	5.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	59	0	3	5			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	153		11.00
12.00	Number of patients transplanted during the cost reporting period	103		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	32,399	0	2,100	0	22.00
22.01		ARANESP	450,158	0	36,522	0	22.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/20/2018 1:21 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	14,017	23.00
23.01	UIHC MUSCATINE DIALYSIS CENTER	163504	4,954	23.01
23.02	UIHC GRINNELL DIALYSIS CENTER	163507	1,932	23.02
23.03	UIHC NORTH LIBERTY DIALYSIS CENTER	163509	3,409	23.03
23.04	UIHC WASHINGTON DIALYSIS CENTER	163510	2,209	23.04

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/20/2018 1:21 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)	0.269783	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	164,702,734	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	50,683,170	5.00
6.00	Medicaid charges	862,960,572	6.00
7.00	Medicaid cost (line 1 times line 6)	232,812,092	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)	17,426,188	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	3,680,381	9.00
10.00	Stand-alone CHIP charges	18,578,517	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	5,012,168	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	1,331,787	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)	18,757,975	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)	33,117,933	4,133,289	37,251,222	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,934,655	4,133,289	13,067,944	21.00
22.00	Payments received from patients for amounts previously written off as charity care	37,781	759,058	796,839	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,896,874	3,374,231	12,271,105	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	43,999,992	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,129,323	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,737,420	27.01
28.00	Non-Medicare bad debt expense (see instructions)	42,262,572	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	12,009,820	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	24,280,925	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	43,038,900	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 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		44,247,712	44,247,712	793,627	45,041,339	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		0	0	0	0	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MEDS BLDG		244,023	244,023	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD		263,925	263,925	0	263,925	1.04
1.05	00105	CAP REL COSTS-IRL		4,250,534	4,250,534	-257,668	3,992,866	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		49,598,709	49,598,709	277,542	49,876,251	2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		2,712,119	2,712,119	0	2,712,119	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	82,806,228	244,792,562	327,598,790	-11,287,820	316,310,970	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	9,450,813	48,815,235	58,266,048	-1,075,425	57,190,623	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	39,289	701,429	740,718	652	741,370	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	157,028	3,771,366	3,928,394	683,981	4,612,375	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,431,932	864,903	2,296,835	61,266	2,358,101	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	14,689,990	10,060,159	24,750,149	174,787	24,924,936	9.01
9.04	00904	HOUSEKEEPING-CDD	2,600	154,542	157,142	43	157,185	9.04
9.05	00905	HOUSEKEEPING-IRL	371,794	283,622	655,416	119,852	775,268	9.05
10.00	01000	DIETARY	11,706,226	14,366,603	26,072,829	-12,867,493	13,205,336	10.00
11.00	01100	CAFETERIA	0	0	0	11,293,223	11,293,223	11.00
13.00	01300	NURSING ADMINISTRATION	8,921,898	5,070,220	13,992,118	-745,002	13,247,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,213,164	3,481,760	9,694,924	101,799	9,796,723	14.00
15.00	01500	PHARMACY	2,836,204	1,962,686	4,798,890	166,046	4,964,936	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,918,270	3,555,801	9,474,071	514,194	9,988,265	16.00
17.00	01700	SOCIAL SERVICE	12,336,285	5,670,084	18,006,369	1,077,573	19,083,942	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	29,861,172	7,494,974	37,356,146	47,609	37,403,755	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,118,437	1,655,095	2,773,532	131,708	2,905,240	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	81,627	35,084	116,711	1,355	118,066	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	690,818	262,980	953,798	847,670	1,801,468	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	554,771	554,771	71,643	626,414	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	48,419	17,631	66,050	804	66,854	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	141,889	141,889	18,323	160,212	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	298,931	298,931	38,605	337,536	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	95,914	95,914	12,387	108,301	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,861,594	29,405,989	95,267,583	530,408	95,797,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	6,447,776	3,311,854	9,759,630	64,099	9,823,729	31.01
32.00	03200	CORONARY CARE UNIT	6,214,101	3,234,636	9,448,737	-28,530	9,420,207	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,191,766	1,860,650	5,052,416	-112,468	4,939,948	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,968,545	4,760,869	13,729,414	-62,462	13,666,952	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,114,391	7,228,621	24,343,012	-8,973,408	15,369,604	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,496,880	3,475,570	10,972,450	45,929	11,018,379	35.01
40.00	04000	SUBPROVIDER - IPF	8,865,228	3,899,802	12,765,030	-122,797	12,642,233	40.00
43.00	04300	NURSERY	211,360	74,182	285,542	11,177,920	11,463,462	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,864,311	114,442,820	153,307,131	-65,094,364	88,212,767	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,447,013	2,075,579	5,522,592	-876,156	4,646,436	52.00
53.00	05300	ANESTHESIOLOGY	2,465,816	4,542,637	7,008,453	40,932	7,049,385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,516,055	16,444,306	26,960,361	-8,306,752	18,653,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,785,178	3,523,768	7,308,946	1,063,637	8,372,583	55.00
55.01	03630	ULTRA SOUND	2,195,173	1,098,595	3,293,768	763,130	4,056,898	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,783,656	2,618,755	4,402,411	660,803	5,063,214	55.02
57.00	05700	CT SCAN	1,360,985	1,278,107	2,639,092	1,886,305	4,525,397	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,778,389	1,617,790	3,396,179	874,042	4,270,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,779,530	20,157,315	22,936,845	-18,255,482	4,681,363	59.00
60.00	06000	LABORATORY	13,890,689	36,827,736	50,718,425	-6,438,987	44,279,438	60.00
60.01	06001	ANATOMICAL LABORATORY	2,187,430	1,620,737	3,808,167	35,824	3,843,991	60.01
60.02	03140	CARDIOLOGY	5,509,211	9,932,529	15,441,740	-7,191,494	8,250,246	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,736,937	3,141,716	4,878,653	3,157,229	8,035,882	63.00
65.00	06500	RESPIRATORY THERAPY	7,760,165	6,935,209	14,695,374	-5,152,170	9,543,204	65.00
66.00	06600	PHYSICAL THERAPY	5,664,940	2,345,792	8,010,732	-695,960	7,314,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,703,773	686,818	2,390,591	184,558	2,575,149	67.00
69.00	06900	ELECTROCARDIOLOGY	391,940	410,407	802,347	7,464	809,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,663,257	1,427,078	4,090,335	43,738	4,134,073	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	32,166,045	32,166,045	71.00
71.01	03540	ORTHOTIC SERVICES	14,192	1,174,232	1,188,424	861,247	2,049,671	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	75,513,171	75,513,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,875,438	165,075,680	182,951,118	-397,302	182,553,816	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 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	
74.00	07400	RENAL DIALYSIS	3,875,387	3,671,184	7,546,571	415,000	7,961,571	74.00
76.00	03950	IVF/CULTURE LAB	1,647,854	989,530	2,637,384	27,353	2,664,737	76.00
76.02	03952	URODYNAMICS	88,033	66,300	154,333	1,461	155,794	76.02
76.03	03953	SPINE TREATMENT CENTER	412,409	200,729	613,138	6,846	619,984	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	2,741,398	4,141,263	6,882,661	-463,568	6,419,093	76.05
76.06	03580	RECREATIONAL THERAPY	508,867	208,870	717,737	79,867	797,604	76.06
76.07	03954	CDC- REHAB	242,042	102,085	344,127	4,018	348,145	76.07
76.08	03955	DIABETES EDUCATION	335,156	136,173	471,329	43,964	515,293	76.08
76.97	07697	CARDIAC REHABILITATION	426,766	217,524	644,290	86,185	730,475	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	298,533	130,272	428,805	4,956	433,761	76.98
76.99	07699	LITHOTRIPSY	302,064	1,636,407	1,938,471	-736,831	1,201,640	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	785,967	3,060,787	3,846,754	13,047	3,859,801	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	579,085	406,219	985,304	-178,587	806,717	90.01
90.02	09002	DERMATOLOGY CLINIC	919,212	703,378	1,622,590	15,259	1,637,849	90.02
90.03	09003	ORAL SURGERY CLINIC	1,077,514	748,335	1,825,849	17,886	1,843,735	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	5,537,518	3,154,781	8,692,299	624,588	9,316,887	90.04
90.05	09005	NEUROLOGY CLINIC	1,518,941	811,136	2,330,077	10,805	2,340,882	90.05
90.06	09006	OB-GYN CLINIC	2,488,412	1,375,687	3,864,099	41,236	3,905,335	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	3,903,383	2,675,538	6,578,921	23,820	6,602,741	90.07
90.08	09008	ORTHOPAEDICS CLINIC	3,467,995	1,954,521	5,422,516	21,597	5,444,113	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,458,957	2,767,414	5,226,371	-40,266	5,186,105	90.09
90.10	09010	PEDIATRIC CLINIC	6,387,185	3,373,693	9,760,878	-105,729	9,655,149	90.10
90.11	09011	SURGERY CLINIC	2,048,529	1,267,560	3,316,089	417,693	3,733,782	90.11
90.12	09012	UROLOGY CLINIC	972,000	613,970	1,585,970	12,861	1,598,831	90.12
90.13	09013	PSYCHIATRIC CLINIC	2,334,442	1,402,001	3,736,443	35,597	3,772,040	90.13
90.14	09014	CANCER CLINIC	6,570,282	3,754,420	10,324,702	198,700	10,523,402	90.14
90.15	09015	FAMILY CARE CLINIC	1,375,908	775,277	2,151,185	20,407	2,171,592	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,034,601	838,470	1,873,071	14,667	1,887,738	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	232,489	165,261	397,750	2,207	399,957	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	1,146,227	840,996	1,987,223	255,357	2,242,580	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	59,756	35,179	94,935	11,569	106,504	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	306,272	274,953	581,225	35,284	616,509	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	1,341,834	910,032	2,251,866	261,027	2,512,893	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	992,713	781,969	1,774,682	310,944	2,085,626	90.56
90.57	09057	IRL-OPHTHALMOLOGY	429,301	504,913	934,214	83,619	1,017,833	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	141,877	140,973	282,850	9,756	292,606	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	290,235	308,744	598,979	30,061	629,040	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	800,197	595,014	1,395,211	115,493	1,510,704	90.60
90.62	09062	IRL-UROLOGY CLINIC	464,740	617,378	1,082,118	27,133	1,109,251	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	879	879	-726	153	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	302,370	244,939	547,309	45,801	593,110	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	476,740	316,912	793,652	108,781	902,433	90.70
90.76	09076	IRL - PROCEDURE SUITES	1,156,940	1,294,825	2,451,765	-405	2,451,360	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	650,061	468,688	1,118,749	59,392	1,178,141	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	104,842	83,958	188,800	15,242	204,042	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	524	3,495	4,019	-31	3,988	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	15,879	26,818	42,697	3,899	46,596	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	64,813	76,348	141,161	31,304	172,465	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	55	55	-45	10	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	832,365	747,425	1,579,790	-1,209	1,578,581	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	291,512	280,443	571,955	197,795	769,750	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	13,993	13,993	4,720	18,713	90.97
91.00	09100	EMERGENCY	15,627,127	5,896,847	21,523,974	-4,013,852	17,510,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,876,764	1,429,064	4,305,828	-3,177,919	1,127,909	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	342,636	184,534	527,170	5,688	532,858	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	283,583	636,742	920,325	53,355	973,680	94.00
95.00	09500	AMBULANCE SERVICES	1,572,895	1,943,203	3,516,098	26,110	3,542,208	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,237,753	5,076,720	6,314,473	-447,052	5,867,421	105.00
106.00	10600	HEART ACQUISITION	306,614	1,110,716	1,417,330	95,495	1,512,825	106.00
107.00	10700	LIVER ACQUISITION	261,496	1,652,536	1,914,032	277,354	2,191,386	107.00
108.00	10800	LUNG ACQUISITION	206,654	1,120,644	1,327,298	78,816	1,406,114	108.00
109.00	10900	PANCREAS ACQUISITION	0	321,748	321,748	11,995	333,743	109.00
113.00	11300	INTEREST EXPENSE		11,046,464	11,046,464	0	11,046,464	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	528,583,562	990,391,974	1,518,975,536	-7,070,584	1,511,904,952	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 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	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,361,814	943,562	2,305,376	1,791,194	4,096,570	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	9,490,094	63,404,681	72,894,775	825,880	73,720,655	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,456	1,456	190.05
190.06	19006	PATIENT EDUCATION SERVICE	498,862	197,082	695,944	63,464	759,408	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	3,955,341	3,955,341	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	88,427	354,551	442,978	123,966	566,944	190.13
190.14	19014	EPIC REMOTE HOSTING	5,988	51,346	57,334	100	57,434	190.14
190.15	19015	RENTAL PROPERTIES	0	214,363	214,363	0	214,363	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	2,741,419	25,395,106	28,136,525	-2,357,729	25,778,796	194.00
194.01	07951	OUTREACH	0	0	0	2,666,912	2,666,912	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	542,770,166	1,080,952,665	1,623,722,831	0	1,623,722,831	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 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	-983,766	44,057,573		1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	0	244,023		1.03
1.04	00104	CAP REL COSTS-CDD	0	263,925		1.04
1.05	00105	CAP REL COSTS-IRL	-6,632	3,986,234		1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	49,876,251		2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,712,119		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-122,643,780	193,667,190		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-2,441,974	54,748,649		6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	741,370		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	-8,700	4,603,675		6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,358,101		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	61,925	24,986,861		9.01
9.04	00904	HOUSEKEEPING-CDD	0	157,185		9.04
9.05	00905	HOUSEKEEPING-IRL	0	775,268		9.05
10.00	01000	DIETARY	-40,466	13,164,870		10.00
11.00	01100	CAFETERIA	-10,273,111	1,020,112		11.00
13.00	01300	NURSING ADMINISTRATION	-16,898	13,230,218		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,796,723		14.00
15.00	01500	PHARMACY	0	4,964,936		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,232,187	13,220,452		16.00
17.00	01700	SOCIAL SERVICE	-155,811	18,928,131		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,306,018	47,709,773		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,740,571	19,645,811		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	118,066		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,801,468		23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	20,418	646,832		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	665	67,519		23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	17,211	177,423		23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	12,762	350,298		23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	-7,452	100,849		23.08
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-151,451	95,646,540		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	-77,988	9,745,741		31.01
32.00	03200	CORONARY CARE UNIT	-1,879	9,418,328		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-123,484	4,816,464		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-36,354	13,630,598		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-26,969	15,342,635		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-15,940	11,002,439		35.01
40.00	04000	SUBPROVIDER - IPF	-660,032	11,982,201		40.00
43.00	04300	NURSERY	-18,639	11,444,823		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-222,338	87,990,429		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-10,141	4,636,295		52.00
53.00	05300	ANESTHESIOLOGY	-317	7,049,068		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-31,616	18,621,993		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,372,583		55.00
55.01	03630	ULTRA SOUND	-1,603	4,055,295		55.01
55.02	05501	RADIOLOGY - PET SCAN	-2,957	5,060,257		55.02
57.00	05700	CT SCAN	0	4,525,397		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,270,221		58.00
59.00	05900	CARDIAC CATHETERIZATION	-113	4,681,250		59.00
60.00	06000	LABORATORY	820,256	45,099,694		60.00
60.01	06001	ANATOMICAL LABORATORY	546,339	4,390,330		60.01
60.02	03140	CARDIOLOGY	-263,640	7,986,606		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,035,882		63.00
65.00	06500	RESPIRATORY THERAPY	-9,450	9,533,754		65.00
66.00	06600	PHYSICAL THERAPY	-140,087	7,174,685		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,575,149		67.00
69.00	06900	ELECTROCARDIOLOGY	-28,055	781,756		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-220,703	3,913,370		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,166,045		71.00
71.01	03540	ORTHOTIC SERVICES	0	2,049,671		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	75,513,171		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	182,553,816		73.00
74.00	07400	RENAL DIALYSIS	-71,722	7,889,849		74.00
76.00	03950	IVF/CULTURE LAB	-247,040	2,417,697		76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
76.02	03952	URODYNAMICS	0	155,794		76.02
76.03	03953	SPINE TREATMENT CENTER	0	619,984		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	-98,941	6,320,152		76.05
76.06	03580	RECREATIONAL THERAPY	0	797,604		76.06
76.07	03954	CDC- REHAB	-2,342	345,803		76.07
76.08	03955	DIABETES EDUCATION	-350	514,943		76.08
76.97	07697	CARDIAC REHABILITATION	0	730,475		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	433,761		76.98
76.99	07699	LITHOTRIPSY	0	1,201,640		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-26,205	3,833,596		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	806,717		90.01
90.02	09002	DERMATOLOGY CLINIC	205,802	1,843,651		90.02
90.03	09003	ORAL SURGERY CLINIC	123,418	1,967,153		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	410,043	9,726,930		90.04
90.05	09005	NEUROLOGY CLINIC	33,375	2,374,257		90.05
90.06	09006	OB-GYN CLINIC	71,069	3,976,404		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	939,214	7,541,955		90.07
90.08	09008	ORTHOPAEDICS CLINIC	633,091	6,077,204		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	754,631	5,940,736		90.09
90.10	09010	PEDIATRIC CLINIC	493,377	10,148,526		90.10
90.11	09011	SURGERY CLINIC	1,057,520	4,791,302		90.11
90.12	09012	UROLOGY CLINIC	23,285	1,622,116		90.12
90.13	09013	PSYCHIATRIC CLINIC	-89,999	3,682,041		90.13
90.14	09014	CANCER CLINIC	-26,554	10,496,848		90.14
90.15	09015	FAMILY CARE CLINIC	32,006	2,203,598		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,887,738		90.16
90.17	09017	ANEMIA CLINIC	0	0		90.17
90.19	09019	BURN CLINIC	-205	399,752		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	2,242,580		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	106,504		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	616,509		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	-3,407	2,509,486		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	-33,380	2,052,246		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,017,833		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	292,606		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	629,040		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,510,704		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	1,109,251		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	153		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	593,110		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	902,433		90.70
90.76	09076	IRL - PROCEDURE SUITES	-263	2,451,097		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,178,141		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	204,042		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	3,988		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	46,596		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	172,465		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	10		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	1,578,581		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	769,750		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	18,713		90.97
91.00	09100	EMERGENCY	-6,312,804	11,197,318		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,127,909		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	-6,938	525,920		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	973,680		94.00
95.00	09500	AMBULANCE SERVICES	-2,561,318	980,890		95.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	81,500	5,948,921		105.00
106.00	10600	HEART ACQUISITION	10,455	1,523,280		106.00
107.00	10700	LIVER ACQUISITION	86,949	2,278,335		107.00
108.00	10800	LUNG ACQUISITION	66,717	1,472,831		108.00
109.00	10900	PANCREAS ACQUISITION	1,895	335,638		109.00
113.00	11300	INTEREST EXPENSE	-11,046,464	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-122,367,579	1,389,537,373		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,685,704	1,685,704		190.00
190.01	19001	VENDING/PATIENT ART	-336,328	3,760,242		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.03	19003	PHARMACY HOMEGOING DRUGS	0	73,720,655	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	1,456	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	759,408	190.06
190.07	19007	NON-ALLOWABLE	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	3,955,341	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	669,321	1,236,265	190.13
190.14	19014	EPIC REMOTE HOSTING	-57,334	100	190.14
190.15	19015	RENTAL PROPERTIES	0	214,363	190.15
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	UICOM	-2,629,777	23,149,019	194.00
194.01	07951	OUTREACH	0	2,666,912	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-123,035,993	1,500,686,838	200.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AA - A121 SUPPLY IMPLANT RECLASS - ORTHO					
1.00	ORTHOTIC SERVICES	71.01	0	1,709,888		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
	TOTALS		0	1,709,888		
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,166,045		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

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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	32,166,045	
	AC - A133 NURSING AGENCY STAFF RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,908	1.00
2.00	NURSING ADMINISTRATION	13.00	17,886	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,848,817	3.00
4.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	481,699	4.00
5.00	CORONARY CARE UNIT	32.00	0	206,475	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	101,828	6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	843,951	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	506,702	8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	428,843	9.00
10.00	SUBPROVIDER - IPF	40.00	0	281,247	10.00
11.00	OPERATING ROOM	50.00	0	2,623,806	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	167,186	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	1,088	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	556,614	14.00
15.00	CARDIOLOGY	60.02	0	131,442	15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33,667	16.00
17.00	RENAL DIALYSIS	74.00	0	459,754	17.00
18.00	PEDIATRIC CLINIC	90.10	0	44,662	18.00
19.00	IRL-CARDIOLOGY CLINIC	90.50	0	90,519	19.00
20.00	QUAD CITIES - CANCER CENTER	90.95	0	110,559	20.00
21.00	EMERGENCY	91.00	0	447,552	21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	90,451	22.00
23.00	AMBULANCE SERVICES	95.00	0	111,380	23.00
24.00	UICOM	194.00	0	17,131	24.00
	TOTALS		18,974	15,595,193	
	AD - A123 BLOOD RECLASS				
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,127,158	1.00
	TOTALS		0	3,127,158	
	AE - A124 CLINIC TIME STUDY RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	196,692	116,440	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	36,739	21,936	2.00
3.00	OTHER NON-ALLOWABLE	190.13	77,051	45,447	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
	TOTALS		310,482	183,823	
	AF - A125 RADIOLOGY ADMIN RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	14,247	33,362	1.00
2.00	PARAMEDICAL EDUC - RAD TECH	23.04	21,439	50,204	2.00
3.00	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	5,483	12,840	3.00
4.00	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	11,552	27,053	4.00
5.00	PARAMEDICAL EDUC - RAD ONC TECH	23.08	3,707	8,680	5.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	RADIOLOGY-DIAGNOSTIC	54.00	4,503	10,545		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	282,449	661,429		7.00
8.00	ULTRA SOUND	55.01	77,961	182,568		8.00
9.00	RADIOLOGY - PET SCAN	55.02	170,128	398,400		9.00
10.00	CT SCAN	57.00	101,986	238,826		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	124,076	290,555		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,167	16,784		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	104,723	245,235		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	1,003	2,349		14.00
15.00	ULTRA SOUND	55.01	0	216,941		15.00
16.00	RADIOLOGY - PET SCAN	55.02	0	62,667		16.00
17.00	CT SCAN	57.00	0	525,901		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	414,035		18.00
	TOTALS		930,424	3,398,374		
	AG - A84 UIHC FUNDED FACULTY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,496,853		1.00
2.00	SOCIAL SERVICE	17.00	0	124,292		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	301,989		3.00
4.00	SUBPROVIDER - IPF	40.00	11,591	0		4.00
5.00	OPERATING ROOM	50.00	0	167,315		5.00
6.00	LABORATORY	60.00	0	2,100		6.00
7.00	PHYSICAL THERAPY	66.00	0	90,175		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	111,617		8.00
9.00	IVF/CULTURE LAB	76.00	0	199,039		9.00
10.00	PSYCHIATRIC CLINIC	90.13	0	72,765		10.00
11.00	CANCER CLINIC	90.14	0	25,049		11.00
12.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	2,754		12.00
13.00	EMERGENCY	91.00	0	6,684,111		13.00
14.00	KIDNEY ACQUISITION	105.00	0	66,798		14.00
15.00	VENDING/PATIENT ART	190.01	0	268,493		15.00
16.00	UICOM	194.00	0	2,117,787		16.00
	TOTALS		11,591	13,731,137		
	AH - A127 REHAB THERAPY ADMIN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	39,030	17,245		1.00
2.00	OCCUPATIONAL THERAPY	67.00	173,638	76,721		2.00
3.00	ORTHOTIC SERVICES	71.01	106,573	47,088		3.00
4.00	RECREATIONAL THERAPY	76.06	49,534	21,886		4.00
5.00	PATIENT EDUCATION SERVICE	190.06	38,273	16,910		5.00
	TOTALS		407,048	179,850		
	AI - A173 DIALYSIS CRRT RECLASS					
1.00	RENAL DIALYSIS	74.00	60,517	8,150		1.00
	TOTALS		60,517	8,150		
	AK - A130 VACA SICK RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	160,873	0		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	18,361	0		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	76	0		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	305	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	2,782	0		5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	28,539	0		6.00
7.00	HOUSEKEEPING-CDD	9.04	5	0		7.00
8.00	HOUSEKEEPING-IRL	9.05	722	0		8.00
9.00	DIETARY	10.00	22,742	0		9.00
10.00	NURSING ADMINISTRATION	13.00	17,333	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	12,071	0		11.00
12.00	PHARMACY	15.00	5,510	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	11,498	0		13.00
14.00	SOCIAL SERVICE	17.00	23,967	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,173	0		15.00
16.00	PARMEDICAL EDUC - DIETARY	23.01	159	0		16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	1,342	0		17.00
18.00	PARAMEDICAL EDUC - PASTORAL	23.05	94	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	127,954	0		19.00
20.00	MEDICAL INTENSIVE CARE UNIT	31.01	12,527	0		20.00
21.00	CORONARY CARE UNIT	32.00	12,073	0		21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	6,201	0		22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	17,424	0		23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	33,249	0		24.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	14,565	0	25.00
26.00	SUBPROVIDER - IPF	40.00	17,223	0	26.00
27.00	NURSERY	43.00	411	0	27.00
28.00	OPERATING ROOM	50.00	75,504	0	28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	6,697	0	29.00
30.00	ANESTHESIOLOGY	53.00	4,791	0	30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	18,427	0	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	1,815	0	32.00
33.00	RADIOLOGY-DIAGNOSTIC	54.00	27	0	33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	160	0	34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	7,354	0	35.00
36.00	ULTRA SOUND	55.01	4,265	0	36.00
37.00	RADIOLOGY - PET SCAN	55.02	3,465	0	37.00
38.00	CT SCAN	57.00	2,644	0	38.00
39.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,212	0	39.00
40.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	243	0	40.00
41.00	CARDIAC CATHETERIZATION	59.00	5,400	0	41.00
42.00	LABORATORY	60.00	26,741	0	42.00
43.00	ANATOMICAL LABORATORY	60.01	4,250	0	43.00
44.00	CARDIOLOGY	60.02	10,423	0	44.00
45.00	LABORATORY	60.00	1,387	0	45.00
46.00	LABORATORY	60.00	78	0	46.00
47.00	CARDIOLOGY	60.02	280	0	47.00
48.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,374	0	48.00
49.00	RESPIRATORY THERAPY	65.00	15,076	0	49.00
50.00	PHYSICAL THERAPY	66.00	9,669	0	50.00
51.00	PHYSICAL THERAPY	66.00	1,336	0	51.00
52.00	OCCUPATIONAL THERAPY	67.00	3,288	0	52.00
53.00	OCCUPATIONAL THERAPY	67.00	22	0	53.00
54.00	ELECTROCARDIOLOGY	69.00	761	0	54.00
55.00	ELECTROENCEPHALOGRAPHY	70.00	5,174	0	55.00
56.00	ORTHOTIC SERVICES	71.01	28	0	56.00
57.00	DRUGS CHARGED TO PATIENTS	73.00	34,728	0	57.00
58.00	RENAL DIALYSIS	74.00	7,529	0	58.00
59.00	IVF/CULTURE LAB	76.00	3,201	0	59.00
60.00	URODYNAMICS	76.02	171	0	60.00
61.00	SPINE TREATMENT CENTER	76.03	801	0	61.00
62.00	OPHTHALMOLOGY CLINIC	90.07	2,250	0	62.00
63.00	DIGESTIVE DISEASE CENTER	76.05	5,326	0	63.00
64.00	RECREATIONAL THERAPY	76.06	989	0	64.00
65.00	CDC- REHAB	76.07	470	0	65.00
66.00	DIABETES EDUCATION	76.08	335	0	66.00
67.00	DIABETES EDUCATION	76.08	316	0	67.00
68.00	OPHTHALMOLOGY CLINIC	90.07	211	0	68.00
69.00	CARDIAC REHABILITATION	76.97	341	0	69.00
70.00	CARDIAC REHABILITATION	76.97	488	0	70.00
71.00	HYPERBARIC OXYGEN THERAPY	76.98	580	0	71.00
72.00	LITHOTRIPSY	76.99	587	0	72.00
73.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	1,527	0	73.00
74.00	ANESTHESIA PAIN CLINIC	90.01	1,125	0	74.00
75.00	DERMATOLOGY CLINIC	90.02	1,786	0	75.00
76.00	ORAL SURGERY CLINIC	90.03	2,093	0	76.00
77.00	INTERNAL MEDICINE CLINIC	90.04	10,758	0	77.00
78.00	NEUROLOGY CLINIC	90.05	1,731	0	78.00
79.00	OB-GYN CLINIC	90.06	4,834	0	79.00
80.00	OPHTHALMOLOGY CLINIC	90.07	5,122	0	80.00
81.00	ORTHOPAEDICS CLINIC	90.08	6,738	0	81.00
82.00	OTOLARYNGOLOGY CLINIC	90.09	4,777	0	82.00
83.00	PEDIATRIC CLINIC	90.10	12,409	0	83.00
84.00	SURGERY CLINIC	90.11	3,980	0	84.00
85.00	UROLOGY CLINIC	90.12	1,888	0	85.00
86.00	PSYCHIATRIC CLINIC	90.13	4,535	0	86.00
87.00	CANCER CLINIC	90.14	12,765	0	87.00
88.00	FAMILY CARE CLINIC	90.15	2,673	0	88.00
89.00	ORTHO SPORTS MED CLINIC	90.16	2,010	0	89.00
90.00	BURN CLINIC	90.19	452	0	90.00
91.00	IRL-CARDIOLOGY CLINIC	90.50	2,227	0	91.00
92.00	IRL - ANESTHESIA PAIN CLINIC	90.51	116	0	92.00
93.00	IRL-DERMATOLOGY CLINIC	90.52	595	0	93.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
94.00	IRL-INTERNAL MEDICINE CLINIC	90.54	2,607	0	94.00
95.00	IRL-OB/GYN CLINIC	90.56	1,929	0	95.00
96.00	IRL-OPHTHALMOLOGY	90.57	834	0	96.00
97.00	IRL - ORTHOPAEDICS CLINIC	90.58	276	0	97.00
98.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	564	0	98.00
99.00	IRL-PEDIATRICS CLINIC	90.60	1,555	0	99.00
100.00	IRL-UROLOGY CLINIC	90.62	903	0	100.00
101.00	IRL-GASTROENTEROLOGY CLINIC	90.68	587	0	101.00
102.00	IRL-DIABETES CENTER CLINIC	90.70	926	0	102.00
103.00	IRL - PROCEDURE SUITES	90.76	2,248	0	103.00
104.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	1,263	0	104.00
105.00	IRL EAST- PEDIATRICS CLINIC	90.81	204	0	105.00
106.00	IRL EAST-DERMATOLOGY CLINIC	90.82	1	0	106.00
107.00	IRL EAST-SURGERY CLINIC	90.83	31	0	107.00
108.00	IRL EAST-NEUROLOGY CLINIC	90.84	126	0	108.00
109.00	QUAD CITIES - CANCER CENTER	90.95	1,617	0	109.00
110.00	NORTH DODGE - OB/GYN CLINIC	90.96	566	0	110.00
111.00	EMERGENCY	91.00	30,360	0	111.00
112.00	OBSERVATION BEDS (DISTINCT PART)	92.01	5,589	0	112.00
113.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	666	0	113.00
114.00	HOME PROGRAM DIALYSIS	94.00	551	0	114.00
115.00	AMBULANCE SERVICES	95.00	3,056	0	115.00
116.00	KIDNEY ACQUISITION	105.00	2,405	0	116.00
117.00	HEART ACQUISITION	106.00	596	0	117.00
118.00	LIVER ACQUISITION	107.00	508	0	118.00
119.00	LUNG ACQUISITION	108.00	401	0	119.00
120.00	VENDING/PATIENT ART	190.01	2,646	0	120.00
121.00	PHARMACY HOMEGOING DRUGS	190.03	18,437	0	121.00
122.00	PATIENT EDUCATION SERVICE	190.06	969	0	122.00
123.00	OTHER NON-ALLOWABLE	190.13	172	0	123.00
124.00	EPIC REMOTE HOSTING	190.14	12	0	124.00
125.00	UICOM	194.00	5,326	0	125.00
	TOTALS		996,465	0	
	AL - A131 TRANSCRIPTION SERVICES RECLASS				
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,441	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	8,441	
	AM - A999 UICMS OUTREACH RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,308,850	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	94,380	2.00
	TOTALS		0	2,403,230	
	AN - A97 FELLOW STIPEND RECLASS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	8,618,844	0	1.00
	TOTALS		8,618,844	0	
	AO - A134 RENAL DIALYSIS ADMIN RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	31,010	14,485	1.00
2.00	RENAL DIALYSIS	74.00	142,067	318,371	2.00
	TOTALS		173,077	332,856	
	AP - A135 STAFF TRANS TIME STUDY RECLASS				
1.00	SOCIAL SERVICE	17.00	127,470	48,521	1.00
2.00	INTERNAL MEDICINE CLINIC	90.04	391,995	143,367	2.00
3.00	SURGERY CLINIC	90.11	416,186	154,778	3.00
4.00	LIVER ACQUISITION	107.00	29,379	9,222	4.00
5.00	PANCREAS ACQUISITION	109.00	6,936	2,571	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		971,966	358,459	
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS				
1.00	HOME PROGRAM DIALYSIS	94.00	249,134	234,462	1.00
	TOTALS		249,134	234,462	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AR - A138 PHARMACY TIME STUDY RECLASS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	765,959	286,766	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
	TOTALS		765,959	286,766	
	AS - A139 WESTLAWN PLANT OP RECLASS				
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	230,196	
	AT - A118 STAFF TRANS TIME STUDY RECLASS				
1.00	INTERNAL MEDICINE CLINIC	90.04	11,257	0	1.00
2.00	SURGERY CLINIC	90.11	51,225	0	2.00
3.00	KIDNEY ACQUISITION	105.00	76,403	0	3.00
4.00	HEART ACQUISITION	106.00	3,096	0	4.00
5.00	LIVER ACQUISITION	107.00	49,945	0	5.00
6.00	LUNG ACQUISITION	108.00	31,789	0	6.00
7.00	PANCREAS ACQUISITION	109.00	1,371	0	7.00
	TOTALS		225,086	0	
	AU - A137 ORG 03 VPMA RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	15,260,999	5,777,486	1.00
	TOTALS		15,260,999	5,777,486	
	AV - A106 FACULTY TIME RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	12,190,795	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	21,844,505	0	2.00
3.00	LABORATORY	60.00	585,540	0	3.00
4.00	ANATOMICAL LABORATORY	60.01	371,401	0	4.00
	TOTALS		34,992,241	0	
	AW - A140 ARNP TO NONALLOWABLE RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,939	1.00
2.00	NURSING ADMINISTRATION	13.00	0	16,697	2.00
3.00	SOCIAL SERVICE	17.00	0	2,082	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	69,221	4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	77,988	5.00
6.00	CORONARY CARE UNIT	32.00	0	1,709	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	0	121,006	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	36,354	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5,693	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	7,844	10.00
11.00	SUBPROVIDER - IPF	40.00	0	674,372	11.00
12.00	NURSERY	43.00	0	15,606	12.00
13.00	OPERATING ROOM	50.00	0	4,279	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,141	14.00
15.00	ANESTHESIOLOGY	53.00	0	317	15.00
16.00	CARDIOLOGY	60.02	0	257,499	16.00
17.00	RENAL DIALYSIS	74.00	0	60,911	17.00
18.00	DIGESTIVE DISEASE CENTER	76.05	0	93,822	18.00
19.00	CDC- REHAB	76.07	0	2,342	19.00
20.00	DIABETES EDUCATION	76.08	0	175	20.00
21.00	DIABETES EDUCATION	76.08	0	175	21.00
22.00	INTERNAL MEDICINE CLINIC	90.04	0	70,278	22.00
23.00	ORTHOPAEDICS CLINIC	90.08	0	42,906	23.00
24.00	BURN CLINIC	90.19	0	205	24.00
25.00	IRL-OB/GYN CLINIC	90.56	0	33,380	25.00
26.00	IRL - PROCEDURE SUITES	90.76	0	263	26.00
27.00	EMERGENCY	91.00	0	370,460	27.00
28.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	6,938	28.00
29.00	KIDNEY ACQUISITION	105.00	0	87,329	29.00
30.00	VENDING/PATIENT ART	190.01	0	3,667	30.00
31.00	UICOM	194.00	0	134,648	31.00
	TOTALS		0	2,228,246	
	AX - A175 SFCH LL2 RECLASS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	756	469	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	69,317	43,019	2.00
3.00	ULTRA SOUND	55.01	6,344	3,937	3.00
4.00	ELECTROCARDIOLOGY	69.00	591	367	4.00
5.00	DIGESTIVE DISEASE CENTER	76.05	433,500	269,033	5.00
	TOTALS		510,508	316,825	

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AY - A155 OR TO A AND P RECOVERY RECLASS					
1.00	OPERATING ROOM	50.00	0	2,889,188		1.00
	TOTALS		0	2,889,188		
	AZ - A174 LITHROTRIPSY REC TIME RECLASS					
1.00	OPERATING ROOM	50.00	45,489	144,160		1.00
	TOTALS		45,489	144,160		
	BA - A147 INSURANCE EXPENSE RECLASS					
1.00	CAP REL COSTS-GENERAL HOSP	1.01	0	793,627		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	277,542		2.00
	TOTALS		0	1,071,169		
	BC - A151 PHARMACY RESIDENT RECLASS					
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	5,319	237		1.00
2.00	PHARMACY	15.00	185,125	36,953		2.00
	TOTALS		190,444	37,190		
	BD - A152 DIETARY EXP TO CAFE RECLASS					
1.00	CAFETERIA	11.00	4,636,245	6,656,978		1.00
2.00	VENDING/PATIENT ART	190.01	620,573	1,148,015		2.00
	TOTALS		5,256,818	7,804,993		
	BH - A157 TISSUE TYPING RECLASS					
1.00	LABORATORY	60.00	0	146,955		1.00
	TOTALS		0	146,955		
	BI - A158 TXP SUPPORT SRVC RECLASS					
1.00	LIVER ACQUISITION	107.00	0	6,717		1.00
2.00	HEART ACQUISITION	106.00	0	3,900		2.00
3.00	LUNG ACQUISITION	108.00	0	3,033		3.00
4.00	PANCREAS ACQUISITION	109.00	0	1,300		4.00
5.00	KIDNEY ACQUISITION	105.00	0	87,512		5.00
	TOTALS		0	102,462		
	BJ - A168 EXP MATCHING REV RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	2,920,265	1,555,220		1.00
2.00	NURSERY	43.00	7,741,961	3,432,450		2.00
3.00	OPERATING ROOM	50.00	163,243	102,894		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	41	20		4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,039	480		5.00
6.00	CANCER CLINIC	90.14	137,879	64,080		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
	TOTALS		10,964,428	5,155,144		
	BK - A169 2BT RECLASS					
1.00	CLINICAL RESEARCH UNIT	190.05	1,017	439		1.00
	TOTALS		1,017	439		
	BM - A167 REV CODE 206 TELEMETRY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	466,581	259,129		1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	40,560	22,526		2.00
3.00	CORONARY CARE UNIT	32.00	6,198	3,442		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	46,292	25,710		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	10,507	5,835		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	3,403	1,890		6.00
	TOTALS		573,541	318,532		
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD					
1.00	RENAL DIALYSIS	74.00	30,449	497,902		1.00
	TOTALS		30,449	497,902		
	BV - A171 OPEB RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,213,675		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	138,519		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	0	576		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	0	2,302		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	20,988		5.00
6.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	215,308		6.00
7.00	HOUSEKEEPING-CDD	9.04	0	38		7.00
8.00	HOUSEKEEPING-IRL	9.05	0	5,449		8.00
9.00	DIETARY	10.00	0	171,576		9.00
10.00	NURSING ADMINISTRATION	13.00	0	130,766		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,065		11.00
12.00	PHARMACY	15.00	0	41,570		12.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	86,743		13.00
14.00	SOCIAL SERVICE	17.00	0	180,810		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	16,393		15.00
16.00	PARMEDICAL EDUC - DIETARY	23.01	0	1,196		16.00
17.00	PARAMEDICAL EDUC - PHARMACY	23.02	0	10,125		17.00
18.00	PARAMEDICAL EDUC - PASTORAL	23.05	0	710		18.00
19.00	ADULTS & PEDIATRICS	30.00	0	965,320		19.00
20.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	94,504		20.00
21.00	CORONARY CARE UNIT	32.00	0	91,079		21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	0	46,781		22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	131,450		23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	250,842		24.00
25.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	109,880		25.00
26.00	SUBPROVIDER - IPF	40.00	0	129,936		26.00
27.00	NURSERY	43.00	0	3,098		27.00
28.00	OPERATING ROOM	50.00	0	569,627		28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	0	50,522		29.00
30.00	ANESTHESIOLOGY	53.00	0	36,141		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	0	139,022		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,695		32.00
33.00	RADIOLOGY-DIAGNOSTIC	54.00	0	206		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,209		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	55,479		35.00
36.00	ULTRA SOUND	55.01	0	32,174		36.00
37.00	RADIOLOGY - PET SCAN	55.02	0	26,143		37.00
38.00	CT SCAN	57.00	0	19,948		38.00
39.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	24,230		39.00
40.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,835		40.00
41.00	CARDIAC CATHETERIZATION	59.00	0	40,739		41.00
42.00	LABORATORY	60.00	0	201,745		42.00
43.00	ANATOMICAL LABORATORY	60.01	0	32,061		43.00
44.00	CARDIOLOGY	60.02	0	78,633		44.00
45.00	LABORATORY	60.00	0	10,460		45.00
46.00	LABORATORY	60.00	0	588		46.00
47.00	CARDIOLOGY	60.02	0	2,114		47.00
48.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	25,458		48.00
49.00	RESPIRATORY THERAPY	65.00	0	113,739		49.00
50.00	PHYSICAL THERAPY	66.00	0	72,948		50.00
51.00	PHYSICAL THERAPY	66.00	0	10,082		51.00
52.00	OCCUPATIONAL THERAPY	67.00	0	24,809		52.00
53.00	OCCUPATIONAL THERAPY	67.00	0	163		53.00
54.00	ELECTROCARDIOLOGY	69.00	0	5,745		54.00
55.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,035		55.00
56.00	ORTHOTIC SERVICES	71.01	0	208		56.00
57.00	DRUGS CHARGED TO PATIENTS	73.00	0	261,997		57.00
58.00	RENAL DIALYSIS	74.00	0	56,801		58.00
59.00	IVF/CULTURE LAB	76.00	0	24,152		59.00
60.00	URODYNAMICS	76.02	0	1,290		60.00
61.00	SPINE TREATMENT CENTER	76.03	0	6,045		61.00
62.00	OPHTHALMOLOGY CLINIC	90.07	0	16,975		62.00
63.00	DIGESTIVE DISEASE CENTER	76.05	0	40,180		63.00
64.00	RECREATIONAL THERAPY	76.06	0	7,458		64.00
65.00	CDC- REHAB	76.07	0	3,548		65.00
66.00	DIABETES EDUCATION	76.08	0	2,526		66.00
67.00	DIABETES EDUCATION	76.08	0	2,387		67.00
68.00	OPHTHALMOLOGY CLINIC	90.07	0	1,593		68.00
69.00	CARDIAC REHABILITATION	76.97	0	2,571		69.00
70.00	CARDIAC REHABILITATION	76.97	0	3,684		70.00
71.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,376		71.00
72.00	LITHOTRIPSY	76.99	0	4,427		72.00
73.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	11,520		73.00
74.00	ANESTHESIA PAIN CLINIC	90.01	0	8,488		74.00
75.00	DERMATOLOGY CLINIC	90.02	0	13,473		75.00
76.00	ORAL SURGERY CLINIC	90.03	0	15,793		76.00
77.00	INTERNAL MEDICINE CLINIC	90.04	0	81,162		77.00
78.00	NEUROLOGY CLINIC	90.05	0	13,063		78.00
79.00	OB-GYN CLINIC	90.06	0	36,472		79.00
80.00	OPHTHALMOLOGY CLINIC	90.07	0	38,644		80.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
81.00	ORTHOPAEDICS CLINIC	90.08	0	50,830		81.00
82.00	OTOLARYNGOLOGY CLINIC	90.09	0	36,040		82.00
83.00	PEDIATRIC CLINIC	90.10	0	93,616		83.00
84.00	SURGERY CLINIC	90.11	0	30,025		84.00
85.00	UROLOGY CLINIC	90.12	0	14,246		85.00
86.00	PSYCHIATRIC CLINIC	90.13	0	34,215		86.00
87.00	CANCER CLINIC	90.14	0	96,299		87.00
88.00	FAMILY CARE CLINIC	90.15	0	20,166		88.00
89.00	ORTHO SPORTS MED CLINIC	90.16	0	15,164		89.00
90.00	BURN CLINIC	90.19	0	3,408		90.00
91.00	IRL-CARDIOLOGY CLINIC	90.50	0	16,800		91.00
92.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	876		92.00
93.00	IRL-DERMATOLOGY CLINIC	90.52	0	4,489		93.00
94.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	19,669		94.00
95.00	IRL-OB/GYN CLINIC	90.56	0	14,550		95.00
96.00	IRL-OPHTHALMOLOGY	90.57	0	6,292		96.00
97.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	2,079		97.00
98.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	4,254		98.00
99.00	IRL-PEDIATRICS CLINIC	90.60	0	11,728		99.00
100.00	IRL-UROLOGY CLINIC	90.62	0	6,812		100.00
101.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	4,432		101.00
102.00	IRL-DIABETES CENTER CLINIC	90.70	0	6,987		102.00
103.00	IRL - PROCEDURE SUITES	90.76	0	16,957		103.00
104.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	9,528		104.00
105.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	1,537		105.00
106.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	8		106.00
107.00	IRL EAST-SURGERY CLINIC	90.83	0	233		107.00
108.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	950		108.00
109.00	QUAD CITIES - CANCER CENTER	90.95	0	12,200		109.00
110.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	4,273		110.00
111.00	EMERGENCY	91.00	0	229,044		111.00
112.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	42,164		112.00
113.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	5,022		113.00
114.00	HOME PROGRAM DIALYSIS	94.00	0	4,156		114.00
115.00	AMBULANCE SERVICES	95.00	0	23,054		115.00
116.00	KIDNEY ACQUISITION	105.00	0	18,142		116.00
117.00	HEART ACQUISITION	106.00	0	4,494		117.00
118.00	LIVER ACQUISITION	107.00	0	3,833		118.00
119.00	LUNG ACQUISITION	108.00	0	3,029		119.00
120.00	VENDING/PATIENT ART	190.01	0	19,960		120.00
121.00	PHARMACY HOMEGOING DRUGS	190.03	0	139,094		121.00
122.00	PATIENT EDUCATION SERVICE	190.06	0	7,312		122.00
123.00	OTHER NON-ALLOWABLE	190.13	0	1,296		123.00
124.00	EPIC REMOTE HOSTING	190.14	0	88		124.00
125.00	UICOM	194.00	0	40,180		125.00
	TOTALS		0	7,517,613		
	CH - A135B PHYS TXP TIME STUDY RECLASS					
1.00	KIDNEY ACQUISITION	105.00	191,426	45,425		1.00
2.00	HEART ACQUISITION	106.00	93,633	22,219		2.00
3.00	LIVER ACQUISITION	107.00	189,056	44,863		3.00
4.00	LUNG ACQUISITION	108.00	91,929	21,815		4.00
5.00	PANCREAS ACQUISITION	109.00	960	228		5.00
	TOTALS		567,004	134,550		
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		75,513,171		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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		0	75,513,171		
	ZB - A119 CLINIC TIME STUDY RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,421,413	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	682,927	0		2.00
3.00	DERMATOLOGY CLINIC	90.02	128,775	0		3.00
4.00	ORAL SURGERY CLINIC	90.03	272,152	0		4.00
5.00	INTERNAL MEDICINE CLINIC	90.04	314,933	0		5.00
6.00	NEUROLOGY CLINIC	90.05	20,903	0		6.00
7.00	OB-GYN CLINIC	90.06	45,364	0		7.00
8.00	OPHTHALMOLOGY CLINIC	90.07	621,480	0		8.00
9.00	ORTHOPAEDICS CLINIC	90.08	432,741	0		9.00
10.00	OTOLARYNGOLOGY CLINIC	90.09	557,636	0		10.00
11.00	PEDIATRIC CLINIC	90.10	343,577	0		11.00
12.00	SURGERY CLINIC	90.11	690,563	0		12.00
13.00	UROLOGY CLINIC	90.12	17,289	0		13.00
14.00	FAMILY CARE CLINIC	90.15	23,284	0		14.00
	TOTALS		6,573,037	0		
	ZD - A122 IRL ADMIN RECLASS					
1.00	MAINTENANCE & REPAIRS-IRL	6.05	341,795	339,579		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	18,809	18,687		2.00
3.00	HOUSEKEEPING-IRL	9.05	57,025	56,656		3.00
4.00	PHARMACY	15.00	8,795	8,738		4.00
5.00	SOCIAL SERVICE	17.00	12,515	12,433		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	235,779	234,249		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	2,258	2,243		7.00
8.00	LABORATORY	60.00	157,788	156,765		8.00
9.00	LABORATORY	60.00	5,601	5,564		9.00
10.00	CARDIOLOGY	60.02	20,425	20,293		10.00
11.00	PHYSICAL THERAPY	66.00	1	2		11.00
12.00	OCCUPATIONAL THERAPY	67.00	1,442	1,433		12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	887,708	881,951		13.00
14.00	DIABETES EDUCATION	76.08	20,149	20,019		14.00
15.00	OPHTHALMOLOGY CLINIC	90.07	16,185	16,080		15.00
16.00	CARDIAC REHABILITATION	76.97	25,507	25,341		16.00
17.00	IRL-CARDIOLOGY CLINIC	90.50	172,901	171,780		17.00
18.00	IRL - ANESTHESIA PAIN CLINIC	90.51	8,260	8,206		18.00
19.00	IRL-DERMATOLOGY CLINIC	90.52	50,570	50,243		19.00
20.00	IRL-INTERNAL MEDICINE CLINIC	90.54	195,907	194,637		20.00
21.00	IRL-OB/GYN CLINIC	90.56	154,409	153,407		21.00
22.00	IRL-OPHTHALMOLOGY	90.57	81,283	80,755		22.00
23.00	IRL - ORTHOPAEDICS CLINIC	90.58	24,610	24,450		23.00
24.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	52,115	51,777		24.00
25.00	IRL-PEDIATRICS CLINIC	90.60	121,392	120,605		25.00
26.00	IRL-UROLOGY CLINIC	90.62	94,151	93,541		26.00
27.00	IRL - FAMILY CARE CLINIC	90.65	77	76		27.00
28.00	IRL-GASTROENTEROLOGY CLINIC	90.68	47,619	47,311		28.00
29.00	IRL-DIABETES CENTER CLINIC	90.70	69,053	68,605		29.00
30.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	97,338	96,707		30.00
31.00	IRL EAST- PEDIATRICS CLINIC	90.81	16,427	16,320		31.00
32.00	IRL EAST-DERMATOLOGY CLINIC	90.82	350	347		32.00
33.00	IRL EAST-SURGERY CLINIC	90.83	3,715	3,691		33.00
34.00	IRL EAST-NEUROLOGY CLINIC	90.84	12,282	12,202		34.00
35.00	IRL EAST-DIABETES CENTER CLINIC	90.85	5	5		35.00
36.00	IRL - PROCEDURE SUITES	90.76	213,319	211,936		36.00
37.00	PHARMACY HOMEGOING DRUGS	190.03	359,727	357,395		37.00
	TOTALS		3,587,292	3,564,029		
	ZE - A160 IRL RADIOLOGY RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	4,666	8,354		1.00
2.00	ULTRA SOUND	55.01	69,623	124,663		2.00
3.00	CT SCAN	57.00	296,190	530,340		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	101	181		4.00
5.00	DIABETES EDUCATION	76.08	1,087	1,946		5.00
6.00	OPHTHALMOLOGY CLINIC	90.07	19,532	34,974		6.00
7.00	CARDIAC REHABILITATION	76.97	22,331	39,985		7.00
8.00	IRL-CARDIOLOGY CLINIC	90.50	69,633	124,680		8.00
9.00	IRL-INTERNAL MEDICINE CLINIC	90.54	5,221	9,348		9.00
10.00	IRL-OB/GYN CLINIC	90.56	65,813	117,841		10.00
11.00	IRL-OPHTHALMOLOGY	90.57	1,180	2,114		11.00
12.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	260	466		12.00
13.00	IRL-PEDIATRICS CLINIC	90.60	154	276		13.00
14.00	IRL-UROLOGY CLINIC	90.62	14,187	25,402		14.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00	IRL-GASTROENTEROLOGY CLINIC	90.68	20	35		15.00
16.00	IRL-DIABETES CENTER CLINIC	90.70	7,130	12,767		16.00
17.00	IRL - PROCEDURE SUITES	90.76	12,408	22,217		17.00
18.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	165	296		18.00
19.00	IRL EAST- PEDIATRICS CLINIC	90.81	4	7		19.00
20.00	IRL EAST-DERMATOLOGY CLINIC	90.82	11	20		20.00
21.00	IRL EAST-NEUROLOGY CLINIC	90.84	9,050	16,204		21.00
22.00	ULTRA SOUND	55.01	13,490	31,589		22.00
23.00	CT SCAN	57.00	57,387	134,386		23.00
	TOTALS		669,643	1,238,091		
	ZH - A162 IRL COLLECTION SERVICES RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,240,348		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
	TOTALS		0	4,240,348		
	ZI - A163 CYNTHIA GEYER RECLASS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	39,490	14,977		1.00
	TOTALS		39,490	14,977		
	ZJ - A96 PATH LAB RECLASS					
1.00	LABORATORY	60.00	159,185	0		1.00
2.00	ANATOMICAL LABORATORY	60.01	106,198	0		2.00
	TOTALS		265,383	0		
	ZL - A165 AMBUL CARE PHYS ETC RECLASS					
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,538,921	2,416,420		1.00
	TOTALS		1,538,921	2,416,420		
	ZM - A166 SOCIAL SERVICE RECLASS					
1.00	SOCIAL SERVICE	17.00	487,787	184,070		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
	TOTALS		487,787	184,070		
	ZN - A78 TRANSFER RECLASS					
1.00		0.00	0	0		1.00
11.00	OUTREACH	194.01	0	2,666,912		11.00
	TOTALS		0	2,666,912		

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	ZO - A500 FUND 500/510 RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,508,341	1.00
	TOTALS		0	2,508,341	
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS				
1.00	QUAD CITIES - CANCER CENTER	90.95	0	59,992	1.00
2.00	NORTH DODGE - OB/GYN CLINIC	90.96	0	192,956	2.00
3.00	NORTH DODGE - REI CLINIC	90.97	0	4,720	3.00
	TOTALS		0	257,668	
500.00	Grand Total: Increases		95,294,058	200,700,909	500.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Decreases					
	Cost Center	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		1,362	0	1.00
2.00	BURN INTENSIVE CARE UNIT	33.00		191	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00		12	0	3.00
4.00	OPERATING ROOM	50.00		15,741	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		58	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00		295	0	6.00
7.00	CT SCAN	57.00		103	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		82	0	8.00
9.00	LABORATORY	60.00		92	0	9.00
10.00	CARDIOLOGY	60.02		170,834	0	10.00
11.00	RESPIRATORY THERAPY	65.00		191	0	11.00
12.00	PHYSICAL THERAPY	66.00		201,145	0	12.00
13.00	PHYSICAL THERAPY	66.00		1,940	0	13.00
14.00	OCCUPATIONAL THERAPY	67.00		95,768	0	14.00
15.00	ORTHOTIC SERVICES	71.01		1,002,417	0	15.00
16.00	INTERNAL MEDICINE CLINIC	90.04		166	0	16.00
17.00	OPHTHALMOLOGY CLINIC	90.07		93,425	0	17.00
18.00	ORTHOPAEDICS CLINIC	90.08		23,268	0	18.00
19.00	OTOLARYNGOLOGY CLINIC	90.09		73,294	0	19.00
20.00	PEDIATRIC CLINIC	90.10		6	0	20.00
21.00	SURGERY CLINIC	90.11		336	0	21.00
22.00	UROLOGY CLINIC	90.12		8	0	22.00
23.00	CANCER CLINIC	90.14		87	0	23.00
24.00	FAMILY CARE CLINIC	90.15		2,142	0	24.00
25.00	ORTHO SPORTS MED CLINIC	90.16		2,347	0	25.00
26.00	BURN CLINIC	90.19		54	0	26.00
27.00	IRL-CARDIOLOGY CLINIC	90.50		861	0	27.00
28.00	IRL-INTERNAL MEDICINE CLINIC	90.54		2,566	0	28.00
29.00	IRL-OB/GYN CLINIC	90.56		3,213	0	29.00
30.00	IRL-OPHTHALMOLOGY	90.57		89	0	30.00
31.00	IRL - ORTHOPAEDICS CLINIC	90.58		3,226	0	31.00
32.00	IRL-OTOLARYNGOLOGY CLINIC	90.59		104	0	32.00
33.00	IRL-PEDIATRICS CLINIC	90.60		264	0	33.00
34.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80		21	0	34.00
35.00	EMERGENCY	91.00		12,875	0	35.00
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01		1,305	0	36.00
	TOTALS		0	1,709,888		
	AB - A121 SUPPLY IMPLANT RECLASS - SUPPLY					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,337	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	380,275	0	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	104,180	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	141,322	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	66,205	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	227,666	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	60,202	0	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	83,809	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	1,491	0	9.00
10.00	OPERATING ROOM	50.00	0	13,670,890	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	193,892	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,663,721	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,988	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,125	0	14.00
15.00	ULTRA SOUND	55.01	0	425	0	15.00
16.00	CT SCAN	57.00	0	21,200	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,777	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	5,578,138	0	18.00
19.00	LABORATORY	60.00	0	69,441	0	19.00
20.00	CARDIOLOGY	60.02	0	3,015,471	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	280	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	5,337,069	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	471	0	23.00
24.00	ORTHOTIC SERVICES	71.01	0	121	0	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,485	0	25.00
26.00	RENAL DIALYSIS	74.00	0	157,691	0	26.00
27.00	DIGESTIVE DISEASE CENTER	76.05	0	664,239	0	27.00
28.00	LITHOTRIPSY	76.99	0	442,571	0	28.00
29.00	ANESTHESIA PAIN CLINIC	90.01	0	2,250	0	29.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
30.00	INTERNAL MEDICINE CLINIC	90.04	0	2,528	0		30.00
31.00	OB-GYN CLINIC	90.06	0	70	0		31.00
32.00	OPHTHALMOLOGY CLINIC	90.07	0	59	0		32.00
33.00	ORTHOPAEDICS CLINIC	90.08	0	12,702	0		33.00
34.00	OTOLARYNGOLOGY CLINIC	90.09	0	7,789	0		34.00
35.00	PEDIATRIC CLINIC	90.10	0	26,132	0		35.00
36.00	SURGERY CLINIC	90.11	0	438	0		36.00
37.00	UROLOGY CLINIC	90.12	0	649	0		37.00
38.00	CANCER CLINIC	90.14	0	22,698	0		38.00
39.00	FAMILY CARE CLINIC	90.15	0	290	0		39.00
40.00	ORTHO SPORTS MED CLINIC	90.16	0	160	0		40.00
41.00	BURN CLINIC	90.19	0	1,599	0		41.00
42.00	IRL-CARDIOLOGY CLINIC	90.50	0	23	0		42.00
43.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	686	0		43.00
44.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	366	0		44.00
45.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	162	0		45.00
46.00	IRL-PEDIATRICS CLINIC	90.60	0	1,557	0		46.00
47.00	IRL-UROLOGY CLINIC	90.62	0	253	0		47.00
48.00	IRL - PROCEDURE SUITES	90.76	0	145,979	0		48.00
49.00	EMERGENCY	91.00	0	29,006	0		49.00
50.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	10,166	0		50.00
51.00	HOME PROGRAM DIALYSIS	94.00	0	1	0		51.00
	TOTALS		0	32,166,045			
	AC - A133 NURSING AGENCY STAFF RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	10,908	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	17,886	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	7,848,817	0	0		3.00
4.00	MEDICAL INTENSIVE CARE UNIT	31.01	481,699	0	0		4.00
5.00	CORONARY CARE UNIT	32.00	206,475	0	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	101,828	0	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	843,951	0	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	506,702	0	0		8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	428,843	0	0		9.00
10.00	SUBPROVIDER - IPF	40.00	281,247	0	0		10.00
11.00	OPERATING ROOM	50.00	2,623,806	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	167,186	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,088	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	556,614	0	0		14.00
15.00	CARDIOLOGY	60.02	131,442	0	0		15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	33,667	0	0		16.00
17.00	RENAL DIALYSIS	74.00	459,754	0	0		17.00
18.00	PEDIATRIC CLINIC	90.10	44,662	0	0		18.00
19.00	IRL-CARDIOLOGY CLINIC	90.50	90,519	0	0		19.00
20.00	QUAD CITIES - CANCER CENTER	90.95	110,559	0	0		20.00
21.00	EMERGENCY	91.00	447,552	0	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	90,451	0	0		22.00
23.00	AMBULANCE SERVICES	95.00	111,380	0	0		23.00
24.00	UICOM	194.00	17,131	0	0		24.00
	TOTALS		15,595,193	18,974			
	AD - A123 BLOOD RECLASS						
1.00	LABORATORY	60.00	0	3,127,158	0		1.00
	TOTALS		0	3,127,158			
	AE - A124 CLINIC TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	42,678	25,498	0		1.00
2.00	OPERATING ROOM	50.00	6,685	3,986	0		2.00
3.00	DIGESTIVE DISEASE CENTER	76.05	39,473	22,355	0		3.00
4.00	ANESTHESIA PAIN CLINIC	90.01	94,787	56,663	0		4.00
5.00	PEDIATRIC CLINIC	90.10	36,703	21,786	0		5.00
6.00	SURGERY CLINIC	90.11	24,815	14,732	0		6.00
7.00	CANCER CLINIC	90.14	56,018	33,520	0		7.00
8.00	EMERGENCY	91.00	4,878	2,888	0		8.00
9.00	KIDNEY ACQUISITION	105.00	550	66	0		9.00
10.00	LIVER ACQUISITION	107.00	3,895	2,329	0		10.00
	TOTALS		310,482	183,823			
	AF - A125 RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	930,424	2,178,830	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,219,544	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

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	TOTALS		930,424	3,398,374			
	AG - A84 UIHC FUNDED FACULTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,496,853	0	0		1.00
2.00	SOCIAL SERVICE	17.00	124,292	0	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	301,989	0	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	11,591	0		4.00
5.00	OPERATING ROOM	50.00	167,315	0	0		5.00
6.00	LABORATORY	60.00	2,100	0	0		6.00
7.00	PHYSICAL THERAPY	66.00	90,175	0	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	111,617	0	0		8.00
9.00	IVF/CULTURE LAB	76.00	199,039	0	0		9.00
10.00	PSYCHIATRIC CLINIC	90.13	72,765	0	0		10.00
11.00	CANCER CLINIC	90.14	25,049	0	0		11.00
12.00	IRL-INTERNAL MEDICINE CLINIC	90.54	2,754	0	0		12.00
13.00	EMERGENCY	91.00	6,684,111	0	0		13.00
14.00	KIDNEY ACQUISITION	105.00	66,798	0	0		14.00
15.00	VENDING/PATIENT ART	190.01	268,493	0	0		15.00
16.00	UICOM	194.00	2,117,787	0	0		16.00
	TOTALS		13,731,137	11,591			
	AH - A127 REHAB THERAPY ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	407,048	179,850	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		407,048	179,850			
	AI - A173 DIALYSIS CRRT RECLASS						
1.00	CARDIOLOGY	60.02	60,517	8,150	0		1.00
	TOTALS		60,517	8,150			
	AK - A130 VACA SICK RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	996,465	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
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

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
105.00		0.00	0	0	0	105.00
106.00		0.00	0	0	0	106.00
107.00		0.00	0	0	0	107.00
108.00		0.00	0	0	0	108.00
109.00		0.00	0	0	0	109.00
110.00		0.00	0	0	0	110.00
111.00		0.00	0	0	0	111.00
112.00		0.00	0	0	0	112.00
113.00		0.00	0	0	0	113.00
114.00		0.00	0	0	0	114.00
115.00		0.00	0	0	0	115.00
116.00		0.00	0	0	0	116.00
117.00		0.00	0	0	0	117.00
118.00		0.00	0	0	0	118.00
119.00		0.00	0	0	0	119.00
120.00		0.00	0	0	0	120.00
121.00		0.00	0	0	0	121.00
122.00		0.00	0	0	0	122.00
123.00		0.00	0	0	0	123.00
124.00		0.00	0	0	0	124.00
125.00		0.00	0	0	0	125.00
	TOTALS		0	996,465		
	AL - A131 TRANSCRIPTION SERVICES RECLASS					
1.00	LABORATORY	60.00	0	784	0	1.00
2.00	ANATOMICAL LABORATORY	60.01	0	487	0	2.00
3.00	NEUROLOGY CLINIC	90.05	0	3,989	0	3.00
4.00	UROLOGY CLINIC	90.12	0	23	0	4.00
5.00	PSYCHIATRIC CLINIC	90.13	0	3,153	0	5.00
6.00	UICOM	194.00	0	5	0	6.00
	TOTALS		0	8,441		
	AM - A999 UICMS OUTREACH RECLASS					
1.00	UICOM	194.00	0	2,403,230	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	2,403,230		
	AN - A97 FELLOW STIPEND RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,618,844	0	1.00
	TOTALS		0	8,618,844		
	AO - A134 RENAL DIALYSIS ADMIN RECLASS					
1.00	RENAL DIALYSIS	74.00	31,010	14,485	0	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	142,067	318,371	0	2.00
	TOTALS		173,077	332,856		
	AP - A135 STAFF TRANS TIME STUDY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	40,168	14,890	0	1.00
2.00	NURSING ADMINISTRATION	13.00	643	385	0	2.00
3.00	OPERATING ROOM	50.00	3,893	1,473	0	3.00
4.00	CARDIOLOGY	60.02	271,860	98,429	0	4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	11,532	4,361	0	5.00
6.00	PEDIATRIC CLINIC	90.10	11,307	6,728	0	6.00
7.00	IRL-CARDIOLOGY CLINIC	90.50	79	20	0	7.00
8.00	KIDNEY ACQUISITION	105.00	569,962	206,433	0	8.00
9.00	HEART ACQUISITION	106.00	21,005	8,342	0	9.00
10.00	LUNG ACQUISITION	108.00	28,812	12,579	0	10.00
11.00	PHARMACY HOMEGOING DRUGS	190.03	12,705	4,819	0	11.00
	TOTALS		971,966	358,459		
	AQ - A136 PED DIALYSIS OTHER EXP RECLASS					
1.00	RENAL DIALYSIS	74.00	249,134	234,462	0	1.00
	TOTALS		249,134	234,462		
	AR - A138 PHARMACY TIME STUDY RECLASS					
1.00	PHARMACY	15.00	88,164	32,481	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	654,155	245,320	0	2.00
3.00	IRL-INTERNAL MEDICINE CLINIC	90.54	983	373	0	3.00
4.00	PHARMACY HOMEGOING DRUGS	190.03	22,657	8,592	0	4.00
	TOTALS		765,959	286,766		
	AS - A139 WESTLAWN PLANT OP RECLASS					
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0	1.00
2.00	HOUSEKEEPING-GENERAL HOSP	9.01	0	69,060	0	2.00
	TOTALS		0	230,196		
	AT - A118 STAFF TRANS TIME STUDY RECLASS					
1.00	INTERNAL MEDICINE CLINIC	90.04	0	11,257	0	1.00
2.00	SURGERY CLINIC	90.11	0	51,225	0	2.00
3.00	KIDNEY ACQUISITION	105.00	0	76,403	0	3.00
4.00	HEART ACQUISITION	106.00	0	3,096	0	4.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	LIVER ACQUISITION	107.00	0	49,945	0		5.00
6.00	LUNG ACQUISITION	108.00	0	31,789	0		6.00
7.00	PANCREAS ACQUISITION	109.00	0	1,371	0		7.00
	TOTALS		0	225,086			
	AU - A137 ORG 03 VPMA RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	187,920	20,850,565	0		1.00
	TOTALS		187,920	20,850,565			
	AV - A106 FACULTY TIME RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,190,795	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	21,844,505	0		2.00
3.00	LABORATORY	60.00	0	585,540	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	0	371,401	0		4.00
	TOTALS		0	34,992,241			
	AW - A140 ARNP TO NONALLOWABLE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	15,361	4,578	0		1.00
2.00	NURSING ADMINISTRATION	13.00	12,103	4,594	0		2.00
3.00	SOCIAL SERVICE	17.00	1,512	570	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	53,366	15,856	0		4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01	60,913	17,075	0		5.00
6.00	CORONARY CARE UNIT	32.00	1,303	406	0		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	90,924	30,082	0		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	27,789	8,565	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	4,193	1,499	0		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	6,101	1,743	0		10.00
11.00	SUBPROVIDER - IPF	40.00	488,574	185,794	0		11.00
12.00	NURSERY	43.00	11,359	4,247	0		12.00
13.00	OPERATING ROOM	50.00	3,822	458	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	7,630	2,512	0		14.00
15.00	ANESTHESIOLOGY	53.00	229	88	0		15.00
16.00	CARDIOLOGY	60.02	186,693	70,806	0		16.00
17.00	RENAL DIALYSIS	74.00	44,066	16,845	0		17.00
18.00	DIGESTIVE DISEASE CENTER	76.05	68,710	25,113	0		18.00
19.00	CDC- REHAB	76.07	1,728	614	0		19.00
20.00	DIABETES EDUCATION	76.08	127	48	0		20.00
21.00	DIABETES EDUCATION	76.08	127	48	0		21.00
22.00	INTERNAL MEDICINE CLINIC	90.04	50,855	19,423	0		22.00
23.00	ORTHOPAEDICS CLINIC	90.08	31,080	11,827	0		23.00
24.00	BURN CLINIC	90.19	157	48	0		24.00
25.00	IRL-OB/GYN CLINIC	90.56	24,136	9,244	0		25.00
26.00	IRL - PROCEDURE SUITES	90.76	191	73	0		26.00
27.00	EMERGENCY	91.00	300,488	69,971	0		27.00
28.00	PARTIAL HOSPITALIZATION PROGRAM	93.99	5,017	1,921	0		28.00
29.00	KIDNEY ACQUISITION	105.00	65,546	21,783	0		29.00
30.00	VENDING/PATIENT ART	190.01	2,653	1,014	0		30.00
31.00	UICOM	194.00	97,608	37,040	0		31.00
	TOTALS		1,664,361	563,885			
	AX - A175 SFCH LL2 RECLASS						
1.00	OPERATING ROOM	50.00	510,508	316,825	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		510,508	316,825			
	AY - A155 OR TO A AND P RECOVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	2,889,188	0		1.00
	TOTALS		0	2,889,188			
	AZ - A174 LITHROTRIPSY REC TIME RECLASS						
1.00	LITHOTRIPSY	76.99	45,489	144,160	0		1.00
	TOTALS		45,489	144,160			
	BA - A147 INSURANCE EXPENSE RECLASS						
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	1,071,169	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	1,071,169			
	BC - A151 PHARMACY RESIDENT RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	5,319	237	0		1.00
2.00	PARAMEDICAL EDUC - PHARMACY	23.02	185,125	36,953	0		2.00
	TOTALS		190,444	37,190			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	BD - A152 DIETARY EXP TO CAFE RECLASS						
1.00	DIETARY	10.00	5,256,818	7,804,993	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		5,256,818	7,804,993			
	BH - A157 TISSUE TYPING RECLASS						
1.00	SURGERY CLINIC	90.11	0	146,955	0		1.00
	TOTALS		0	146,955			
	BI - A158 TXP SUPPORT SRVC RECLASS						
1.00	KIDNEY ACQUISITION	105.00	0	14,951	0		1.00
2.00	CARDIOLOGY	60.02	0	87,511	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	102,462			
	BJ - A168 EXP MATCHING REV RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,663,675	738,104	0		1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	1,227	611	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	109,325	61,731	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	6,370,590	2,826,708	0		4.00
5.00	OPERATING ROOM	50.00	12,172	5,613	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	476,509	259,654	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	125	165	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	443	372	0		8.00
9.00	CARDIOLOGY	60.02	40,520	28,206	0		9.00
10.00	LITHOTRIPSY	76.99	420	1,509	0		10.00
11.00	UROLOGY CLINIC	90.12	621	446	0		11.00
12.00	IRL-UROLOGY CLINIC	90.62	6,466	32,017	0		12.00
13.00	EMERGENCY	91.00	169,736	98,406	0		13.00
14.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,112,599	1,101,602	0		14.00
	TOTALS		10,964,428	5,155,144			
	BK - A169 2BT RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,017	439	0		1.00
	TOTALS		1,017	439			
	BM - A167 REV CODE 206 TELEMETRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	573,541	318,532	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		573,541	318,532			
	BU - A170 RENAL DIALYSIS DRUG OVERHEAD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	30,449	497,902	0		1.00
	TOTALS		30,449	497,902			
	BV - A171 OPEB RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,517,613	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
101.00		0.00	0	0	0		101.00
102.00		0.00	0	0	0		102.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
103.00		0.00	0	0	0		103.00
104.00		0.00	0	0	0		104.00
105.00		0.00	0	0	0		105.00
106.00		0.00	0	0	0		106.00
107.00		0.00	0	0	0		107.00
108.00		0.00	0	0	0		108.00
109.00		0.00	0	0	0		109.00
110.00		0.00	0	0	0		110.00
111.00		0.00	0	0	0		111.00
112.00		0.00	0	0	0		112.00
113.00		0.00	0	0	0		113.00
114.00		0.00	0	0	0		114.00
115.00		0.00	0	0	0		115.00
116.00		0.00	0	0	0		116.00
117.00		0.00	0	0	0		117.00
118.00		0.00	0	0	0		118.00
119.00		0.00	0	0	0		119.00
120.00		0.00	0	0	0		120.00
121.00		0.00	0	0	0		121.00
122.00		0.00	0	0	0		122.00
123.00		0.00	0	0	0		123.00
124.00		0.00	0	0	0		124.00
125.00		0.00	0	0	0		125.00
	TOTALS		0	7,517,613			
	CH - A135B PHYS TXP TIME STUDY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	567,004	134,550	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		567,004	134,550			
	ZA - A121 SUPPLY IMPLANT RECLASS - IMPLAN						
1.00	OPERATING ROOM	50.00		54,536,682	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		3,380	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00		646,086	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00		2,123	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00		53,990	0		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,236	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00		12,722,668	0		7.00
8.00	LABORATORY	60.00		3,413,958	0		8.00
9.00	CARDIOLOGY	60.02		3,490,461	0		9.00
10.00	DIGESTIVE DISEASE CENTER	76.05		485,539	0		10.00
11.00	LITHOTRIPSY	76.99		107,696	0		11.00
12.00	ANESTHESIA PAIN CLINIC	90.01		34,500	0		12.00
13.00	OPHTHALMOLOGY CLINIC	90.07		7,091	0		13.00
14.00	UROLOGY CLINIC	90.12		1,526	0		14.00
15.00	IRL-OB/GYN CLINIC	90.56		5,180	0		15.00
16.00	IRL-OPHTHALMOLOGY	90.57		1,055	0		16.00
	TOTALS		0	75,513,171			
	ZB - A119 CLINIC TIME STUDY RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,421,413	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	682,927	0		2.00
3.00	DERMATOLOGY CLINIC	90.02	0	128,775	0		3.00
4.00	ORAL SURGERY CLINIC	90.03	0	272,152	0		4.00
5.00	INTERNAL MEDICINE CLINIC	90.04	0	314,933	0		5.00
6.00	NEUROLOGY CLINIC	90.05	0	20,903	0		6.00
7.00	OB-GYN CLINIC	90.06	0	45,364	0		7.00
8.00	OPHTHALMOLOGY CLINIC	90.07	0	621,480	0		8.00
9.00	ORTHOPAEDICS CLINIC	90.08	0	432,741	0		9.00
10.00	OTOLARYNGOLOGY CLINIC	90.09	0	557,636	0		10.00
11.00	PEDIATRIC CLINIC	90.10	0	343,577	0		11.00
12.00	SURGERY CLINIC	90.11	0	690,563	0		12.00
13.00	UROLOGY CLINIC	90.12	0	17,289	0		13.00
14.00	FAMILY CARE CLINIC	90.15	0	23,284	0		14.00
	TOTALS		0	6,573,037			
	ZD - A122 IRL ADMIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,587,292	3,564,029	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

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
	TOTALS		3,587,292	3,564,029			
	ZE - A160 IRL RADIOLOGY RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	598,766	1,072,116	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	70,778	165,743	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	99	232	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
	TOTALS		669,643	1,238,091			
	ZH - A162 IRL COLLECTION SERVICES RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	774,157	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,490	0		2.00
3.00	LABORATORY	60.00	0	537,782	0		3.00
4.00	LABORATORY	60.00	0	3,444	0		4.00
5.00	CARDIOLOGY	60.02	0	12,794	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	15	0		6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	1,190	0		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,011,236	0		8.00
9.00	DIABETES EDUCATION	76.08	0	4,801	0		9.00
10.00	OPHTHALMOLOGY CLINIC	90.07	0	27,171	0		10.00
11.00	CARDIAC REHABILITATION	76.97	0	34,063	0		11.00
12.00	IRL-CARDIOLOGY CLINIC	90.50	0	301,681	0		12.00
13.00	IRL - ANESTHESIA PAIN CLINIC	90.51	0	5,889	0		13.00
14.00	IRL-DERMATOLOGY CLINIC	90.52	0	70,613	0		14.00
15.00	IRL-INTERNAL MEDICINE CLINIC	90.54	0	161,754	0		15.00
16.00	IRL-OB/GYN CLINIC	90.56	0	188,612	0		16.00

RECLASSIFICATIONS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 1:21 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
17.00	IRL-OPHTHALMOLOGY	90.57	0	87,695	0	17.00
18.00	IRL - ORTHOPAEDICS CLINIC	90.58	0	38,067	0	18.00
19.00	IRL-OTOLARYNGOLOGY CLINIC	90.59	0	79,109	0	19.00
20.00	IRL-PEDIATRICS CLINIC	90.60	0	138,396	0	20.00
21.00	IRL-UROLOGY CLINIC	90.62	0	169,127	0	21.00
22.00	IRL - FAMILY CARE CLINIC	90.65	0	879	0	22.00
23.00	IRL-GASTROENTEROLOGY CLINIC	90.68	0	54,203	0	23.00
24.00	IRL-DIABETES CENTER CLINIC	90.70	0	56,687	0	24.00
25.00	IRL - PROCEDURE SUITES	90.76	0	333,510	0	25.00
26.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0	97,622	0	26.00
27.00	IRL EAST- PEDIATRICS CLINIC	90.81	0	19,257	0	27.00
28.00	IRL EAST-DERMATOLOGY CLINIC	90.82	0	768	0	28.00
29.00	IRL EAST-SURGERY CLINIC	90.83	0	3,771	0	29.00
30.00	IRL EAST-NEUROLOGY CLINIC	90.84	0	19,510	0	30.00
31.00	IRL EAST-DIABETES CENTER CLINIC	90.85	0	55	0	31.00
	TOTALS		0	4,240,348		
	ZI - A163 CYNTHIA GEYER RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	39,490	14,977	0	1.00
	TOTALS		39,490	14,977		
	ZJ - A96 PATH LAB RECLASS					
1.00	LABORATORY	60.00		159,185	0	1.00
2.00	ANATOMICAL LABORATORY	60.01		106,198	0	2.00
	TOTALS		0	265,383		
	ZL - A165 AMBUL CARE PHYS ETC RECLASS					
1.00	EMERGENCY	91.00	1,538,921	2,416,420	0	1.00
	TOTALS		1,538,921	2,416,420		
	ZM - A166 SOCIAL SERVICE RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	65,087	24,913	0	1.00
2.00	SUBPROVIDER - IPF	40.00	194,263	74,206	0	2.00
3.00	CARDIOLOGY	60.02	29,605	9,304	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	1,761	211	0	4.00
5.00	PEDIATRIC CLINIC	90.10	78,881	30,211	0	5.00
6.00	IRL EAST-FAMILY PRACTICE CLINIC	90.80	34,897	13,365	0	6.00
7.00	QUAD CITIES - CANCER CENTER	90.95	54,243	20,775	0	7.00
8.00	EMERGENCY	91.00	122	5	0	8.00
9.00	HOME PROGRAM DIALYSIS	94.00	14,464	5,540	0	9.00
10.00	RENAL DIALYSIS	74.00	14,464	5,540	0	10.00
	TOTALS		487,787	184,070		
	ZN - A78 TRANSFER RECLASS					
1.00		0.00	0	0	0	1.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	2,666,912	0	11.00
	TOTALS		0	2,666,912		
	ZO - A500 FUND 500/510 RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	2,508,341	0	0	1.00
	TOTALS		2,508,341	0		
	ZZ - A900 DIRECT ALLOC OF CAPITAL RECLASS					
1.00	CAP REL COSTS-IRL	1.05	0	257,668	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	257,668		
500.00	Grand Total: Decreases		62,018,390	233,976,577		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I Date/Time Prepared: 11/20/2018 1:21 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	21,240,477	1,682,882	0	1,682,882	0	1.00
2.00	Land Improvements	57,308,548	4,224,118	0	4,224,118	0	2.00
3.00	Buildings and Fixtures	1,473,290,416	69,344,206	0	69,344,206	394,381	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	569,061,256	36,204,834	0	36,204,834	36,387,501	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)	2,120,900,697	111,456,040	0	111,456,040	36,781,882	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,120,900,697	111,456,040	0	111,456,040	36,781,882	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	22,923,359	0	1.00
2.00	Land Improvements	61,532,666	0	2.00
3.00	Buildings and Fixtures	1,542,240,241	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	568,878,589	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)	2,195,574,855	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,195,574,855	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II Date/Time Prepared: 11/20/2018 1:21 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	44,247,712	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	244,023	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	263,925	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	4,250,534	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	49,598,709	0	0	0	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	2,712,119	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	101,317,022	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	44,247,712	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	263,925	1.04
1.05	CAP REL COSTS-IRL	0	4,250,534	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,598,709	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	2,712,119	2.05
3.00	Total (sum of lines 1-2)	0	101,317,022	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2018 1:21 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	1,530,215,576	0	1,530,215,576	0.696955	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000541	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	6,015,421	0	6,015,421	0.002740	0	1.03
1.04	CAP REL COSTS-CDD	21,392,308	0	21,392,308	0.009743	0	1.04
1.05	CAP REL COSTS-IRL	67,885,079	0	67,885,079	0.030919	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	546,907,240	0	546,907,240	0.249095	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	21,971,349	0	21,971,349	0.010007	0	2.05
3.00	Total (sum of lines 1-2)	2,195,574,855	0	2,195,574,855	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	43,263,946	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	0	0	0	244,023	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	263,925	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	3,986,234	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	49,598,709	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	2,712,119	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	100,068,956	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	793,627	0	0	44,057,573	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	0	0	0	0	244,023	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	263,925	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	3,986,234	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	277,542	0	0	49,876,251	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	0	2,712,119	2.05
3.00	Total (sum of lines 1-2)	0	1,071,169	0	0	101,140,125	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS BLDG (chapter 2)		0	CAP REL COSTS-ORTHO SPORTS MEDS 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	-11,350	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-69,829	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	-19,140,147			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,138,515			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 1:21 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	
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP		0	CAP REL COSTS-GENERAL HOSP	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WESTLAWN		0	CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MEDS BLDG		0	CAP REL COSTS-ORTHO SPORTS MEDS 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	-80,961	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	A71 UTILITIES FOR TV ADJ	A	-44,316	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A74 INTEREST EXPENSE ADJ	A	-11,046,464	INTEREST EXPENSE	113.00	0	33.01
33.02	A74 INTEREST EXPENSE ADJ	A	-490,923	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	A77 COMP PARKING ADJ	A	-53,385	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	A77 COMP PARKING ADJ	A	-33,660	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.04
33.05	A77 COMP PARKING ADJ	A	-8,700	MAINTENANCE & REPAIRS-IRL	6.05	0	33.05
33.06	A77 COMP PARKING ADJ	A	-200	NURSING ADMINISTRATION	13.00	0	33.06
33.07	A77 COMP PARKING ADJ	A	-367	MEDICAL RECORDS & LIBRARY	16.00	0	33.07
33.08	A77 COMP PARKING ADJ	A	-18	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.08
33.09	A77 COMP PARKING ADJ	A	-10,236	RENAL DIALYSIS	74.00	0	33.09
33.10	A77 COMP PARKING ADJ	A	-180	CANCER CLINIC	90.14	0	33.10
33.11	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-88,229,864	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-37,515	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.12
33.13	A79 EMPLOYEE SCREENING PHYSICIANS	A	148,476	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	A84 UIHC FUNDED FACULTY ADJ	A	-4,309,869	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	A84 UIHC FUNDED FACULTY ADJ	A	-153,729	SOCIAL SERVICE	17.00	0	33.15
33.16	A84 UIHC FUNDED FACULTY ADJ	A	-389,396	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.16
33.17	A84 UIHC FUNDED FACULTY ADJ	A	14,337	SUBPROVIDER - IPF	40.00	0	33.17
33.18	A84 UIHC FUNDED FACULTY ADJ	A	-206,807	OPERATING ROOM	50.00	0	33.18
33.19	A84 UIHC FUNDED FACULTY ADJ	A	-2,258	LABORATORY	60.00	0	33.19
33.20	A84 UIHC FUNDED FACULTY ADJ	A	-113,903	PHYSICAL THERAPY	66.00	0	33.20
33.21	A84 UIHC FUNDED FACULTY ADJ	A	-138,053	ELECTROENCEPHALOGRAPHY	70.00	0	33.21
33.22	A84 UIHC FUNDED FACULTY ADJ	A	-246,180	IVF/CULTURE LAB	76.00	0	33.22
33.23	A84 UIHC FUNDED FACULTY ADJ	A	-89,999	PSYCHIATRIC CLINIC	90.13	0	33.23
33.24	A84 UIHC FUNDED FACULTY ADJ	A	-26,124	CANCER CLINIC	90.14	0	33.24
33.25	A84 UIHC FUNDED FACULTY ADJ	A	-3,407	IRL-INTERNAL MEDICINE CLINIC	90.54	0	33.25
33.26	A84 UIHC FUNDED FACULTY ADJ	A	-8,140,084	EMERGENCY	91.00	0	33.26
33.27	A84 UIHC FUNDED FACULTY ADJ	A	-82,618	KIDNEY ACQUISITION	105.00	0	33.27
33.28	A84 UIHC FUNDED FACULTY ADJ	A	-332,082	VENDING/PATIENT ART	190.01	0	33.28
33.29	A84 UIHC FUNDED FACULTY ADJ	A	-2,473,846	UICOM	194.00	0	33.29
33.30	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-1,488	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.30
33.31	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-1,603	ULTRA SOUND	55.01	0	33.31
33.32	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-1,957	RADIOLOGY - PET SCAN	55.02	0	33.32

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 1:21 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	
33.33	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-860	IVF/CULTURE LAB	76.00	0	33.33
33.34	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-212	DIGESTIVE DISEASE CENTER	76.05	0	33.34
33.35	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-300	OB-GYN CLINIC	90.06	0	33.35
33.36	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-250	CANCER CLINIC	90.14	0	33.36
33.37	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-27,251	EMERGENCY	91.00	0	33.37
33.38	A84 UIHC FUNDED FAC MEMBERSHIP ADJ	A	-2,115	UICOM	194.00	0	33.38
33.39	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-6,590	ADMINISTRATIVE & GENERAL	5.00	0	33.39
33.40	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-2,478	BURN INTENSIVE CARE UNIT	33.00	0	33.40
33.41	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-21,276	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.41
33.42	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-8,096	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	33.42
33.43	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-3,033	NURSERY	43.00	0	33.43
33.44	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-6,141	CARDIOLOGY	60.02	0	33.44
33.45	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-575	RENAL DIALYSIS	74.00	0	33.45
33.46	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-4,907	DIGESTIVE DISEASE CENTER	76.05	0	33.46
33.47	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,840	INTERNAL MEDICINE CLINIC	90.04	0	33.47
33.48	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-2,308	PEDIATRIC CLINIC	90.10	0	33.48
33.49	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-219,397	EMERGENCY	91.00	0	33.49
33.50	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-1,840	KIDNEY ACQUISITION	105.00	0	33.50
33.51	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-579	VENDING/PATIENT ART	190.01	0	33.51
33.52	A84 UIHC FUNDED FAC MALPRACTICE ADJ	A	-19,168	UICOM	194.00	0	33.52
33.53	A81 CONTINUING ED- ALLIED HEALTH ADJ	A	222,745	PARAMEDICAL EDUC - RAD TECH	23.04	0	33.53
33.54	A81 CONTINUING ED- ALLIED HEALTH ADJ	A	2,815	PARAMEDICAL EDUC - PASTORAL	23.05	0	33.54
33.55	A81 CONTINUING ED- ALLIED HEALTH ADJ	A	96,837	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	33.55
33.56	A81 CONTINUING ED- ALLIED HEALTH ADJ	A	130,094	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	33.56
33.57	A81 CONTINUING ED- ALLIED HEALTH ADJ	A	34,071	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	33.57
33.58	A81 CONTINUING ED- ALLIED HEALTH ADJ	B	-202,327	PARAMEDICAL EDUC - RAD TECH	23.04	0	33.58
33.59	A81 CONTINUING ED- ALLIED HEALTH ADJ	B	-2,150	PARAMEDICAL EDUC - PASTORAL	23.05	0	33.59
33.60	A81 CONTINUING ED- ALLIED HEALTH ADJ	B	-79,626	PARAMEDICAL EDUC - NUCLEAR MED TECH	23.06	0	33.60
33.61	A81 CONTINUING ED- ALLIED HEALTH ADJ	B	-117,332	PARAMEDICAL EDUC - ULTRASOUND TECH	23.07	0	33.61
33.62	A81 CONTINUING ED- ALLIED HEALTH ADJ	B	-41,523	PARAMEDICAL EDUC - RAD ONC TECH	23.08	0	33.62
33.63	A105 EMSLRC TRANSFER ADJ	A	669,321	OTHER NON-ALLOWABLE	190.13	0	33.63
33.64	A90 REVENUE TRANSF TO FUND 285 ADJ	B	-10,939,071	ADMINISTRATIVE & GENERAL	5.00	0	33.64
33.65	A96 PATH LAB TRANSFER ADJ	A	227,961	LABORATORY	60.00	0	33.65
33.66	A96 PATH LAB TRANSFER ADJ	A	152,081	ANATOMICAL LABORATORY	60.01	0	33.66
33.67	A97 FELLOWS STIPENDS-SALARY ADJ	A	8,618,844	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.67
33.68	A97 FELLOWS STIPENDS-FRINGE BENE ADJ	A	1,724,689	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.68
33.69	A99 MALPRACTICE ADJ	A	1,270,000	ADMINISTRATIVE & GENERAL	5.00	0	33.69

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.70	A101 VOLUNTEER ADJ	A	1,685,704	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.70
33.71	A174 ROSSI GUEST HOUSE ADJ	A	-317,636	ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72	A87 CAPITALIZED INTEREST UIHC ADJ	A	-1,113,813	CAP REL COSTS-GENERAL HOSP	1.01	9	33.72
33.73	A87 CAPITALIZED INTEREST IRL ADJ	A	-34,112	CAP REL COSTS-IRL	1.05	9	33.73
33.74	A87 IRL PARKING GARAGE - DEPREC ADJ	A	27,480	CAP REL COSTS-IRL	1.05	9	33.74
33.75	A106 FACULTY TIME STUDY ADJ	A	12,190,795	ADMINISTRATIVE & GENERAL	5.00	0	33.75
33.76	A106 FACULTY TIME STUDY ADJ	A	2,892,876	ADMINISTRATIVE & GENERAL	5.00	0	33.76
33.77	A106 FACULTY TIME STUDY ADJ	A	184,365	ADMINISTRATIVE & GENERAL	5.00	0	33.77
33.78	A106 FACULTY TIME STUDY ADJ	A	21,844,505	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.78
33.79	A106 FACULTY TIME STUDY ADJ	A	5,183,701	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.79
33.80	A106 FACULTY TIME STUDY ADJ	A	418,318	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.80
33.81	A106 FACULTY TIME STUDY ADJ	A	585,540	LABORATORY	60.00	0	33.81
33.82	A106 FACULTY TIME STUDY ADJ	A	138,949	LABORATORY	60.00	0	33.82
33.83	A106 FACULTY TIME STUDY ADJ	A	3,563	LABORATORY	60.00	0	33.83
33.84	A106 FACULTY TIME STUDY ADJ	A	371,401	ANATOMICAL LABORATORY	60.01	0	33.84
33.85	A106 FACULTY TIME STUDY ADJ	A	88,134	ANATOMICAL LABORATORY	60.01	0	33.85
33.86	A106 FACULTY TIME STUDY ADJ	A	2,342	ANATOMICAL LABORATORY	60.01	0	33.86
33.87	A117 PHYS COST - LIVE KID ADJ	A	60,220	KIDNEY ACQUISITION	105.00	0	33.87
33.88	A117 PHYS COST - CAD KID ADJ	A	84,736	KIDNEY ACQUISITION	105.00	0	33.88
33.89	A117 PHYS COST - PANC ADJ	A	0	PANCREAS ACQUISITION	109.00	0	33.89
33.90	A117 PHYS COST - LIVER ADJ	A	15,302	LIVER ACQUISITION	107.00	0	33.90
33.91	A117 PHYS COST - HEART ADJ	A	6,236	HEART ACQUISITION	106.00	0	33.91
33.92	A117 PHYS COST - LUNG ADJ	A	18,185	LUNG ACQUISITION	108.00	0	33.92
33.93	A116 OTHER REVENUE ADJ	B	-2,060,217	ADMINISTRATIVE & GENERAL	5.00	0	33.93
33.94	A116 OTHER REVENUE ADJ	B	-955,755	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.94
33.95	A116 OTHER REVENUE ADJ	B	-4,353	HOUSEKEEPING-GENERAL HOSP	9.01	0	33.95
33.96	A116 OTHER REVENUE ADJ	B	-40,466	DIETARY	10.00	0	33.96
33.97	A116 OTHER REVENUE ADJ	B	-10,273,111	CAFETERIA	11.00	0	33.97
33.98	A116 OTHER REVENUE ADJ	B	-829,203	MEDICAL RECORDS & LIBRARY	16.00	0	33.98
33.99	A116 OTHER REVENUE ADJ	B	-1,269	ADULTS & PEDIATRICS	30.00	0	33.99
34.00	A116 OTHER REVENUE ADJ	B	-170	CORONARY CARE UNIT	32.00	0	34.00
34.01	A116 OTHER REVENUE ADJ	B	-11,252	OPERATING ROOM	50.00	0	34.01
34.02	A116 OTHER REVENUE ADJ	B	-31,616	RADIOLOGY-DIAGNOSTIC	54.00	0	34.02
34.03	A116 OTHER REVENUE ADJ	B	-1,000	RADIOLOGY - PET SCAN	55.02	0	34.03
34.04	A116 OTHER REVENUE ADJ	B	-113	CARDIAC CATHETERIZATION	59.00	0	34.04
34.05	A116 OTHER REVENUE ADJ	B	-9,450	RESPIRATORY THERAPY	65.00	0	34.05
34.06	A116 OTHER REVENUE ADJ	B	-3,384	PHYSICAL THERAPY	66.00	0	34.06
34.07	A116 OTHER REVENUE ADJ	B	-22,800	PHYSICAL THERAPY	66.00	0	34.07
34.08	A116 OTHER REVENUE ADJ	B	-28,055	ELECTROCARDIOLOGY	69.00	0	34.08
34.09	A116 OTHER REVENUE ADJ	B	-82,650	ELECTROENCEPHALOGRAPHY	70.00	0	34.09
34.10	A116 OTHER REVENUE ADJ	B	-26,205	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	34.10
34.11	A116 OTHER REVENUE ADJ	B	-282,379	ORAL SURGERY CLINIC	90.03	0	34.11
34.12	A116 OTHER REVENUE ADJ	B	-70	INTERNAL MEDICINE CLINIC	90.04	0	34.12
34.13	A116 OTHER REVENUE ADJ	B	-10	NEUROLOGY CLINIC	90.05	0	34.13
34.14	A116 OTHER REVENUE ADJ	B	-1,671	OPHTHALMOLOGY CLINIC	90.07	0	34.14
34.15	A116 OTHER REVENUE ADJ	B	-310	PEDIATRIC CLINIC	90.10	0	34.15
34.16	A116 OTHER REVENUE ADJ	B	-554	UROLOGY CLINIC	90.12	0	34.16
34.17	A116 OTHER REVENUE ADJ	B	-44,065	EMERGENCY	91.00	0	34.17
34.18	A116 OTHER REVENUE ADJ	B	-2,561,318	AMBULANCE SERVICES	95.00	0	34.18
34.19	A116 OTHER REVENUE ADJ	B	-57,334	EPIC REMOTE HOSTING	190.14	0	34.19
34.20	A109 PLANT OPS & MAINTENACE ADJ	A	130,047	CAP REL COSTS-GENERAL HOSP	1.01	9	34.20
34.21	A109 PLANT OPS & MAINTENACE ADJ	A	205,221	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.21
34.22	A109 PLANT OPS & MAINTENACE ADJ	A	66,278	HOUSEKEEPING-GENERAL HOSP	9.01	0	34.22
34.23	A109 UNECESSARY BORROWING ADJ	A	-1,611,976	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.23
34.24	A119 CLINIC TIME STUDIES ADJ	A	2,421,413	MEDICAL RECORDS & LIBRARY	16.00	0	34.24
34.25	A119 CLINIC TIME STUDIES ADJ	A	682,927	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.25

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 1:21 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	
34.26	A119 CLINIC TIME STUDIES ADJ	A	128,775	DERMATOLOGY CLINIC	90.02	0	34.26
34.27	A119 CLINIC TIME STUDIES ADJ	A	272,152	ORAL SURGERY CLINIC	90.03	0	34.27
34.28	A119 CLINIC TIME STUDIES ADJ	A	314,933	INTERNAL MEDICINE CLINIC	90.04	0	34.28
34.29	A119 CLINIC TIME STUDIES ADJ	A	20,903	NEUROLOGY CLINIC	90.05	0	34.29
34.30	A119 CLINIC TIME STUDIES ADJ	A	45,364	OB-GYN CLINIC	90.06	0	34.30
34.31	A119 CLINIC TIME STUDIES ADJ	A	621,480	OPHTHALMOLOGY CLINIC	90.07	0	34.31
34.32	A119 CLINIC TIME STUDIES ADJ	A	432,741	ORTHOPAEDICS CLINIC	90.08	0	34.32
34.33	A119 CLINIC TIME STUDIES ADJ	A	557,636	OTOLARYNGOLOGY CLINIC	90.09	0	34.33
34.34	A119 CLINIC TIME STUDIES ADJ	A	343,577	PEDIATRIC CLINIC	90.10	0	34.34
34.35	A119 CLINIC TIME STUDIES ADJ	A	690,563	SURGERY CLINIC	90.11	0	34.35
34.36	A119 CLINIC TIME STUDIES ADJ	A	17,289	UROLOGY CLINIC	90.12	0	34.36
34.37	A119 CLINIC TIME STUDIES ADJ	A	23,284	FAMILY CARE CLINIC	90.15	0	34.37
34.38	A119 CLINIC TIME STUDIES ADJ	A	1,316,084	MEDICAL RECORDS & LIBRARY	16.00	0	34.38
34.39	A119 CLINIC TIME STUDIES ADJ	A	300,393	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.39
34.40	A119 CLINIC TIME STUDIES ADJ	A	77,027	DERMATOLOGY CLINIC	90.02	0	34.40
34.41	A119 CLINIC TIME STUDIES ADJ	A	133,645	ORAL SURGERY CLINIC	90.03	0	34.41
34.42	A119 CLINIC TIME STUDIES ADJ	A	150,754	INTERNAL MEDICINE CLINIC	90.04	0	34.42
34.43	A119 CLINIC TIME STUDIES ADJ	A	12,482	NEUROLOGY CLINIC	90.05	0	34.43
34.44	A119 CLINIC TIME STUDIES ADJ	A	26,005	OB-GYN CLINIC	90.06	0	34.44
34.45	A119 CLINIC TIME STUDIES ADJ	A	319,405	OPHTHALMOLOGY CLINIC	90.07	0	34.45
34.46	A119 CLINIC TIME STUDIES ADJ	A	243,256	ORTHOPAEDICS CLINIC	90.08	0	34.46
34.47	A119 CLINIC TIME STUDIES ADJ	A	196,995	OTOLARYNGOLOGY CLINIC	90.09	0	34.47
34.48	A119 CLINIC TIME STUDIES ADJ	A	152,418	PEDIATRIC CLINIC	90.10	0	34.48
34.49	A119 CLINIC TIME STUDIES ADJ	A	292,436	SURGERY CLINIC	90.11	0	34.49
34.50	A119 CLINIC TIME STUDIES ADJ	A	6,550	UROLOGY CLINIC	90.12	0	34.50
34.51	A119 CLINIC TIME STUDIES ADJ	A	8,722	FAMILY CARE CLINIC	90.15	0	34.51
34.52	A129 IRL FUND 990 ADJ	A	-23,540,945	ADMINISTRATIVE & GENERAL	5.00	0	34.52
34.53	A140 PART B BILLING TO NON-ALLOW ADJ	B	-19,626	ADMINISTRATIVE & GENERAL	5.00	0	34.53
34.54	A140 PART B BILLING TO NON-ALLOW ADJ	B	-23,628	NURSING ADMINISTRATION	13.00	0	34.54
34.55	A140 PART B BILLING TO NON-ALLOW ADJ	B	-2,082	SOCIAL SERVICE	17.00	0	34.55
34.56	A140 PART B BILLING TO NON-ALLOW ADJ	B	-2,964	ADULTS & PEDIATRICS	30.00	0	34.56
34.57	A140 PART B BILLING TO NON-ALLOW ADJ	B	-5,528	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.57
34.58	A140 PART B BILLING TO NON-ALLOW ADJ	B	-1,290	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.58
34.59	A140 PART B BILLING TO NON-ALLOW ADJ	B	-41,739	SUBPROVIDER - IPF	40.00	0	34.59
34.60	A140 PART B BILLING TO NON-ALLOW ADJ	B	-277	DELIVERY ROOM & LABOR ROOM	52.00	0	34.60
34.61	A140 PART B BILLING TO NON-ALLOW ADJ	B	-317	ANESTHESIOLOGY	53.00	0	34.61
34.62	A140 PART B BILLING TO NON-ALLOW ADJ	B	-6,241	DIGESTIVE DISEASE CENTER	76.05	0	34.62
34.63	A140 PART B BILLING TO NON-ALLOW ADJ	B	-2,342	CDC- REHAB	76.07	0	34.63
34.64	A140 PART B BILLING TO NON-ALLOW ADJ	B	-175	DIABETES EDUCATION	76.08	0	34.64
34.65	A140 PART B BILLING TO NON-ALLOW ADJ	B	-175	DIABETES EDUCATION	76.08	0	34.65
34.66	A140 PART B BILLING TO NON-ALLOW ADJ	B	-42,906	ORTHOPAEDICS CLINIC	90.08	0	34.66
34.67	A140 PART B BILLING TO NON-ALLOW ADJ	B	-33,380	IRL-OB/GYN CLINIC	90.56	0	34.67
34.68	A140 PART B BILLING TO NON-ALLOW ADJ	B	-263	IRL - PROCEDURE SUITES	90.76	0	34.68
34.69	A140 PART B BILLING TO NON-ALLOW ADJ	B	-6,938	PARTIAL HOSPITALIZATION PROGRAM	93.99	0	34.69
34.70	A140 PART B BILLING TO NON-ALLOW ADJ	B	-3,667	VENDING/PATIENT ART	190.01	0	34.70
34.71	A140 PART B BILLING TO NON-ALLOW ADJ	B	-22,416	UICOM	194.00	0	34.71
34.72	A140 PART B BILLING TO NON-ALLOW ADJ	A	-313	ADMINISTRATIVE & GENERAL	5.00	0	34.72
34.73	A140 PART B BILLING TO NON-ALLOW ADJ	A	6,930	NURSING ADMINISTRATION	13.00	0	34.73

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 1:21 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	
34.74	A140 PART B BILLING TO NON-ALLOW ADJ	A	-66,257	ADULTS & PEDIATRICS	30.00	0	34.74
34.75	A140 PART B BILLING TO NON-ALLOW ADJ	A	-77,988	MEDICAL INTENSIVE CARE UNIT	31.01	0	34.75
34.76	A140 PART B BILLING TO NON-ALLOW ADJ	A	-1,709	CORONARY CARE UNIT	32.00	0	34.76
34.77	A140 PART B BILLING TO NON-ALLOW ADJ	A	-121,006	BURN INTENSIVE CARE UNIT	33.00	0	34.77
34.78	A140 PART B BILLING TO NON-ALLOW ADJ	A	-36,354	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.78
34.79	A140 PART B BILLING TO NON-ALLOW ADJ	A	-165	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.79
34.80	A140 PART B BILLING TO NON-ALLOW ADJ	A	-6,554	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.80
34.81	A140 PART B BILLING TO NON-ALLOW ADJ	A	-632,630	SUBPROVIDER - IPF	40.00	0	34.81
34.82	A140 PART B BILLING TO NON-ALLOW ADJ	A	-15,606	NURSERY	43.00	0	34.82
34.83	A140 PART B BILLING TO NON-ALLOW ADJ	A	-4,279	OPERATING ROOM	50.00	0	34.83
34.84	A140 PART B BILLING TO NON-ALLOW ADJ	A	-9,864	DELIVERY ROOM & LABOR ROOM	52.00	0	34.84
34.85	A140 PART B BILLING TO NON-ALLOW ADJ	A	-257,499	CARDIOLOGY	60.02	0	34.85
34.86	A140 PART B BILLING TO NON-ALLOW ADJ	A	-60,911	RENAL DIALYSIS	74.00	0	34.86
34.87	A140 PART B BILLING TO NON-ALLOW ADJ	A	-87,581	DIGESTIVE DISEASE CENTER	76.05	0	34.87
34.88	A140 PART B BILLING TO NON-ALLOW ADJ	A	-70,278	INTERNAL MEDICINE CLINIC	90.04	0	34.88
34.89	A140 PART B BILLING TO NON-ALLOW ADJ	A	-205	BURN CLINIC	90.19	0	34.89
34.90	A140 PART B BILLING TO NON-ALLOW ADJ	A	-370,460	EMERGENCY	91.00	0	34.90
34.91	A140 PART B BILLING TO NON-ALLOW ADJ	A	-87,329	KIDNEY ACQUISITION	105.00	0	34.91
34.92	A140 PART B BILLING TO NON-ALLOW ADJ	A	-112,232	UICOM	194.00	0	34.92
34.93	A156 PERSONAL HEALTH ASSESSMENT ADJ	A	301,799	ADMINISTRATIVE & GENERAL	5.00	0	34.93
34.94	A156 EMPLOYEE FLU SHOT ADJ	A	148,695	ADMINISTRATIVE & GENERAL	5.00	0	34.94
34.95	A173 MARKETING EXPENSE ADJ	A	-5,837	ADMINISTRATIVE & GENERAL	5.00	0	34.95
34.96	REMOVE FUNDS 500/510 ADJ	A	-4,975,581	ADMINISTRATIVE & GENERAL	5.00	0	34.96
34.97	A130 VACATION ADJ	A	-12,609	ADMINISTRATIVE & GENERAL	5.00	0	34.97
34.98	A171 OPEB ADJ	A	-95,126	ADMINISTRATIVE & GENERAL	5.00	0	34.98
34.99	A165 REMOVING UPL DOLLARS ADJ	A	2,488,453	EMERGENCY	91.00	0	34.99
35.00	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	16,544	INTERNAL MEDICINE CLINIC	90.04	0	35.00
35.01	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	74,521	SURGERY CLINIC	90.11	0	35.01
35.02	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	108,331	KIDNEY ACQUISITION	105.00	0	35.02
35.03	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	4,219	HEART ACQUISITION	106.00	0	35.03
35.04	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	71,647	LIVER ACQUISITION	107.00	0	35.04
35.05	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	48,532	LUNG ACQUISITION	108.00	0	35.05
35.06	A118 STAFF TRANSPLANT TIME STUDY ADJ	A	1,895	PANCREAS ACQUISITION	109.00	0	35.06
35.07	A82 LOBBYING EXPENSES ADJ	A	-51,360	ADMINISTRATIVE & GENERAL	5.00	0	35.07
35.08	A103 HOSPITAL LIBRARY COST ADJ	A	1,910,000	ADMINISTRATIVE & GENERAL	5.00	0	35.08
35.09	A000 - AP NOT ACCRUED ADJ	A	324,260	MEDICAL RECORDS & LIBRARY	16.00	0	35.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-123,035,993				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0058

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

Worksheet A-8

Date/Time Prepared:
11/20/2018 1:21 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	

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 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/20/2018 1:21 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	3,036,825	3,036,825	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	22,044,636	22,044,636	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	15,268,036	15,268,036	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	38,509,617	38,509,617	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,875,656	3,875,656	4.01
4.02	9.01	HOUSEKEEPING-GENERAL HOSP	HOUSEKEEPING	66,278	66,278	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	29,356,524	29,356,524	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	VPMA ALLOCATION	26,854,129	25,715,614	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			139,011,701	137,873,186	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:					
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

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.

(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 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/20/2018 1:21 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
4.04	1,138,515	0		4.04
5.00	1,138,515			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 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 1:21 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	1,730,686	0	1,730,686	239,400	7,479	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,295,582	0	4,295,582	239,400	21,385	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	239,400	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	710,593	0	710,593	212,100	1,875	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	463,496	0	463,496	212,100	1,208	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	50,374	0	50,374	212,100	316	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	156,720	0	156,720	179,000	876	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	33,674	0	33,674	179,000	258	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	179,000	0	12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,484,571	0	2,484,571	246,400	8,979	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,015,828	0	3,015,828	246,400	14,840	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	576,882	0	576,882	212,100	1,996	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	128,517	0	128,517	212,100	361	17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	5,029,822	0	5,029,822	197,500	28,629	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,332,886	0	4,332,886	197,500	28,957	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	197,500	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	122,318	0	122,318	212,100	831	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	572,877	0	572,877	212,100	3,889	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	1,231,997	0	1,231,997	246,400	3,488	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	314,404	0	314,404	237,100	1,607	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,163,220	0	1,163,220	237,100	7,028	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	237,100	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	115,741	0	115,741	212,100	304	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	270,961	0	270,961	212,100	1,296	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	204,019	0	204,019	212,100	793	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,098,998	0	2,098,998	212,100	6,545	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	114,720	0	114,720	212,100	252	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	619,713	0	619,713	212,100	2,724	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	212,100	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	547,089	0	547,089	260,300	2,473	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,304,294	0	1,304,294	260,300	8,798	41.00
42.00	60.00	AGGREGATE-LABORATORY	724,489	0	724,489	260,300	4,694	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	459,535	0	459,535	260,300	3,113	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	720,793	0	720,793	169,700	4,391	44.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 1:21 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	3,639,346	0	3,639,346	169,700	27,985	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	169,700	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	794,543	0	794,543	181,300	5,320	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	314,951	0	314,951	181,300	2,898	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	48,466	0	48,466	271,900	208	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	271,900	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	100,139	0	100,139	271,900	399	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,607,384	0	2,607,384	271,900	11,162	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	271,900	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,062,119	0	1,062,119	246,400	3,566	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	835,641	0	835,641	246,400	2,663	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	246,400	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	298,512	0	298,512	260,300	1,084	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	0	0	0	260,300	0	61.00
200.00			43,295,900	0	43,295,900		224,670	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	860,804	43,040	0	0	12,370	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,461,331	123,067	0	0	37,431	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	191,196	9,560	2,865	2,865	3,255	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	123,181	6,159	1,583	1,583	1,684	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	32,223	1,611	163	163	994	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	75,387	3,769	-2	-2	-18	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	22,203	1,110	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	1,063,666	53,183	8,536	8,536	38,227	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,757,969	87,898	11,234	11,234	53,960	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	203,534	10,177	0	0	0	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	36,812	1,841	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	2,718,379	135,919	5,031	5,031	45,476	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,749,523	137,476	6,995	6,995	47,489	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	84,738	4,237	277	277	1,113	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	396,566	19,828	538	538	6,466	23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	24.00

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	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	413,194	20,660	4,159	4,159	31,959	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	183,183	9,159	983	983	12,571	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	801,124	40,056	5,146	5,146	42,959	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	30,999	1,550	508	508	543	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	132,155	6,608	1,696	1,696	2,809	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	80,863	4,043	1,867	1,867	4,824	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	667,401	33,370	10,970	10,970	36,559	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	25,697	1,285	661	661	949	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	277,769	13,888	2,901	2,901	6,416	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	309,482	15,474	0	0	2,300	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,101,019	55,051	0	0	7,619	41.00
42.00	60.00	AGGREGATE-LABORATORY	587,427	29,371	0	0	3,563	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	389,574	19,479	0	0	2,342	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	358,247	17,912	2,310	2,310	7,678	44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,283,199	114,160	8,824	8,824	31,064	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	463,710	23,186	1,614	1,614	5,444	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	252,600	12,630	608	608	3,162	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	27,190	1,360	201	201	373	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	52,158	2,608	490	490	735	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,459,109	72,955	12,266	12,266	20,861	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	422,434	21,122	4,875	4,875	14,789	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	315,463	15,773	3,004	3,004	16,222	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	135,656	6,783	929	929	3,168	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	0	0	0	0	0	61.00
200.00			23,547,165	1,177,358	101,232	101,232	507,356	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	12,370	873,174	857,512	857,512		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	37,431	2,498,762	1,796,820	1,796,820		2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		3.00

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	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	3,255	197,316	513,277	513,277		4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,684	126,448	337,048	337,048		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	994	33,380	16,994	16,994		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	-18	75,367	81,353	81,353		10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	22,203	11,471	11,471		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	38,227	1,110,429	1,374,142	1,374,142		13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	53,960	1,823,163	1,192,665	1,192,665		14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	203,534	373,348	373,348		16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	36,812	91,705	91,705		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	45,476	2,768,886	2,260,936	2,260,936		19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	47,489	2,804,007	1,528,879	1,528,879		20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,113	86,128	36,190	36,190		22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,466	403,570	169,307	169,307		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	31,959	449,312	782,685	782,685		26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	12,571	196,737	117,667	117,667		28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	42,959	849,229	313,991	313,991		29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	543	32,050	83,691	83,691		31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,809	136,660	134,301	134,301		32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	4,824	87,554	116,465	116,465		34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	36,559	714,930	1,384,068	1,384,068		35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	949	27,307	87,413	87,413		37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,416	287,086	332,627	332,627		38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,300	311,782	235,307	235,307		40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	7,619	1,108,638	195,656	195,656		41.00
42.00	60.00	AGGREGATE-LABORATORY	3,563	590,990	133,499	133,499		42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	2,342	391,916	67,619	67,619		43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	7,678	368,235	352,558	352,558		44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	31,064	2,323,087	1,316,259	1,316,259		45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	5,444	470,768	323,775	323,775		47.00

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	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	3,162	256,370	58,581	58,581		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	373	27,764	20,702	20,702		51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	735	53,383	46,756	46,756		53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	20,861	1,492,236	1,115,148	1,115,148		54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	14,789	442,098	620,021	620,021		56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	16,222	334,689	500,952	500,952		57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	3,168	139,753	158,759	158,759		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	0	0	0	0		61.00
200.00			507,356	24,155,753	19,140,147	19,140,147		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS 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	44,057,573	0	44,057,573			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	244,023	0	0	0	244,023	1.03
1.04	00104	CAP REL COSTS-CDD	263,925	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	3,986,234	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	49,876,251					2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL	2,712,119					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	193,667,190	0	6,065,872	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	54,748,649	0	629,010	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	741,370	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	4,603,675	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,358,101	0	110,071	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	24,986,861	0	370,636	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	157,185	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	775,268	0	0	0	0	9.05
10.00	01000	DIETARY	13,164,870	0	277,890	0	0	10.00
11.00	01100	CAFETERIA	1,020,112	0	935,757	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,230,218	0	904,569	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,796,723	0	286,031	0	0	14.00
15.00	01500	PHARMACY	4,964,936	0	101,234	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,220,452	0	727,740	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,928,131	0	275,751	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	47,709,773	0	2,180,418	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,645,811	0	560,772	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	118,066	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,801,468	0	16,594	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	646,832	0	29,396	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	67,519	0	1,600	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	177,423	0	3,583	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	350,298	0	8,819	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	100,849	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	95,646,540	0	4,618,428	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	9,745,741	0	331,534	0	0	31.01
32.00	03200	CORONARY CARE UNIT	9,418,328	0	367,679	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,816,464	0	238,858	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,630,598	0	162,532	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,342,635	0	343,762	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,002,439	0	484,290	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	11,982,201	0	505,094	0	0	40.00
43.00	04300	NURSERY	11,444,823	0	616,921	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87,990,429	0	3,600,657	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,636,295	0	177,769	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,049,068	0	295,806	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,621,993	0	1,231,511	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,372,583	0	478,515	0	0	55.00
55.01	03630	ULTRA SOUND	4,055,295	0	63,211	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	5,060,257	0	163,836	0	0	55.02
57.00	05700	CT SCAN	4,525,397	0	104,922	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,270,221	0	279,890	0	30,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,681,250	0	195,702	0	0	59.00
60.00	06000	LABORATORY	45,099,694	0	969,050	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	4,390,330	0	336,648	0	0	60.01
60.02	03140	CARDIOLOGY	7,986,606	0	506,763	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,035,882	0	187,005	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,533,754	0	125,099	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,174,685	0	159,923	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,575,149	0	47,034	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	781,756	0	19,342	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,913,370	0	35,936	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,166,045	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS BLDG	
			0	1.00	1.01	1.02	1.03	
71.01	03540	ORTHOTIC SERVICES	2,049,671	0	28,126	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,513,171	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	182,553,816	0	366,218	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,889,849	0	202,904	0	0	74.00
76.00	03950	IVF/CULTURE LAB	2,417,697	0	176,638	0	0	76.00
76.02	03952	URODYNAMICS	155,794	0	7,445	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	619,984	0	47,504	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	6,320,152	0	291,910	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	797,604	0	85,336	0	0	76.06
76.07	03954	CDC- REHAB	345,803	0	19,029	0	0	76.07
76.08	03955	DIABETES EDUCATION	514,943	0	25,135	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	730,475	0	3,496	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	433,761	0	26,683	0	0	76.98
76.99	07699	LITHOTRIPSY	1,201,640	0	8,784	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,833,596	0	9,462	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	806,717	0	153,887	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,843,651	0	229,291	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	1,967,153	0	210,070	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	9,726,930	0	1,384,946	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	2,374,257	0	343,084	0	0	90.05
90.06	09006	OB-GYN CLINIC	3,976,404	0	516,400	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	7,541,955	0	680,601	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	6,077,204	0	537,899	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,940,736	0	532,489	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	10,148,526	0	2,081,010	0	0	90.10
90.11	09011	SURGERY CLINIC	4,791,302	0	602,797	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,622,116	0	227,917	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	3,682,041	0	318,436	0	0	90.13
90.14	09014	CANCER CLINIC	10,496,848	0	819,164	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	2,203,598	0	412,139	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,887,738	0	0	0	213,729	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	399,752	0	191	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	2,242,580	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	106,504	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	616,509	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	2,509,486	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	2,052,246	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,017,833	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	292,606	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	629,040	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	1,510,704	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	1,109,251	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	153	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	593,110	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	902,433	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	2,451,097	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1,178,141	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	204,042	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	3,988	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	46,596	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	172,465	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	10	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	1,578,581	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	769,750	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	18,713	0	0	0	0	90.97
91.00	09100	EMERGENCY	11,197,318	0	611,285	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,127,909	0	122,160	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	525,920	0	88,728	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	973,680	0	34,980	0	0	94.00
95.00	09500	AMBULANCE SERVICES	980,890	0	150,617	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,948,921	0	23,221	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS BLDG	
			0	1.00	1.01	1.02	1.03	
106.00	10600	HEART ACQUISITION	1,523,280	0	17,481	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,278,335	0	9,549	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,472,831	0	1,844	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	335,638	0	191	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,389,537,373	0	41,542,507	0	244,023	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,685,704	0	48,843	0	0	190.00
190.01	19001	VENDING/PATIENT ART	3,760,242	0	194,972	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,332	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	73,720,655	0	218,872	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,456	0	397,075	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	759,408	0	58,184	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	3,955,341	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	34,545	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	615,269	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	1,236,265	0	187,405	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	100	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	214,363	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	749,569	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	23,149,019	0	0	0	0	194.00
194.01	07951	OUTREACH	2,666,912	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,500,686,838	0	44,057,573	0	244,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	263,925					1.04
1.05	00105	CAP REL COSTS-IRL	0	3,986,234				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			49,876,251			2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL			0	2,712,119		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	93,863	170,813	19,857,137	0	219,854,875	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	50,758	0	55,428,417	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,934	0	743,304	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	191,949	0	0	4,795,624	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,024	2,541	0	2,522,737	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	57,933	0	25,415,430	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	157,185	9.04
9.05	00905	HOUSEKEEPING-IRL	0	34,534	0	5,135	814,937	9.05
10.00	01000	DIETARY	0	46,333	89,701	0	13,578,794	10.00
11.00	01100	CAFETERIA	22,848	0	0	0	1,978,717	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	931,363	0	15,066,150	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,849	0	10,088,603	14.00
15.00	01500	PHARMACY	0	2,782	13,636	0	5,082,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,022	0	6,974	0	13,965,188	16.00
17.00	01700	SOCIAL SERVICE	6,029	3,965	0	0	19,213,876	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	49,890,191	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	20,206,583	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	118,066	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,818,062	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	676,228	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	69,119	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	181,006	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	359,117	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	100,849	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,003	0	1,319,157	0	101,588,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	197,648	0	10,274,923	31.01
32.00	03200	CORONARY CARE UNIT	0	0	380,746	0	10,166,753	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	77,283	0	5,132,605	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	255,353	0	14,048,483	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	131,709	0	15,818,106	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	343,350	0	11,830,079	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	9,948	0	12,497,243	40.00
43.00	04300	NURSERY	0	0	219,447	0	12,281,191	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	5,890,063	0	97,481,149	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	242,498	0	5,056,562	52.00
53.00	05300	ANESTHESIOLOGY	0	0	750,689	0	8,095,563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	339,996	2,750,920	552,507	23,496,927	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,173,584	0	10,024,682	55.00
55.01	03630	ULTRA SOUND	0	27,595	271,558	32,365	4,450,024	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	577,939	0	5,802,032	55.02
57.00	05700	CT SCAN	0	16,595	1,411,993	142,452	6,201,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,861,644	0	6,442,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,264,892	0	6,141,844	59.00
60.00	06000	LABORATORY	0	137,527	1,651,876	298,110	48,156,257	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	221,486	0	4,948,464	60.01
60.02	03140	CARDIOLOGY	0	14,421	1,058,279	40,558	9,606,627	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	156,031	0	8,378,918	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	431,818	0	10,090,671	65.00
66.00	06600	PHYSICAL THERAPY	0	0	23,241	5	7,357,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	448	0	398	2,623,029	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,746	0	832,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,460	0	180,398	0	4,157,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	32,166,045	71.00
71.01	03540	ORTHOTIC SERVICES	9,278	0	0	0	2,087,075	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	75,513,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	380,861	672,378	4,709	183,977,982	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
74.00	07400	RENAL DIALYSIS	0	0	193,950	0	8,286,703	74.00
76.00	03950	IVF/CULTURE LAB	0	0	13,192	0	2,607,527	76.00
76.02	03952	URODYNAMICS	0	0	0	0	163,239	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,181	0	675,669	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	418,979	0	7,031,041	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	882,940	76.06
76.07	03954	CDC- REHAB	0	0	0	0	364,832	76.07
76.08	03955	DIABETES EDUCATION	0	11,511	0	1,604	553,193	76.08
76.97	07697	CARDIAC REHABILITATION	0	104,624	8,885	25,977	873,457	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,155	0	466,599	76.98
76.99	07699	LITHOTRIPSY	0	0	113,800	0	1,324,224	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	3,843,058	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	83,106	0	1,043,710	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	40,004	0	2,112,946	90.02
90.03	09003	ORAL SURGERY CLINIC	6,382	0	77,375	0	2,260,980	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	119,855	0	11,231,731	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	294,965	0	3,012,306	90.05
90.06	09006	OB-GYN CLINIC	0	0	73,325	0	4,566,129	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	26,476	296,796	21,120	8,566,948	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	24,096	0	6,639,199	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	14,557	0	556,351	0	7,044,133	90.09
90.10	09010	PEDIATRIC CLINIC	38,164	0	144,703	0	12,412,403	90.10
90.11	09011	SURGERY CLINIC	0	0	35,074	0	5,429,173	90.11
90.12	09012	UROLOGY CLINIC	0	0	106,671	0	1,956,704	90.12
90.13	09013	PSYCHIATRIC CLINIC	23,303	0	78,733	0	4,102,513	90.13
90.14	09014	CANCER CLINIC	0	0	83,740	0	11,399,752	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	15,917	0	2,631,654	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	34,063	0	2,135,530	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	1,451	0	401,394	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	191,789	0	167,557	2,601,926	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	2,622	0	1,968	111,094	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	100,691	0	53,114	770,314	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	243,430	1,063	94,845	2,848,824	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	175,802	0	117,936	2,345,984	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	159,078	0	96,948	1,273,859	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	23,214	0	39,674	355,494	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	87,613	0	89,673	806,326	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	202,853	0	40,272	1,753,829	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	133,914	0	105,301	1,348,466	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	32	0	294	479	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	126,719	0	44,738	764,567	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	69,963	0	51,071	1,023,467	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	430,264	0	562,003	3,443,364	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	245,828	0	33,477	1,457,446	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	92,313	0	6,409	302,764	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	96	0	256	4,340	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	1,183	0	1,260	49,039	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	3,869	0	6,519	182,853	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	18	28	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	1,331	47,870	1,627,782	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	769,750	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	18,713	90.97
91.00	09100	EMERGENCY	0	0	310,582	0	12,119,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	26,751	0	1,276,820	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	614,648	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,181	0	1,031,841	94.00
95.00	09500	AMBULANCE SERVICES	0	0	42,956	0	1,174,463	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5,972,142	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,540,761	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,287,884	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,474,675	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	335,829	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,909	3,853,727	47,810,731	2,686,143	1,384,790,288	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,734,547	190.00
190.01	19001	VENDING/PATIENT ART	7,184	0	534	0	3,962,932	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,332	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	132,507	64,499	25,976	74,162,509	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	398,531	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	817,592	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	3,955,341	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	34,545	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	832	0	0	0	616,101	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	1,423,670	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	1,643,491	0	1,643,591	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	214,363	190.15
191.00	19100	RESEARCH	0	0	0	0	749,569	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	356,996	0	23,506,015	194.00
194.01	07951	OUTREACH	0	0	0	0	2,666,912	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	263,925	3,986,234	49,876,251	2,712,119	1,500,686,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	219,854,875					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	9,514,288	0	64,942,705			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	39,513	0	0	269,709		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	127,588	0	0	0	870,892	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	823,169	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	433,028	0	191,321	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	4,362,559	0	644,229	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	26,981	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	139,884	0	0	0	0	9.05
10.00	01000	DIETARY	2,330,800	0	483,020	0	0	10.00
11.00	01100	CAFETERIA	339,647	0	1,626,505	0	117,007	11.00
13.00	01300	NURSING ADMINISTRATION	2,586,105	0	1,572,295	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,731,709	0	497,170	0	0	14.00
15.00	01500	PHARMACY	872,426	0	175,963	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,397,125	0	1,264,935	0	51,324	16.00
17.00	01700	SOCIAL SERVICE	3,298,062	0	479,301	0	30,873	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,563,651	0	3,789,937	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,468,460	0	974,718	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	20,266	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	312,070	0	28,843	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	116,075	0	51,096	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	11,864	0	2,782	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	31,070	0	6,228	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	61,642	0	15,329	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	17,311	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,437,602	0	8,027,615	0	20,500	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,763,691	0	576,262	0	0	31.01
32.00	03200	CORONARY CARE UNIT	1,745,123	0	639,089	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	881,012	0	415,175	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,411,422	0	282,508	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,715,178	0	597,517	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,030,633	0	841,778	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	2,145,152	0	877,938	0	0	40.00
43.00	04300	NURSERY	2,108,066	0	1,072,313	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,732,639	0	6,258,553	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	867,959	0	308,993	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,389,603	0	514,161	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,033,248	0	2,140,576	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,720,737	0	831,741	0	0	55.00
55.01	03630	ULTRA SOUND	763,847	0	109,871	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	995,919	0	284,775	0	0	55.02
57.00	05700	CT SCAN	1,064,463	0	182,372	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,105,778	0	486,497	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,054,248	0	340,164	0	0	59.00
60.00	06000	LABORATORY	8,266,022	0	1,684,373	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	849,404	0	585,151	0	0	60.01
60.02	03140	CARDIOLOGY	1,648,978	0	880,841	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,438,241	0	325,047	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,732,064	0	217,444	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,262,976	0	277,972	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	450,243	0	81,753	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	142,958	0	33,620	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	713,577	0	62,464	0	140,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,521,302	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	358,246	0	48,889	0	47,511	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,961,836	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,579,882	0	636,549	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,422,413	0	352,681	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
76.00	03950	IVF/CULTURE LAB	447,582	0	307,027	0	0	76.00
76.02	03952	URODYNAMICS	28,020	0	12,940	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	115,979	0	82,569	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	1,206,878	0	507,389	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	151,557	0	148,329	0	0	76.06
76.07	03954	CDC- REHAB	62,623	0	33,076	0	0	76.07
76.08	03955	DIABETES EDUCATION	94,956	0	43,688	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	149,929	0	6,077	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	80,092	0	46,379	0	0	76.98
76.99	07699	LITHOTRIPSY	227,303	0	15,268	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	659,661	0	16,447	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	179,153	0	267,481	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	362,687	0	398,546	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	388,097	0	365,137	0	32,681	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,927,927	0	2,407,271	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	517,062	0	596,338	0	0	90.05
90.06	09006	OB-GYN CLINIC	783,776	0	897,590	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,470,517	0	1,183,001	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	1,139,619	0	934,960	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,209,125	0	925,557	0	74,547	90.09
90.10	09010	PEDIATRIC CLINIC	2,130,589	0	3,617,149	0	195,440	90.10
90.11	09011	SURGERY CLINIC	931,918	0	1,047,763	0	0	90.11
90.12	09012	UROLOGY CLINIC	335,868	0	396,158	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	704,196	0	553,496	0	119,334	90.13
90.14	09014	CANCER CLINIC	1,956,767	0	1,423,846	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	451,723	0	716,367	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	366,564	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	68,899	0	333	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	446,621	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	19,069	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	132,224	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	489,001	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	402,688	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	218,658	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	61,021	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	138,406	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	301,045	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	231,464	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	82	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	131,238	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	175,678	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	591,053	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	250,171	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	51,969	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	745	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	8,418	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	31,387	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	5	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	279,409	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	132,128	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	3,212	0	0	0	0	90.97
91.00	09100	EMERGENCY	2,080,258	0	1,062,518	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	219,166	0	212,334	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	105,504	0	154,224	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	177,116	0	60,801	0	0	94.00
95.00	09500	AMBULANCE SERVICES	201,597	0	261,797	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,025,118	0	40,363	0	0	105.00
106.00	10600	HEART ACQUISITION	264,472	0	30,385	0	0	106.00
107.00	10700	LIVER ACQUISITION	392,715	0	16,599	0	0	107.00
108.00	10800	LUNG ACQUISITION	253,128	0	3,205	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	57,645	0	333	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,961,233	0	60,571,095	0	829,843	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	297,735	0	84,897	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
190.01	19001	VENDING/PATIENT ART	680,237	0	338,894	0	36,791	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	1,773	0	17,959	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	12,729,995	0	380,436	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	68,408	0	690,184	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	140,340	0	101,133	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	678,934	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	5,930	0	60,045	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	105,754	0	1,069,441	0	4,258	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	244,373	0	325,742	269,709	0	190.13
190.14	19014	EPIC REMOTE HOSTING	282,122	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	36,795	0	0	0	0	190.15
191.00	19100	RESEARCH	128,664	0	1,302,879	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	4,034,807	0	0	0	0	194.00
194.01	07951	OUTREACH	457,775	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	219,854,875	0	64,942,705	269,709	870,892	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	5,618,793					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	80,672	3,227,758				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	626	0	30,422,844		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	184,166	9.04
9.05	00905	HOUSEKEEPING-IRL	53,550	0	0	0	0	9.05
10.00	01000	DIETARY	71,846	4,454	0	229,223	0	10.00
11.00	01100	CAFETERIA	0	3,490	0	771,878	24,743	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	746,152	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	56	0	235,938	0	14.00
15.00	01500	PHARMACY	4,314	0	0	83,505	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	600,291	10,853	16.00
17.00	01700	SOCIAL SERVICE	6,148	0	0	227,458	6,529	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,798,562	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,162	0	462,564	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	13,688	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	24,248	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	1,320	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	2,956	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	7,274	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,116,397	0	3,809,600	4,335	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	78,119	0	273,472	0	31.01
32.00	03200	CORONARY CARE UNIT	0	61,406	0	303,287	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	66,224	0	197,026	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	106,581	0	134,067	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	5,466	0	283,559	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	24,794	0	399,476	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	70,200	0	416,636	0	40.00
43.00	04300	NURSERY	0	38,253	0	508,880	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	713,397	0	2,970,074	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,702	0	146,636	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	244,002	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	527,220	80,974	0	1,015,837	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,082	0	394,713	0	55.00
55.01	03630	ULTRA SOUND	42,790	22,917	0	52,141	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	14,840	0	135,144	0	55.02
57.00	05700	CT SCAN	25,734	53,562	0	86,547	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	49,432	0	230,873	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,985	0	161,429	0	59.00
60.00	06000	LABORATORY	213,258	13,333	0	799,340	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	3,618	0	277,691	0	60.01
60.02	03140	CARDIOLOGY	22,362	11,798	0	418,014	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,006	0	154,255	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	22	0	103,191	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,936	0	131,915	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	694	12	0	38,797	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	6	0	15,955	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,252	0	29,643	29,738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	218	0	23,201	10,047	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,588	5,476	0	302,082	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,500	0	167,369	0	74.00
76.00	03950	IVF/CULTURE LAB	0	7,744	0	145,704	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
76.02	03952	URODYNAMICS	0	2,647	0	6,141	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	39,184	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	48,228	0	240,788	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	70,391	0	76.06
76.07	03954	CDC- REHAB	0	994	0	15,697	0	76.07
76.08	03955	DIABETES EDUCATION	17,850	50	0	20,733	0	76.08
76.97	07697	CARDIAC REHABILITATION	162,237	1,934	0	2,884	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,587	0	22,010	0	76.98
76.99	07699	LITHOTRIPSY	0	6,882	0	7,246	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	7,805	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	9,314	0	126,937	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	10,215	0	189,135	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,428	0	173,280	6,911	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	9,007	0	1,142,400	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	493	0	282,999	0	90.05
90.06	09006	OB-GYN CLINIC	0	11,070	0	425,963	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	41,055	2,923	0	561,408	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	12,273	0	443,697	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	3,421	0	439,235	15,764	90.09
90.10	09010	PEDIATRIC CLINIC	0	8,199	0	1,716,563	41,330	90.10
90.11	09011	SURGERY CLINIC	0	3,940	0	497,229	0	90.11
90.12	09012	UROLOGY CLINIC	0	16,940	0	188,002	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	36	0	262,668	25,235	90.13
90.14	09014	CANCER CLINIC	0	37,509	0	675,704	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	4,382	0	339,961	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	158	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	297,401	3,168	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	4,066	62	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	156,138	738	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	377,479	6,536	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	272,610	11,725	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	246,678	920	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	35,998	397	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	135,859	830	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	314,557	3,579	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	207,655	4,342	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	50	9	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	196,499	567	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	108,489	524	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	667,194	11,722	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	381,197	1,507	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	143,147	222	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	149	8	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	1,835	65	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	6,000	205	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	1,056	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	644	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	1	0	0	0	90.97
91.00	09100	EMERGENCY	0	169,033	0	504,231	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	51,937	0	100,766	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	73,189	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	417	0	28,854	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,500	0	124,239	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	19,155	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	14,420	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	7,877	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,521	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	158	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,413,319	3,227,226	0	28,348,241	175,485	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	40,289	0	190.00
190.01	19001	VENDING/PATIENT ART	0	532	0	160,826	7,780	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	8,523	0	190.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
190.03	19003	PHARMACY HOMEGOING DRUGS	205,474	0	0	180,541	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	327,536	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	47,994	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	28,495	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	507,517	901	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	154,585	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	618,297	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,618,793	3,227,758	0	30,422,844	184,166	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	1,008,371					9.05
10.00	01000	DIETARY	13,209	16,711,346				10.00
11.00	01100	CAFETERIA	0	0	4,861,987			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	72,577	20,043,279		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	88,079	0	12,641,555	14.00
15.00	01500	PHARMACY	793	0	17,616	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	100,763	102,747	0	16.00
17.00	01700	SOCIAL SERVICE	1,130	0	133,881	426,485	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	521,430	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,570	3	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	705	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	10,570	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	10,073,926	670,806	5,766,789	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	692,108	64,122	579,402	0	31.01
32.00	03200	CORONARY CARE UNIT	0	663,295	62,008	569,012	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	443,587	34,527	300,428	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	927,370	87,375	762,853	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,029,134	158,543	741,833	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	491,641	70,464	586,192	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	1,833,831	102,877	909,381	0	40.00
43.00	04300	NURSERY	0	526,690	78,215	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	429,123	2,677,328	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	35,232	255,961	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	66,236	77,848	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,933	0	11,274	179,844	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	36,641	57,157	0	55.00
55.01	03630	ULTRA SOUND	7,867	0	0	657	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	14,797	18,795	0	55.02
57.00	05700	CT SCAN	4,731	0	0	6,732	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,114	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	23,958	126,769	0	59.00
60.00	06000	LABORATORY	39,209	0	9,865	129	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	31,004	0	0	60.01
60.02	03140	CARDIOLOGY	4,111	0	2,114	140,601	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	19,730	71,329	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	78,215	12,513	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,342	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	61	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	28,185	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,840,137	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	215,739	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,585,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,583	0	149,383	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	38,755	171,579	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
76.00	03950	IVF/CULTURE LAB	0	0	16,207	60,104	0	76.00
76.02	03952	URODYNAMICS	0	0	705	8,540	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	4,932	21,881	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	36,641	293,832	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	5,637	0	0	76.06
76.07	03954	CDC- REHAB	0	0	2,114	14,531	0	76.07
76.08	03955	DIABETES EDUCATION	3,282	0	1,409	22,415	0	76.08
76.97	07697	CARDIAC REHABILITATION	29,828	0	2,114	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,819	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	3,523	34,270	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	9,865	29,431	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	6,342	44,402	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	19,025	79,614	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	18,321	48,488	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	206,458	504,081	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	23,958	84,990	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	51,438	165,203	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	7,548	0	15,502	62,670	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	80,328	256,074	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	42,983	92,589	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	138,813	521,290	0	90.10
90.11	09011	SURGERY CLINIC	0	0	87,375	178,485	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	21,844	56,103	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	53,552	77,990	0	90.13
90.14	09014	CANCER CLINIC	0	0	78,215	553,943	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	40,869	130,415	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	14,093	53,453	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	2,819	24,569	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	54,679	0	13,388	61,712	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	748	0	705	8,301	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	28,707	0	4,228	40,941	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	69,402	0	19,730	177,890	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	50,121	0	12,683	90,202	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	45,353	0	6,342	12,467	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	6,618	0	2,819	23,670	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	24,978	0	3,523	28,260	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	57,833	0	11,979	111,106	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	38,179	0	6,342	58,493	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	9	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	36,128	0	4,228	39,686	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	19,946	0	7,046	42,969	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	122,670	0	14,093	116,091	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	70,085	0	9,865	89,312	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	26,318	0	1,409	16,103	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	27	0	0	139	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	337	0	0	2,096	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	1,103	0	705	4,448	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	11,979	71,158	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	4,228	31,750	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	106,400	580,318	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	31,709	223,696	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	3,523	26,235	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	2,819	46,033	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	12,683	92,114	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	8,456	43,526	0	105.00
106.00	10600	HEART ACQUISITION	0	0	2,819	13,202	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	3,523	15,013	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	2,114	5,661	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	443	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	970,593	16,681,582	4,565,335	20,034,826	12,641,555	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
190.01	19001	VENDING/PATIENT ART	0	0	11,274	8,453	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	37,778	0	83,852	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	29,764	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	4,228	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	188,842	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	705	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	7,751	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,008,371	16,711,346	4,861,987	20,043,279	12,641,555	202.00

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		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 MEDS 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	6,237,205					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,493,226				16.00
17.00	01700	SOCIAL SERVICE	0	0	23,823,743			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	64,563,771		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		25,143,060	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARMEDICAL 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	8,429	1,657,894	14,067,175	6,652,778	2,590,790	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	95,351	383,661	642,348	250,149	31.01
32.00	03200	CORONARY CARE UNIT	0	91,378	192,554	768,459	299,261	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	61,102	760,083	312,922	121,861	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	127,752	187,632	1,065,904	415,095	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	141,794	620,807	1,202,724	468,377	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	67,746	0	619,187	241,130	35.01
40.00	04000	SUBPROVIDER - IPF	0	118,230	2,508,128	783,533	305,131	40.00
43.00	04300	NURSERY	0	114,463	1,003,020	1,388,013	540,534	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	588	0	23,164	10,621,896	4,136,485	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,188	465,513	181,285	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,385,519	539,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,211	0	0	2,776,245	1,081,153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,460	0	0	1,740,251	677,706	55.00
55.01	03630	ULTRA SOUND	8	0	0	647,611	252,199	55.01
55.02	05501	RADIOLOGY - PET SCAN	19,133	0	0	687,478	267,724	55.02
57.00	05700	CT SCAN	29,160	0	0	3,162,116	1,231,422	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,945	0	0	2,548,156	992,328	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,138	0	0	1,749,512	681,312	59.00
60.00	06000	LABORATORY	10,789	0	0	8,576,778	3,340,053	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	722,577	281,393	60.01
60.02	03140	CARDIOLOGY	10,180	0	1,737	1,463,071	569,763	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	390	0	0	657,935	256,220	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,397,549	544,247	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	557,057	216,935	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	227,063	88,425	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	178,412	69,479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	513,431	199,945	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	115,255	44,884	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,176,914	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	27,769	116,175	344,281	1,052,535	409,889	74.00
76.00	03950	IVF/CULTURE LAB	14	0	0	96,569	37,607	76.00
76.02	03952	URODYNAMICS	0	0	0	58,114	22,631	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	42,875	16,697	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	784	0	0	916,228	356,806	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	10,251	3,992	76.06
76.07	03954	CDC- REHAB	0	0	559,131	22,097	8,605	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	10,709	4,171	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	65,724	25,595	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	36,860	14,354	76.98
76.99	07699	LITHOTRIPSY	0	0	0	194,916	75,906	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	256,569	99,916	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	88,022	0	136,381	53,111	90.01
90.02	09002	DERMATOLOGY CLINIC	7	380,378	579	271,019	105,543	90.02
90.03	09003	ORAL SURGERY CLINIC	0	272,971	1,737	92,259	35,928	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,057	1,184,631	286,370	309,199	120,411	90.04
90.05	09005	NEUROLOGY CLINIC	114	233,309	30,693	75,553	29,423	90.05
90.06	09006	OB-GYN CLINIC	69	866,724	41,986	125,634	48,926	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	104	989,065	4,633	599,290	233,381	90.07
90.08	09008	ORTHOPAEDICS CLINIC	261	819,460	101,923	216,592	84,347	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	303,316	19,111	343,932	133,937	90.09
90.10	09010	PEDIATRIC CLINIC	4,791	1,075,785	676,980	254,900	99,266	90.10
90.11	09011	SURGERY CLINIC	414	481,757	175,471	116,961	45,548	90.11
90.12	09012	UROLOGY CLINIC	1,098	142,342	0	147,952	57,617	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	684,310	1,068,459	215,143	83,783	90.13
90.14	09014	CANCER CLINIC	40,175	881,041	62,834	780,746	304,046	90.14
90.15	09015	FAMILY CARE CLINIC	110	459,152	0	128,532	50,054	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,812	318,454	0	148,906	57,988	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	4	43,497	0	9,499	3,699	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	1,837	517,856	13,609	245,878	95,752	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	4,589	0	4,695	1,828	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	120,559	13,030	57,105	22,238	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	86	261,531	35,036	121,545	47,333	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	18	315,166	29,824	149,419	58,188	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	150,288	15,057	71,390	27,802	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	65,417	3,764	30,680	11,948	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	135,492	8,687	64,642	25,173	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	196,868	33,878	91,911	35,793	90.60
90.62	09062	IRL-UROLOGY CLINIC	3	287,698	19,690	133,575	52,018	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	1,507	0	715	279	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	8	92,611	12,740	43,901	17,097	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	85,898	10,714	40,454	15,754	90.70
90.76	09076	IRL - PROCEDURE SUITES	4,572	554,641	0	264,326	102,936	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	24	158,782	0	75,076	29,237	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	33,291	0	15,459	6,020	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	1,301	0	715	279	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	3,081	1,200	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	6,439	0	16,284	6,342	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	33,428	0	55	21	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	4,049	97,338	0	81,128	31,594	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	128,779	0	49,990	19,467	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	92	36	90.97
91.00	09100	EMERGENCY	0	866,519	23,744	2,389,989	930,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,085	58,841	232,513	33,430	13,019	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	13,864	5,399	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,260	0	166,327	64,773	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	32,807	12,776	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	112,271	83,392	0	0	105.00
106.00	10600	HEART ACQUISITION	0	16,988	71,231	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	32,674	34,168	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	9,179	46,039	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,945	290	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,405,610	16,167,255	23,823,743	64,563,771	25,143,060	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	831,595	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	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	2,325,971	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 through 201)	6,237,205	18,493,226	23,823,743	64,563,771	25,143,060	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARAMED ED PRGM	PARMEDICAL 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 MEDS 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	PARMEDICAL EDUC - DIETARY		139,037				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			2,183,233			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				867,647		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL					85,085	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	42,861	783,555	0	77,846	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	12,545	33,485	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	12,545	381,731	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,363	93,758	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	66,970	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	13,067	53,576	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	7,318	80,364	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	9,409	46,879	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	867,647	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
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	1,568	0	0	0	74.00

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		Cost Center Description	PARAMED ED PRGM	PARMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
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
76.05	03340	DIGESTIVE DISEASE CENTER	0	1,045	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	87,061	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	234,396	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	6,272	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	1,045	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,091	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	3,659	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	1,045	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	1,568	113,850	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,091	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,045	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	523	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,045	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,568	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	2,091	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	523	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	523	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	3,659	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,045	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	207,608	0	7,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	138,514	2,183,233	867,647	85,085	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARAMED ED PRGM	PARMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
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	523	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	139,037	2,183,233	867,647	85,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	PARMEDICAL 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	221,260					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		443,362				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			118,160			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	174,397,026	-9,243,568	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	15,719,638	-892,497	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	15,955,901	-1,067,720	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	8,828,673	-434,783	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	20,624,012	-1,480,999	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	23,849,681	-1,671,101	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	17,290,802	-860,317	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	22,624,568	-1,088,664	40.00
43.00	04300	NURSERY	0	0	0	19,659,638	-1,928,547	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	142,044,396	-14,758,381	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,389,031	-646,798	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,312,494	-1,925,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221,260	443,362	118,160	37,127,871	-3,857,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,520,170	-2,417,957	55.00
55.01	03630	ULTRA SOUND	0	0	0	6,349,932	-899,810	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	8,240,637	-955,202	55.02
57.00	05700	CT SCAN	0	0	0	12,048,198	-4,393,538	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,873,172	-3,540,484	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,330,359	-2,430,824	59.00
60.00	06000	LABORATORY	0	0	0	71,109,406	-11,916,831	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	7,699,302	-1,003,970	60.01
60.02	03140	CARDIOLOGY	0	0	0	14,780,197	-2,032,834	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,313,071	-914,155	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,175,916	-1,941,796	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,820,987	-773,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,510,144	-315,488	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,273,335	-247,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,877,025	-713,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,527,484	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	2,951,065	-160,139	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	97,060,686	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	222,527,439	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,413,217	-1,944,981	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	3,726,085	-134,176	76.00
76.02	03952	URODYNAMICS	0	0	0	302,977	-80,745	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	999,786	-59,572	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	10,639,660	-1,273,034	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	1,273,097	-14,243	76.06
76.07	03954	CDC- REHAB	0	0	0	1,083,700	-30,702	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	772,456	-14,880	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,319,779	-91,319	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	671,700	-51,214	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,889,538	-270,822	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,922,752	-356,485	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	2,041,914	-189,492	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	3,929,694	-376,562	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	3,699,218	-128,187	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	19,564,939	-429,610	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	4,887,238	-104,976	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,984,508	-174,560	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	13,738,045	-832,671	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	10,728,733	-300,939	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	10,647,650	-477,869	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	22,899,770	-354,166	90.10
90.11	09011	SURGERY CLINIC	0	0	0	8,996,034	-162,509	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	3,320,628	-205,569	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	7,950,715	-298,926	90.13
90.14	09014	CANCER CLINIC	0	0	0	18,195,623	-1,084,792	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	4,953,219	-178,586	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	3,098,891	-206,894	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	0	554,871	-13,198	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	4,357,486	-341,630	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	155,157	-6,523	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	1,347,267	-79,343	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	4,569,811	-168,878	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	3,740,719	-207,607	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	2,069,859	-99,192	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	598,349	-42,628	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	1,373,221	-89,815	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	2,913,946	-127,704	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	2,390,016	-185,593	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	3,130	-994	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	1,339,793	-60,998	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	1,531,462	-56,208	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	5,896,321	-367,262	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	2,523,747	-104,313	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	596,702	-21,479	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	7,703	-994	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	66,071	-4,281	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	255,766	-22,626	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	33,537	-76	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	2,205,493	-112,722	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	1,136,736	-69,457	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	22,054	-128	90.97
91.00	09100	EMERGENCY	0	0	0	21,047,775	-3,320,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,456,316	-46,449	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	996,586	-19,263	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,581,241	-231,100	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,916,976	-45,583	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	7,304,423	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,954,278	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,790,453	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,795,522	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	397,643	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,260	443,362	118,160	1,354,394,252	-90,189,388	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,157,468	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	5,207,719	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	38,587	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	88,612,180	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	1,514,423	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,111,287	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	4,634,275	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	129,015	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	2,492,814	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	2,419,307	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	1,925,713	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	251,158	0	190.15
191.00	19100	RESEARCH	0	0	0	2,799,409	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	29,874,544	0	194.00
194.01	07951	OUTREACH	0	0	0	3,124,687	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	221,260	443,362	118,160	1,500,686,838	-90,189,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	PARMEDICAL 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	165,153,458		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,827,141		31.01
32.00	03200	CORONARY CARE UNIT	14,888,181		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,393,890		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,143,013		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,178,580		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,430,485		35.01
40.00	04000	SUBPROVIDER - IPF	21,535,904		40.00
43.00	04300	NURSERY	17,731,091		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	127,286,015		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,742,233		52.00
53.00	05300	ANESTHESIOLOGY	10,387,413		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,270,473		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,102,213		55.00
55.01	03630	ULTRA SOUND	5,450,122		55.01
55.02	05501	RADIOLOGY - PET SCAN	7,285,435		55.02
57.00	05700	CT SCAN	7,654,660		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,332,688		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,899,535		59.00
60.00	06000	LABORATORY	59,192,575		60.00
60.01	06001	ANATOMICAL LABORATORY	6,695,332		60.01
60.02	03140	CARDIOLOGY	12,747,363		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,398,916		63.00
65.00	06500	RESPIRATORY THERAPY	12,234,120		65.00
66.00	06600	PHYSICAL THERAPY	9,046,995		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,194,656		67.00
69.00	06900	ELECTROCARDIOLOGY	1,025,444		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,163,649		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,527,484		71.00
71.01	03540	ORTHOTIC SERVICES	2,790,926		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,060,686		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,527,439		73.00
74.00	07400	RENAL DIALYSIS	10,468,236		74.00
76.00	03950	IVF/CULTURE LAB	3,591,909		76.00
76.02	03952	URODYNAMICS	222,232		76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Total		
			26.00		
76.03	03953	SPINE TREATMENT CENTER	940,214		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	9,366,626		76.05
76.06	03580	RECREATIONAL THERAPY	1,258,854		76.06
76.07	03954	CDC- REHAB	1,052,998		76.07
76.08	03955	DIABETES EDUCATION	757,576		76.08
76.97	07697	CARDIAC REHABILITATION	1,228,460		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	620,486		76.98
76.99	07699	LITHOTRIPSY	1,618,716		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,566,267		77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,852,422		90.01
90.02	09002	DERMATOLOGY CLINIC	3,553,132		90.02
90.03	09003	ORAL SURGERY CLINIC	3,571,031		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	19,135,329		90.04
90.05	09005	NEUROLOGY CLINIC	4,782,262		90.05
90.06	09006	OB-GYN CLINIC	7,809,948		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,905,374		90.07
90.08	09008	ORTHOPAEDICS CLINIC	10,427,794		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,169,781		90.09
90.10	09010	PEDIATRIC CLINIC	22,545,604		90.10
90.11	09011	SURGERY CLINIC	8,833,525		90.11
90.12	09012	UROLOGY CLINIC	3,115,059		90.12
90.13	09013	PSYCHIATRIC CLINIC	7,651,789		90.13
90.14	09014	CANCER CLINIC	17,110,831		90.14
90.15	09015	FAMILY CARE CLINIC	4,774,633		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,891,997		90.16
90.17	09017	ANEMIA CLINIC	0		90.17
90.19	09019	BURN CLINIC	541,673		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,015,856		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	148,634		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,267,924		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,400,933		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	3,533,112		90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,970,667		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	555,721		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,283,406		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,786,242		90.60
90.62	09062	IRL-UROLOGY CLINIC	2,204,423		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	2,136		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,278,795		90.68
90.69	09069	IRL-RADIOLOGY	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,475,254		90.70
90.76	09076	IRL - PROCEDURE SUITES	5,529,059		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,419,434		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	575,223		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	6,709		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	61,790		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	233,140		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	33,461		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	2,092,771		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,067,279		90.96
90.97	09097	NORTH DODGE - REI CLINIC	21,926		90.97
91.00	09100	EMERGENCY	17,727,053		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,409,867		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	977,323		93.99
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	1,350,141		94.00
95.00	09500	AMBULANCE SERVICES	1,871,393		95.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	7,304,423		105.00
106.00	10600	HEART ACQUISITION	1,954,278		106.00
107.00	10700	LIVER ACQUISITION	2,790,453		107.00
108.00	10800	LUNG ACQUISITION	1,795,522		108.00
109.00	10900	PANCREAS ACQUISITION	397,643		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,264,204,864		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,157,468		190.00
190.01	19001	VENDING/PATIENT ART	5,207,719		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	38,587		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	88,612,180		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Total		
			26.00		
190.05	19005	CLINICAL RESEARCH UNIT	1,514,423		190.05
190.06	19006	PATIENT EDUCATION SERVICE	1,111,287		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	4,634,275		190.08
190.09	19009	CONTACT LENS CLINIC	129,015		190.09
190.10	19010	IRL-PHYSICIANS	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	2,492,814		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	2,419,307		190.13
190.14	19014	EPIC REMOTE HOSTING	1,925,713		190.14
190.15	19015	RENTAL PROPERTIES	251,158		190.15
191.00	19100	RESEARCH	2,799,409		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	UICOM	29,874,544		194.00
194.01	07951	OUTREACH	3,124,687		194.01
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,410,497,450		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS 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 MEDS 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	3,850,259	0	6,065,872	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	4,569,677	0	629,010	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	273	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	110,071	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	431	0	370,636	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	277,890	0	0	10.00
11.00	01100	CAFETERIA	0	0	935,757	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,320	0	904,569	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	236,692	0	286,031	0	0	14.00
15.00	01500	PHARMACY	0	0	101,234	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,667	0	727,740	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	275,751	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,180,418	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,276	0	560,772	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	16,594	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	29,396	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	1,600	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	3,583	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	8,819	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	541,534	0	4,618,428	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	18,346	0	331,534	0	0	31.01
32.00	03200	CORONARY CARE UNIT	33,719	0	367,679	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	64,165	0	238,858	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	75,986	0	162,532	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,225	0	343,762	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,651	0	484,290	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	364	0	505,094	0	0	40.00
43.00	04300	NURSERY	0	0	616,921	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,075	0	3,600,657	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	177,769	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	295,806	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,231,511	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	318	0	478,515	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	63,211	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	163,836	0	0	55.02
57.00	05700	CT SCAN	0	0	104,922	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	279,890	0	30,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	195,702	0	0	59.00
60.00	06000	LABORATORY	0	0	969,050	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	336,648	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	506,763	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,165	0	187,005	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,511	0	125,099	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	159,923	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	47,034	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	3,431	0	19,342	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,558	0	35,936	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	28,126	0	0	71.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS BLDG	
			0	1.00	1.01	1.02	1.03	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	366,218	0	0	73.00
74.00	07400	RENAL DIALYSIS	467,887	0	202,904	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	176,638	0	0	76.00
76.02	03952	URODYNAMICS	0	0	7,445	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	47,504	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	291,910	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	85,336	0	0	76.06
76.07	03954	CDC- REHAB	0	0	19,029	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	25,135	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,496	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	26,683	0	0	76.98
76.99	07699	LITHOTRIPSY	211,272	0	8,784	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	9,462	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	153,887	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	229,291	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	210,070	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	1,384,946	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,163	0	343,084	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	516,400	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	680,601	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	537,899	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	532,489	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	2,081,010	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	602,797	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	227,917	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	5,170	0	318,436	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	819,164	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	412,139	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	213,729	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	191	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
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
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
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.76	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 CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	10,923	0	611,285	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,201	0	122,160	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	88,728	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	28,982	0	34,980	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,056	0	150,617	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,442	0	23,221	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	17,481	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	9,549	0	0	107.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MEDS BLDG	
			0	1.00	1.01	1.02	1.03	
108.00	10800	LUNG ACQUISITION	0	0	1,844	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	191	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,228,739	0	41,542,507	0	244,023	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	48,843	0	0	190.00
190.01	19001	VENDING/PATIENT ART	6,755	0	194,972	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	10,332	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	218,872	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	397,075	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	58,184	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	34,545	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	615,269	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	92,971	0	187,405	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	749,569	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	60,340	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,388,805	0	44,057,573	0	244,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	93,863	170,813	19,857,137	0	30,037,944	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	50,758	0	5,249,445	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,934	0	2,207	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	191,949	0	0	191,949	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,024	2,541	0	164,636	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	0	57,933	0	429,000	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	34,534	0	5,135	39,669	9.05
10.00	01000	DIETARY	0	46,333	89,701	0	413,924	10.00
11.00	01100	CAFETERIA	22,848	0	0	0	958,605	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	931,363	0	1,843,252	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,849	0	528,572	14.00
15.00	01500	PHARMACY	0	2,782	13,636	0	117,652	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,022	0	6,974	0	746,403	16.00
17.00	01700	SOCIAL SERVICE	6,029	3,965	0	0	285,745	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,180,418	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	581,048	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	16,594	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	29,396	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	1,600	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	3,583	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	8,819	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	4,003	0	1,319,157	0	6,483,122	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	197,648	0	547,528	31.01
32.00	03200	CORONARY CARE UNIT	0	0	380,746	0	782,144	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	77,283	0	380,306	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	255,353	0	493,871	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	131,709	0	476,696	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	343,350	0	840,291	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	9,948	0	515,406	40.00
43.00	04300	NURSERY	0	0	219,447	0	836,368	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	5,890,063	0	9,493,795	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	242,498	0	420,267	52.00
53.00	05300	ANESTHESIOLOGY	0	0	750,689	0	1,046,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	339,996	2,750,920	552,507	4,874,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,173,584	0	1,652,417	55.00
55.01	03630	ULTRA SOUND	0	27,595	271,558	32,365	394,729	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	577,939	0	741,775	55.02
57.00	05700	CT SCAN	0	16,595	1,411,993	142,452	1,675,962	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,861,644	0	2,171,828	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,264,892	0	1,460,594	59.00
60.00	06000	LABORATORY	0	137,527	1,651,876	298,110	3,056,563	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	221,486	0	558,134	60.01
60.02	03140	CARDIOLOGY	0	14,421	1,058,279	40,558	1,620,021	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	156,031	0	345,201	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	431,818	0	571,428	65.00
66.00	06600	PHYSICAL THERAPY	0	0	23,241	5	183,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	448	0	398	47,880	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,746	0	54,519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,460	0	180,398	0	276,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	9,278	0	0	0	37,404	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	380,861	672,378	4,709	1,424,166	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	CAPITAL RELATED COSTS CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
74.00	07400	RENAL DIALYSIS	0	0	193,950	0	864,741	74.00
76.00	03950	IVF/CULTURE LAB	0	0	13,192	0	189,830	76.00
76.02	03952	URODYNAMICS	0	0	0	0	7,445	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	8,181	0	55,685	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	418,979	0	710,889	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	85,336	76.06
76.07	03954	CDC- REHAB	0	0	0	0	19,029	76.07
76.08	03955	DIABETES EDUCATION	0	11,511	0	1,604	38,250	76.08
76.97	07697	CARDIAC REHABILITATION	0	104,624	8,885	25,977	142,982	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,155	0	32,838	76.98
76.99	07699	LITHOTRIPSY	0	0	113,800	0	333,856	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	9,462	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	83,106	0	236,993	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	40,004	0	269,295	90.02
90.03	09003	ORAL SURGERY CLINIC	6,382	0	77,375	0	293,827	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	119,855	0	1,504,801	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	294,965	0	641,212	90.05
90.06	09006	OB-GYN CLINIC	0	0	73,325	0	589,725	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	26,476	296,796	21,120	1,024,993	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	24,096	0	561,995	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	14,557	0	556,351	0	1,103,397	90.09
90.10	09010	PEDIATRIC CLINIC	38,164	0	144,703	0	2,263,877	90.10
90.11	09011	SURGERY CLINIC	0	0	35,074	0	637,871	90.11
90.12	09012	UROLOGY CLINIC	0	0	106,671	0	334,588	90.12
90.13	09013	PSYCHIATRIC CLINIC	23,303	0	78,733	0	425,642	90.13
90.14	09014	CANCER CLINIC	0	0	83,740	0	902,904	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	15,917	0	428,056	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	34,063	0	247,792	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	1,451	0	1,642	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	191,789	0	167,557	359,346	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	2,622	0	1,968	4,590	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	100,691	0	53,114	153,805	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	243,430	1,063	94,845	339,338	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	175,802	0	117,936	293,738	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	159,078	0	96,948	256,026	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	23,214	0	39,674	62,888	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	87,613	0	89,673	177,286	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	202,853	0	40,272	243,125	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	133,914	0	105,301	239,215	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	32	0	294	326	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	126,719	0	44,738	171,457	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	69,963	0	51,071	121,034	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	430,264	0	562,003	992,267	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	245,828	0	33,477	279,305	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	92,313	0	6,409	98,722	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	96	0	256	352	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	1,183	0	1,260	2,443	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	3,869	0	6,519	10,388	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	18	18	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	1,331	47,870	49,201	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	310,582	0	932,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	26,751	0	153,112	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	88,728	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	23,181	0	87,143	94.00
95.00	09500	AMBULANCE SERVICES	0	0	42,956	0	196,629	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	26,663	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	17,481	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	9,549	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,844	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	191	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,909	3,853,727	47,810,731	2,686,143	106,621,779	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	CAPITAL RELATED COSTS CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	48,843	190.00
190.01	19001	VENDING/PATIENT ART	7,184	0	534	0	209,445	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,332	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	132,507	64,499	25,976	441,854	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	397,075	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	58,184	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	34,545	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	832	0	0	0	616,101	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	280,376	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	1,643,491	0	1,643,491	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	749,569	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	356,996	0	417,336	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 through 201)	263,925	3,986,234	49,876,251	2,712,119	111,528,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	30,037,944					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	1,299,907	0	6,549,352			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	5,399	0	0	5,399		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	17,432	0	0	0	19,639	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	112,467	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	59,163	0	19,294	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	596,043	0	64,969	0	0	9.01
9.04	00904	HOUSEKEEPING-CDD	3,686	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	19,112	0	0	0	0	9.05
10.00	01000	DIETARY	318,450	0	48,712	0	0	10.00
11.00	01100	CAFETERIA	46,405	0	164,030	0	2,639	11.00
13.00	01300	NURSING ADMINISTRATION	353,331	0	158,563	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	236,598	0	50,139	0	0	14.00
15.00	01500	PHARMACY	119,197	0	17,746	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	327,512	0	127,566	0	1,157	16.00
17.00	01700	SOCIAL SERVICE	450,604	0	48,337	0	696	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,170,025	0	382,208	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	473,885	0	98,298	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	2,769	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	42,637	0	2,909	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	15,859	0	5,153	0	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	1,621	0	281	0	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	4,245	0	628	0	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	8,422	0	1,546	0	0	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	2,365	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,382,445	0	809,569	0	462	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	240,967	0	58,115	0	0	31.01
32.00	03200	CORONARY CARE UNIT	238,431	0	64,451	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	120,370	0	41,870	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	329,465	0	28,490	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	370,966	0	60,258	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	277,439	0	84,892	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	293,085	0	88,538	0	0	40.00
43.00	04300	NURSERY	288,018	0	108,141	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,286,128	0	631,164	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,586	0	31,161	0	0	52.00
53.00	05300	ANESTHESIOLOGY	189,857	0	51,852	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	551,050	0	215,873	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	235,099	0	83,880	0	0	55.00
55.01	03630	ULTRA SOUND	104,362	0	11,080	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	136,069	0	28,719	0	0	55.02
57.00	05700	CT SCAN	145,434	0	18,392	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	151,079	0	49,062	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	144,039	0	34,305	0	0	59.00
60.00	06000	LABORATORY	1,129,361	0	169,866	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	116,051	0	59,011	0	0	60.01
60.02	03140	CARDIOLOGY	225,295	0	88,831	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	196,502	0	32,780	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	236,646	0	21,929	0	0	65.00
66.00	06600	PHYSICAL THERAPY	172,556	0	28,033	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,515	0	8,245	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	19,532	0	3,391	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,494	0	6,299	0	3,171	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	754,358	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	48,946	0	4,930	0	1,071	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,770,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,314,524	0	64,195	0	0	73.00
74.00	07400	RENAL DIALYSIS	194,340	0	35,567	0	0	74.00

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		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	
76.00	03950	IVF/CULTURE LAB	61,152	0	30,963	0	0	76.00
76.02	03952	URODYNAMICS	3,828	0	1,305	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	15,846	0	8,327	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	164,892	0	51,169	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	20,707	0	14,959	0	0	76.06
76.07	03954	CDC- REHAB	8,556	0	3,336	0	0	76.07
76.08	03955	DIABETES EDUCATION	12,973	0	4,406	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	20,484	0	613	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,943	0	4,677	0	0	76.98
76.99	07699	LITHOTRIPSY	31,056	0	1,540	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	90,127	0	1,659	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	24,477	0	26,975	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	49,553	0	40,193	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	53,025	0	36,823	0	737	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	263,407	0	242,769	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	70,645	0	60,140	0	0	90.05
90.06	09006	OB-GYN CLINIC	107,085	0	90,520	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	200,912	0	119,303	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	155,702	0	94,289	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	165,199	0	93,341	0	1,681	90.09
90.10	09010	PEDIATRIC CLINIC	291,096	0	364,783	0	4,408	90.10
90.11	09011	SURGERY CLINIC	127,325	0	105,665	0	0	90.11
90.12	09012	UROLOGY CLINIC	45,889	0	39,952	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	96,212	0	55,819	0	2,691	90.13
90.14	09014	CANCER CLINIC	267,347	0	143,592	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	61,718	0	72,244	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	50,082	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	9,413	0	34	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	61,020	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,605	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	18,065	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	66,811	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	55,018	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	29,875	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	8,337	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	18,910	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	41,131	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	31,624	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	11	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	17,931	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	24,002	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	80,754	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	34,180	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	7,100	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	102	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	1,150	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	4,288	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	1	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	38,175	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	18,052	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	439	0	0	0	0	90.97
91.00	09100	EMERGENCY	284,219	0	107,153	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,944	0	21,414	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	14,415	0	15,553	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	24,199	0	6,132	0	0	94.00
95.00	09500	AMBULANCE SERVICES	27,544	0	26,402	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	140,059	0	4,070	0	0	105.00
106.00	10600	HEART ACQUISITION	36,134	0	3,064	0	0	106.00
107.00	10700	LIVER ACQUISITION	53,655	0	1,674	0	0	107.00
108.00	10800	LUNG ACQUISITION	34,584	0	323	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	7,876	0	34	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,319,939	0	6,108,483	0	18,713	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,679	0	8,562	0	0	190.00

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		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	
190.01	19001	VENDING/PATIENT ART	92,939	0	34,177	0	830	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	242	0	1,811	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	1,739,259	0	38,366	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	9,346	0	69,604	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	19,174	0	10,199	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	92,761	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	810	0	6,055	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	14,449	0	107,851	0	96	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	33,388	0	32,851	5,399	0	190.13
190.14	19014	EPIC REMOTE HOSTING	38,545	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	5,027	0	0	0	0	190.15
191.00	19100	RESEARCH	17,579	0	131,393	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	551,263	0	0	0	0	194.00
194.01	07951	OUTREACH	62,544	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,037,944	0	6,549,352	5,399	19,639	202.00

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		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 MEDS 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	304,416					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	4,371	247,464				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	48	0	1,090,060		9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	3,686	9.04
9.05	00905	HOUSEKEEPING-IRL	2,901	0	0	0	0	9.05
10.00	01000	DIETARY	3,893	342	0	8,213	0	10.00
11.00	01100	CAFETERIA	0	268	0	27,657	495	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	26,735	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	0	8,454	0	14.00
15.00	01500	PHARMACY	234	0	0	2,992	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	21,509	217	16.00
17.00	01700	SOCIAL SERVICE	333	0	0	8,150	131	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	64,443	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,546	0	16,574	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	490	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	869	0	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	47	0	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	106	0	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	261	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	85,584	0	136,495	87	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	5,989	0	9,799	0	31.01
32.00	03200	CORONARY CARE UNIT	0	4,708	0	10,867	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,077	0	7,060	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,171	0	4,804	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	419	0	10,160	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,901	0	14,313	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	5,382	0	14,928	0	40.00
43.00	04300	NURSERY	0	2,933	0	18,233	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,695	0	106,419	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,347	0	5,254	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,743	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,564	6,208	0	36,398	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,536	0	14,143	0	55.00
55.01	03630	ULTRA SOUND	2,318	1,757	0	1,868	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	1,138	0	4,842	0	55.02
57.00	05700	CT SCAN	1,394	4,106	0	3,101	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,790	0	8,272	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,756	0	5,784	0	59.00
60.00	06000	LABORATORY	11,554	1,022	0	28,641	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	277	0	9,950	0	60.01
60.02	03140	CARDIOLOGY	1,212	905	0	14,978	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	844	0	5,527	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2	0	3,697	0	65.00
66.00	06600	PHYSICAL THERAPY	0	762	0	4,727	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38	1	0	1,390	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	572	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	173	0	1,062	595	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	831	201	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,997	420	0	10,824	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,648	0	5,997	0	74.00
76.00	03950	IVF/CULTURE LAB	0	594	0	5,221	0	76.00

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		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	
76.02	03952	URODYNAMICS	0	203	0	220	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	1,404	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	3,698	0	8,627	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	2,522	0	76.06
76.07	03954	CDC- REHAB	0	76	0	562	0	76.07
76.08	03955	DIABETES EDUCATION	967	4	0	743	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,790	148	0	103	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	198	0	789	0	76.98
76.99	07699	LITHOTRIPSY	0	528	0	260	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	280	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	714	0	4,548	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	783	0	6,777	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	186	0	6,209	138	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	691	0	40,933	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	38	0	10,140	0	90.05
90.06	09006	OB-GYN CLINIC	0	849	0	15,262	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	2,224	224	0	20,115	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	941	0	15,898	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	262	0	15,738	316	90.09
90.10	09010	PEDIATRIC CLINIC	0	629	0	61,505	827	90.10
90.11	09011	SURGERY CLINIC	0	302	0	17,816	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,299	0	6,736	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	3	0	9,411	505	90.13
90.14	09014	CANCER CLINIC	0	2,876	0	24,211	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	336	0	12,181	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	6	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	16,113	243	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	220	5	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	8,459	57	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	20,451	501	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	14,769	899	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	13,365	71	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,950	30	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	7,361	64	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	17,042	274	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	11,250	333	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	3	1	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	10,646	44	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	5,878	40	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	36,147	899	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	20,653	116	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	7,755	17	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	8	1	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	99	5	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	325	16	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	81	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	49	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	12,960	0	18,067	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,982	0	3,610	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,622	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	32	0	1,034	0	94.00
95.00	09500	AMBULANCE SERVICES	0	345	0	4,452	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	686	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	517	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	282	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	54	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	6	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	293,284	247,423	0	1,015,726	3,512	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,444	0	190.00
190.01	19001	VENDING/PATIENT ART	0	41	0	5,762	156	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	305	0	190.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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	
190.03	19003	PHARMACY HOMEGOING DRUGS	11,132	0	0	6,469	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	11,736	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,720	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	1,021	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	18,184	18	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	5,539	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	22,154	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	304,416	247,464	0	1,090,060	3,686	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	61,682					9.05
10.00	01000	DIETARY	808	794,342				10.00
11.00	01100	CAFETERIA	0	0	1,200,099			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	17,915	2,399,796		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,741	0	845,508	14.00
15.00	01500	PHARMACY	49	0	4,348	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	24,872	12,302	0	16.00
17.00	01700	SOCIAL SERVICE	69	0	33,046	51,063	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	128,706	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,609	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	174	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	2,609	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	478,845	165,571	690,462	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	32,898	15,827	69,372	0	31.01
32.00	03200	CORONARY CARE UNIT	0	31,528	15,306	68,128	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	21,085	8,522	35,970	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	44,081	21,567	91,337	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	48,918	39,134	88,820	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	23,369	17,393	70,185	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	87,168	25,393	108,881	0	40.00
43.00	04300	NURSERY	0	25,035	19,306	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	105,922	320,558	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	8,696	30,646	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	16,349	9,321	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,929	0	2,783	21,533	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,044	6,843	0	55.00
55.01	03630	ULTRA SOUND	481	0	0	79	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	3,652	2,250	0	55.02
57.00	05700	CT SCAN	289	0	0	806	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	522	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,914	15,178	0	59.00
60.00	06000	LABORATORY	2,398	0	2,435	15	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	7,653	0	0	60.01
60.02	03140	CARDIOLOGY	251	0	522	16,834	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,870	8,540	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	19,306	1,498	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,565	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,957	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	256,804	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	14,427	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	574,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,642	0	36,873	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9,566	20,543	0	74.00

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		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
76.00	03950	IVF/CULTURE LAB	0	0	4,000	7,196	0	76.00
76.02	03952	URODYNAMICS	0	0	174	1,023	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	1,217	2,620	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	9,044	35,181	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	1,391	0	0	76.06
76.07	03954	CDC- REHAB	0	0	522	1,740	0	76.07
76.08	03955	DIABETES EDUCATION	201	0	348	2,684	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,825	0	522	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	696	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	870	4,103	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	2,435	3,524	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	1,565	5,316	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	4,696	9,532	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	4,522	5,805	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	50,961	60,354	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	5,914	10,176	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	12,697	19,780	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	462	0	3,826	7,503	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	19,828	30,660	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	10,610	11,086	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	34,264	62,414	0	90.10
90.11	09011	SURGERY CLINIC	0	0	21,567	21,370	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	5,392	6,717	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	13,218	9,338	0	90.13
90.14	09014	CANCER CLINIC	0	0	19,306	66,324	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	10,088	15,615	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	3,479	6,400	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	0	696	2,942	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	3,345	0	3,305	7,389	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	46	0	174	994	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,756	0	1,044	4,902	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,245	0	4,870	21,299	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,066	0	3,131	10,800	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,774	0	1,565	1,493	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	405	0	696	2,834	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,528	0	870	3,384	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	3,538	0	2,957	13,303	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,335	0	1,565	7,003	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	1	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	2,210	0	1,044	4,752	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,220	0	1,739	5,145	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	7,503	0	3,479	13,900	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	4,287	0	2,435	10,693	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,610	0	348	1,928	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	2	0	0	17	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	21	0	0	251	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	67	0	174	533	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	2,957	8,520	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	1,044	3,802	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	26,263	69,482	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	7,827	26,783	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	870	3,141	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	696	5,512	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	3,131	11,029	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,087	5,211	0	105.00
106.00	10600	HEART ACQUISITION	0	0	696	1,581	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	870	1,798	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	522	678	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	53	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,371	792,927	1,126,875	2,398,784	845,508	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.05	10.00	11.00	13.00	14.00	
190.01	19001	VENDING/PATIENT ART	0	0	2,783	1,012	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	2,311	0	20,697	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	1,415	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	1,044	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	46,613	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	174	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	1,913	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	61,682	794,342	1,200,099	2,399,796	845,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	262,218					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,261,538				16.00
17.00	01700	SOCIAL SERVICE	0	0	878,174			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,925,800		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		1,173,960	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARMEDICAL 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	354	113,095	518,534			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	6,505	14,142			31.01
32.00	03200	CORONARY CARE UNIT	0	6,233	7,098			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,168	28,018			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,715	6,916			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	9,673	22,884			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,621	0			35.01
40.00	04000	SUBPROVIDER - IPF	0	8,065	92,453			40.00
43.00	04300	NURSERY	0	7,808	36,973			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25	0	854			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	523			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,562	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	145	0	0			55.00
55.01	03630	ULTRA SOUND	0	0	0			55.01
55.02	05501	RADIOLOGY - PET SCAN	803	0	0			55.02
57.00	05700	CT SCAN	1,224	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	669	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	90	0	0			59.00
60.00	06000	LABORATORY	453	0	0			60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0			60.01
60.02	03140	CARDIOLOGY	427	0	64			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16	0	0			63.00
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	217,712	0	0			73.00
74.00	07400	RENAL DIALYSIS	1,166	7,925	12,691			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	0	0	0			76.03
76.05	03340	DIGESTIVE DISEASE CENTER	33	0	0			76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0			76.06
76.07	03954	CDC- REHAB	0	0	20,610			76.07
76.08	03955	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0			77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	6,005	0			90.01
90.02	09002	DERMATOLOGY CLINIC	0	25,948	21			90.02
90.03	09003	ORAL SURGERY CLINIC	0	18,621	64			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	44	80,811	10,556			90.04
90.05	09005	NEUROLOGY CLINIC	5	15,915	1,131			90.05
90.06	09006	OB-GYN CLINIC	3	59,125	1,548			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	4	67,470	171			90.07
90.08	09008	ORTHOPAEDICS CLINIC	11	55,900	3,757			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	20,691	704			90.09
90.10	09010	PEDIATRIC CLINIC	201	73,386	24,954			90.10
90.11	09011	SURGERY CLINIC	17	32,864	6,468			90.11
90.12	09012	UROLOGY CLINIC	46	9,710	0			90.12
90.13	09013	PSYCHIATRIC CLINIC	0	46,681	39,385			90.13
90.14	09014	CANCER CLINIC	1,686	60,101	2,316			90.14
90.15	09015	FAMILY CARE CLINIC	5	31,322	0			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	76	21,724	0			90.16
90.17	09017	ANEMIA CLINIC	0	0	0			90.17
90.19	09019	BURN CLINIC	0	2,967	0			90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	77	35,326	502			90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	313	0			90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	8,224	480			90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4	17,841	1,291			90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0			90.55
90.56	09056	IRL-OB/GYN CLINIC	1	21,499	1,099			90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	10,252	555			90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	4,463	139			90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	9,243	320			90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	13,430	1,249			90.60
90.62	09062	IRL-UROLOGY CLINIC	0	19,626	726			90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	103	0			90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	6,318	470			90.68
90.69	09069	IRL-RADIOLOGY	0	0	0			90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	5,860	395			90.70
90.76	09076	IRL - PROCEDURE SUITES	192	37,835	0			90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	1	10,831	0			90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	2,271	0			90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	89	0			90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0			90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	439	0			90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	2,280	0			90.85
90.95	09095	QUAD CITIES - CANCER CENTER	170	6,640	0			90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	8,785	0			90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0			90.97
91.00	09100	EMERGENCY	0	59,111	875			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	88	4,014	8,571			92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	154	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	7,659	3,074			105.00
106.00	10600	HEART ACQUISITION	0	1,159	2,626			106.00
107.00	10700	LIVER ACQUISITION	0	2,229	1,259			107.00
108.00	10800	LUNG ACQUISITION	0	626	1,697			108.00
109.00	10900	PANCREAS ACQUISITION	0	201	11			109.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,311	1,102,870	878,174	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
190.03	19003	PHARMACY HOMEGOING DRUGS	34,907	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	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	UICOM	0	158,668	0			194.00
194.01	07951	OUTREACH	0	0	0			194.01
200.00		Cross Foot Adjustments				3,925,800	1,173,960	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	262,218	1,261,538	878,174	3,925,800	1,173,960	202.00

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		Cost Center Description	PARAMED ED PRGM	PARMEDICAL 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 MEDS 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	PARMEDICAL EDUC - DIETARY		2,943				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			65,239			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH				51,277		23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL					3,549	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH						23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH						23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH						23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	03630	ULTRA SOUND						55.01
55.02	05501	RADIOLOGY - PET SCAN						55.02
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	ANATOMICAL LABORATORY						60.01
60.02	03140	CARDIOLOGY						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
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
74.00	07400	RENAL DIALYSIS						74.00

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		Cost Center Description	PARAMED ED PRGM	PARMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
76.00	03950	IVF/CULTURE LAB						76.00
76.02	03952	URODYNAMICS						76.02
76.03	03953	SPINE TREATMENT CENTER						76.03
76.05	03340	DIGESTIVE DISEASE CENTER						76.05
76.06	03580	RECREATIONAL THERAPY						76.06
76.07	03954	CDC- REHAB						76.07
76.08	03955	DIABETES EDUCATION						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
90.01	09001	ANESTHESIA PAIN CLINIC						90.01
90.02	09002	DERMATOLOGY CLINIC						90.02
90.03	09003	ORAL SURGERY CLINIC						90.03
90.04	09004	INTERNAL MEDICINE CLINIC						90.04
90.05	09005	NEUROLOGY CLINIC						90.05
90.06	09006	OB-GYN CLINIC						90.06
90.07	09007	OPHTHALMOLOGY CLINIC						90.07
90.08	09008	ORTHOPAEDICS CLINIC						90.08
90.09	09009	OTOLARYNGOLOGY CLINIC						90.09
90.10	09010	PEDIATRIC CLINIC						90.10
90.11	09011	SURGERY CLINIC						90.11
90.12	09012	UROLOGY CLINIC						90.12
90.13	09013	PSYCHIATRIC CLINIC						90.13
90.14	09014	CANCER CLINIC						90.14
90.15	09015	FAMILY CARE CLINIC						90.15
90.16	09016	ORTHO SPORTS MED CLINIC						90.16
90.17	09017	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
90.55	09055	IRL - NEUROLOGY CLINIC						90.55
90.56	09056	IRL-OB/GYN CLINIC						90.56
90.57	09057	IRL-OPHTHALMOLOGY						90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC						90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC						90.59
90.60	09060	IRL-PEDIATRICS CLINIC						90.60
90.62	09062	IRL-UROLOGY CLINIC						90.62
90.65	09065	IRL - FAMILY CARE CLINIC						90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC						90.68
90.69	09069	IRL-RADIOLOGY						90.69
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 CLINIC						90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC						90.82
90.83	09083	IRL EAST-SURGERY CLINIC						90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC						90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC						90.85
90.95	09095	QUAD CITIES - CANCER CENTER						90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC						90.96
90.97	09097	NORTH DODGE - REI CLINIC						90.97
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM						93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARAMED ED PRGM	PARMEDICAL EDUC - DIETARY	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMEDICAL EDUC - PASTORAL	
			23.00	23.01	23.02	23.04	23.05	
190.01	19001	VENDING/PATIENT ART						190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE						190.02
190.03	19003	PHARMACY HOMEGOING DRUGS						190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING						190.04
190.05	19005	CLINICAL RESEARCH UNIT						190.05
190.06	19006	PATIENT EDUCATION SERVICE						190.06
190.07	19007	NON-ALLOWABLE						190.07
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	UICOM						194.00
194.01	07951	OUTREACH						194.01
200.00		Cross Foot Adjustments	0	2,943	65,239	51,277	3,549	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,943	65,239	51,277	3,549	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	PARMEDICAL 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	8,562					23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH		19,048				23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH			2,365			23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				11,864,625	0	30.00
31.00	03100	INTENSIVE CARE UNIT				0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				1,001,142	0	31.01
32.00	03200	CORONARY CARE UNIT				1,228,894	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				652,446	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				1,037,417	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				1,127,928	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				1,334,404	0	35.01
40.00	04000	SUBPROVIDER - IPF				1,239,299	0	40.00
43.00	04300	NURSERY				1,342,815	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				12,999,560	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				619,480	0	52.00
53.00	05300	ANESTHESIOLOGY				1,322,617	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				5,744,834	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				2,004,107	0	55.00
55.01	03630	ULTRA SOUND				516,674	0	55.01
55.02	05501	RADIOLOGY - PET SCAN				919,248	0	55.02
57.00	05700	CT SCAN				1,850,708	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				2,385,222	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,669,660	0	59.00
60.00	06000	LABORATORY				4,402,308	0	60.00
60.01	06001	ANATOMICAL LABORATORY				751,076	0	60.01
60.02	03140	CARDIOLOGY				1,969,340	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				594,280	0	63.00
65.00	06500	RESPIRATORY THERAPY				854,506	0	65.00
66.00	06600	PHYSICAL THERAPY				390,812	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				119,077	0	67.00
69.00	06900	ELECTROCARDIOLOGY				78,021	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				392,103	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,011,162	0	71.00
71.01	03540	ORTHOTIC SERVICES				107,827	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				2,345,212	0	72.00

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		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	
73.00	07300	DRUGS CHARGED TO PATIENTS				6,107,353	0	73.00
74.00	07400	RENAL DIALYSIS				1,154,184	0	74.00
76.00	03950	IVF/CULTURE LAB				298,957	0	76.00
76.02	03952	URODYNAMICS				14,198	0	76.02
76.03	03953	SPINE TREATMENT CENTER				85,099	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER				983,533	0	76.05
76.06	03580	RECREATIONAL THERAPY				124,915	0	76.06
76.07	03954	CDC- REHAB				54,431	0	76.07
76.08	03955	DIABETES EDUCATION				60,576	0	76.08
76.97	07697	CARDIAC REHABILITATION				175,467	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				50,141	0	76.98
76.99	07699	LITHOTRIPSY				372,213	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				107,487	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC				306,593	0	90.01
90.02	09002	DERMATOLOGY CLINIC				406,798	0	90.02
90.03	09003	ORAL SURGERY CLINIC				419,957	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC				2,255,327	0	90.04
90.05	09005	NEUROLOGY CLINIC				815,316	0	90.05
90.06	09006	OB-GYN CLINIC				896,594	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC				1,447,207	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC				938,981	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC				1,423,025	0	90.09
90.10	09010	PEDIATRIC CLINIC				3,182,344	0	90.10
90.11	09011	SURGERY CLINIC				971,265	0	90.11
90.12	09012	UROLOGY CLINIC				450,329	0	90.12
90.13	09013	PSYCHIATRIC CLINIC				698,905	0	90.13
90.14	09014	CANCER CLINIC				1,490,663	0	90.14
90.15	09015	FAMILY CARE CLINIC				631,565	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC				329,553	0	90.16
90.17	09017	ANEMIA CLINIC				0	0	90.17
90.19	09019	BURN CLINIC				17,700	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC				486,666	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC				8,947	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC				196,792	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC				476,651	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC				0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC				404,020	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY				315,976	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC				81,742	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC				218,966	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC				336,049	0	90.60
90.62	09062	IRL-UROLOGY CLINIC				313,677	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC				445	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC				214,872	0	90.68
90.69	09069	IRL-RADIOLOGY				0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC				165,313	0	90.70
90.76	09076	IRL - PROCEDURE SUITES				1,172,976	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC				362,501	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC				119,751	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC				571	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC				3,969	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC				16,230	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC				2,299	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER				105,744	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC				31,732	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC				439	0	90.97
91.00	09100	EMERGENCY				1,510,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				259,345	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				125,329	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				124,902	0	94.00
95.00	09500	AMBULANCE SERVICES				269,532	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				189,509	0	105.00
106.00	10600	HEART ACQUISITION				63,258	0	106.00
107.00	10700	LIVER ACQUISITION				71,316	0	107.00
108.00	10800	LUNG ACQUISITION				40,328	0	108.00
109.00	10900	PANCREAS ACQUISITION				8,372	0	109.00

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		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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	97,846,619	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				99,528	0	190.00
190.01	19001	VENDING/PATIENT ART				347,145	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE				12,690	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS				2,294,995	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING				0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT				489,176	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE				90,321	0	190.06
190.07	19007	NON-ALLOWABLE				0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC				92,761	0	190.08
190.09	19009	CONTACT LENS CLINIC				42,431	0	190.09
190.10	19010	IRL-PHYSICIANS				0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT				803,312	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT				0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE				357,727	0	190.13
190.14	19014	EPIC REMOTE HOSTING				1,682,036	0	190.14
190.15	19015	RENTAL PROPERTIES				5,027	0	190.15
191.00	19100	RESEARCH				920,695	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
194.00	07950	UICOM				1,129,180	0	194.00
194.01	07951	OUTREACH				62,544	0	194.01
200.00		Cross Foot Adjustments	8,562	19,048	2,365	5,252,743	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,562	19,048	2,365	111,528,930	0	202.00

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		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 MEDS 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	PARMEDICAL 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	11,864,625		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,001,142		31.01
32.00	03200	CORONARY CARE UNIT	1,228,894		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	652,446		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,037,417		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,127,928		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,334,404		35.01
40.00	04000	SUBPROVIDER - IPF	1,239,299		40.00
43.00	04300	NURSERY	1,342,815		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	12,999,560		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	619,480		52.00
53.00	05300	ANESTHESIOLOGY	1,322,617		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,744,834		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,004,107		55.00
55.01	03630	ULTRA SOUND	516,674		55.01
55.02	05501	RADIOLOGY - PET SCAN	919,248		55.02
57.00	05700	CT SCAN	1,850,708		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,385,222		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669,660		59.00
60.00	06000	LABORATORY	4,402,308		60.00
60.01	06001	ANATOMICAL LABORATORY	751,076		60.01
60.02	03140	CARDIOLOGY	1,969,340		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	594,280		63.00
65.00	06500	RESPIRATORY THERAPY	854,506		65.00
66.00	06600	PHYSICAL THERAPY	390,812		66.00
67.00	06700	OCCUPATIONAL THERAPY	119,077		67.00
69.00	06900	ELECTROCARDIOLOGY	78,021		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,103		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,011,162		71.00
71.01	03540	ORTHOTIC SERVICES	107,827		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,345,212		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,107,353		73.00
74.00	07400	RENAL DIALYSIS	1,154,184		74.00
76.00	03950	IVF/CULTURE LAB	298,957		76.00
76.02	03952	URODYNAMICS	14,198		76.02

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		Cost Center Description	Total		
			26.00		
76.03	03953	SPINE TREATMENT CENTER	85,099		76.03
76.05	03340	DIGESTIVE DISEASE CENTER	983,533		76.05
76.06	03580	RECREATIONAL THERAPY	124,915		76.06
76.07	03954	CDC- REHAB	54,431		76.07
76.08	03955	DIABETES EDUCATION	60,576		76.08
76.97	07697	CARDIAC REHABILITATION	175,467		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,141		76.98
76.99	07699	LITHOTRIPSY	372,213		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	107,487		77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,593		90.01
90.02	09002	DERMATOLOGY CLINIC	406,798		90.02
90.03	09003	ORAL SURGERY CLINIC	419,957		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,255,327		90.04
90.05	09005	NEUROLOGY CLINIC	815,316		90.05
90.06	09006	OB-GYN CLINIC	896,594		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,447,207		90.07
90.08	09008	ORTHOPAEDICS CLINIC	938,981		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,423,025		90.09
90.10	09010	PEDIATRIC CLINIC	3,182,344		90.10
90.11	09011	SURGERY CLINIC	971,265		90.11
90.12	09012	UROLOGY CLINIC	450,329		90.12
90.13	09013	PSYCHIATRIC CLINIC	698,905		90.13
90.14	09014	CANCER CLINIC	1,490,663		90.14
90.15	09015	FAMILY CARE CLINIC	631,565		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	329,553		90.16
90.17	09017	ANEMIA CLINIC	0		90.17
90.19	09019	BURN CLINIC	17,700		90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	486,666		90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	8,947		90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	196,792		90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	476,651		90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	404,020		90.56
90.57	09057	IRL-OPHTHALMOLOGY	315,976		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	81,742		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	218,966		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	336,049		90.60
90.62	09062	IRL-UROLOGY CLINIC	313,677		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	445		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	214,872		90.68
90.69	09069	IRL-RADIOLOGY	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	165,313		90.70
90.76	09076	IRL - PROCEDURE SUITES	1,172,976		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	362,501		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	119,751		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	571		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	3,969		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	16,230		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,299		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	105,744		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	31,732		90.96
90.97	09097	NORTH DODGE - REI CLINIC	439		90.97
91.00	09100	EMERGENCY	1,510,920		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	259,345		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	125,329		93.99
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	124,902		94.00
95.00	09500	AMBULANCE SERVICES	269,532		95.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	189,509		105.00
106.00	10600	HEART ACQUISITION	63,258		106.00
107.00	10700	LIVER ACQUISITION	71,316		107.00
108.00	10800	LUNG ACQUISITION	40,328		108.00
109.00	10900	PANCREAS ACQUISITION	8,372		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,846,619		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,528		190.00
190.01	19001	VENDING/PATIENT ART	347,145		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	12,690		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	2,294,995		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Total		
			26.00		
190.05	19005	CLINICAL RESEARCH UNIT	489,176		190.05
190.06	19006	PATIENT EDUCATION SERVICE	90,321		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	92,761		190.08
190.09	19009	CONTACT LENS CLINIC	42,431		190.09
190.10	19010	IRL-PHYSICIANS	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	803,312		190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	357,727		190.13
190.14	19014	EPIC REMOTE HOSTING	1,682,036		190.14
190.15	19015	RENTAL PROPERTIES	5,027		190.15
191.00	19100	RESEARCH	920,695		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	UICOM	1,129,180		194.00
194.01	07951	OUTREACH	62,544		194.01
200.00		Cross Foot Adjustments	5,252,743		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	111,528,930		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MEDS 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	2,532,885				1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	17,796			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MEDS BLDG	0	0	0	22,377		1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	54,591	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	348,729	0	0	19,415	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	36,162	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	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	21,308	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	15,976	0	0	0	10.00
11.00	01100	CAFETERIA	0	53,797	0	0	4,726	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,004	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,444	0	0	0	14.00
15.00	01500	PHARMACY	0	5,820	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,838	0	0	2,073	16.00
17.00	01700	SOCIAL SERVICE	0	15,853	0	0	1,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	125,353	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	32,239	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	954	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	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	265,515	0	0	828	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,732	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	19,763	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	27,842	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	29,038	0	0	0	40.00
43.00	04300	NURSERY	0	35,467	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	207,003	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,220	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,006	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,800	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,510	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	3,634	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,419	0	0	0	55.02
57.00	05700	CT SCAN	0	6,032	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,091	0	2,778	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,251	0	0	0	59.00
60.00	06000	LABORATORY	0	55,711	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,354	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	29,134	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,751	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,192	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,704	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,112	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,066	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	1,617	0	0	1,919	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 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MEDS BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,054	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,665	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	10,155	0	0	0	76.00
76.02	03952	URODYNAMICS	0	428	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,731	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	16,782	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,906	0	0	0	76.06
76.07	03954	CDC- REHAB	0	1,094	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	1,445	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	505	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,847	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,182	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,077	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	79,621	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	19,724	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,688	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	39,128	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	30,924	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,613	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	119,638	0	0	7,894	90.10
90.11	09011	SURGERY CLINIC	0	34,655	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,103	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	18,307	0	0	4,820	90.13
90.14	09014	CANCER CLINIC	0	47,094	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	23,694	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	19,599	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	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
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	0	90.62
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
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.70
90.76	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 CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	35,143	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,023	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,659	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,335	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,005	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	549	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	106	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	11	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MEDS BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,388,293	0	22,377	52,933	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	11,209	0	0	1,486	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	12,583	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	22,828	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,345	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	1,986	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	35,372	0	0	172	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	10,774	17,796	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	43,093	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	44,057,573	0	244,023	263,925	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	17.394226	0.000000	10.905081	4.834588	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	124,665					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		49,560,173				2.00
2.05	00205	CAP REL COSTS-MVBLE EQUIP-IRL		0	2,706,908			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	5,342	19,731,308	0	-219,854,875	1,280,831,963	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	50,436	0	0	55,428,417	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	743,304	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	6,003	0	0	0	4,795,624	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,627	2,525	0	0	2,522,737	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	57,566	0	0	25,415,430	9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	0	157,185	9.04
9.05	00905	HOUSEKEEPING-IRL	1,080	0	5,125	0	814,937	9.05
10.00	01000	DIETARY	1,449	89,133	0	0	13,578,794	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,978,717	11.00
13.00	01300	NURSING ADMINISTRATION	0	925,460	0	0	15,066,150	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,812	0	0	10,088,603	14.00
15.00	01500	PHARMACY	87	13,550	0	0	5,082,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,930	0	0	13,965,188	16.00
17.00	01700	SOCIAL SERVICE	124	0	0	0	19,213,876	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	49,890,191	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	20,206,583	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	118,066	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,818,062	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	676,228	23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL	0	0	0	0	69,119	23.05
23.06	02306	PARAMEDICAL EDUC - NUCLEAR MED TECH	0	0	0	0	181,006	23.06
23.07	02307	PARAMEDICAL EDUC - ULTRASOUND TECH	0	0	0	0	359,117	23.07
23.08	02308	PARAMEDICAL EDUC - RAD ONC TECH	0	0	0	0	100,849	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,310,797	0	0	101,588,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	196,395	0	0	10,274,923	31.01
32.00	03200	CORONARY CARE UNIT	0	378,333	0	0	10,166,753	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	76,793	0	0	5,132,605	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	253,735	0	0	14,048,483	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	130,874	0	0	15,818,106	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	341,174	0	0	11,830,079	35.01
40.00	04000	SUBPROVIDER - IPF	0	9,885	0	0	12,497,243	40.00
43.00	04300	NURSERY	0	218,056	0	0	12,281,191	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,852,734	0	0	97,481,149	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	240,961	0	0	5,056,562	52.00
53.00	05300	ANESTHESIOLOGY	0	745,931	0	0	8,095,563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,633	2,733,486	551,445	0	23,496,927	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,166,146	0	0	10,024,682	55.00
55.01	03630	ULTRA SOUND	863	269,837	32,303	0	4,450,024	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	574,276	0	0	5,802,032	55.02
57.00	05700	CT SCAN	519	1,403,044	142,178	0	6,201,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,849,846	0	0	6,442,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,256,876	0	0	6,141,844	59.00
60.00	06000	LABORATORY	4,301	1,641,407	297,537	0	48,156,257	60.00
60.01	06001	ANATOMICAL LABORATORY	0	220,082	0	0	4,948,464	60.01
60.02	03140	CARDIOLOGY	451	1,051,572	40,480	0	9,606,627	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	155,042	0	0	8,378,918	63.00
65.00	06500	RESPIRATORY THERAPY	0	429,081	0	0	10,090,671	65.00
66.00	06600	PHYSICAL THERAPY	0	23,094	5	0	7,357,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	14	0	397	0	2,623,029	67.00
69.00	06900	ELECTROCARDIOLOGY	0	31,545	0	0	832,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	179,255	0	0	4,157,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	32,166,045	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	0	2,087,075	71.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	75,513,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,911	668,117	4,700	0	183,977,982	73.00
74.00	07400	RENAL DIALYSIS	0	192,721	0	0	8,286,703	74.00
76.00	03950	IVF/CULTURE LAB	0	13,108	0	0	2,607,527	76.00
76.02	03952	URODYNAMICS	0	0	0	0	163,239	76.02
76.03	03953	SPINE TREATMENT CENTER	0	8,129	0	0	675,669	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	416,324	0	0	7,031,041	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	882,940	76.06
76.07	03954	CDC- REHAB	0	0	0	0	364,832	76.07
76.08	03955	DIABETES EDUCATION	360	0	1,601	0	553,193	76.08
76.97	07697	CARDIAC REHABILITATION	3,272	8,829	25,927	0	873,457	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,116	0	0	466,599	76.98
76.99	07699	LITHOTRIPSY	0	113,079	0	0	1,324,224	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	3,843,058	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	82,579	0	0	1,043,710	90.01
90.02	09002	DERMATOLOGY CLINIC	0	39,750	0	0	2,112,946	90.02
90.03	09003	ORAL SURGERY CLINIC	0	76,885	0	0	2,260,980	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	119,095	0	0	11,231,731	90.04
90.05	09005	NEUROLOGY CLINIC	0	293,096	0	0	3,012,306	90.05
90.06	09006	OB-GYN CLINIC	0	72,860	0	0	4,566,129	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	828	294,915	21,079	0	8,566,948	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	23,943	0	0	6,639,199	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	552,825	0	0	7,044,133	90.09
90.10	09010	PEDIATRIC CLINIC	0	143,786	0	0	12,412,403	90.10
90.11	09011	SURGERY CLINIC	0	34,852	0	0	5,429,173	90.11
90.12	09012	UROLOGY CLINIC	0	105,995	0	0	1,956,704	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	78,234	0	0	4,102,513	90.13
90.14	09014	CANCER CLINIC	0	83,209	0	0	11,399,752	90.14
90.15	09015	FAMILY CARE CLINIC	0	15,816	0	0	2,631,654	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	33,847	0	0	2,135,530	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	1,442	0	0	401,394	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	5,998	0	167,235	0	2,601,926	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	82	0	1,964	0	111,094	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	3,149	0	53,012	0	770,314	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	7,613	1,056	94,663	0	2,848,824	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	5,498	0	117,709	0	2,345,984	90.56
90.57	09057	IRL-OPHTHALMOLOGY	4,975	0	96,762	0	1,273,859	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	726	0	39,598	0	355,494	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2,740	0	89,501	0	806,326	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	6,344	0	40,195	0	1,753,829	90.60
90.62	09062	IRL-UROLOGY CLINIC	4,188	0	105,099	0	1,348,466	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	1	0	293	0	479	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	3,963	0	44,652	0	764,567	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	2,188	0	50,973	0	1,023,467	90.70
90.76	09076	IRL - PROCEDURE SUITES	13,456	0	560,923	0	3,443,364	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	7,688	0	33,413	0	1,457,446	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	2,887	0	6,397	0	302,764	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	3	0	256	0	4,340	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	37	0	1,258	0	49,039	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	121	0	6,506	0	182,853	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	18	0	28	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	1,323	47,778	0	1,627,782	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	769,750	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	18,713	90.97
91.00	09100	EMERGENCY	0	308,614	0	0	12,119,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	26,581	0	0	1,276,820	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	614,648	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	23,034	0	0	1,031,841	94.00
95.00	09500	AMBULANCE SERVICES	0	42,684	0	0	1,174,463	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5,972,142	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,540,761	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,287,884	107.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
108.00	10800	LUNG ACQUISITION	0	0	0	0	1,474,675	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	335,829	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,521	47,507,743	2,680,982	-219,854,875	1,164,935,413	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,734,547	190.00
190.01	19001	VENDING/PATIENT ART	0	531	0	0	3,962,932	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	10,332	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	4,144	64,090	25,926	0	74,162,509	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	398,531	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	817,592	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	3,955,341	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	34,545	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	616,101	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	1,423,670	190.13
190.14	19014	EPIC REMOTE HOSTING	0	1,633,075	0	0	1,643,591	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	214,363	190.15
191.00	19100	RESEARCH	0	0	0	0	749,569	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	354,734	0	0	23,506,015	194.00
194.01	07951	OUTREACH	0	0	0	0	2,666,912	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)	3,986,234	49,876,251	2,712,119		219,854,875	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.975567	1.006378	1.001925		0.171650	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					30,037,944	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.023452	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	2,147,994				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	17,796			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	35,176		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	113,320	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,328	0	0	1,627	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	0	21,308	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	1,080	9.05
10.00	01000	DIETARY	0	15,976	0	0	1,449	10.00
11.00	01100	CAFETERIA	0	53,797	0	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,004	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,444	0	0	0	14.00
15.00	01500	PHARMACY	0	5,820	0	0	87	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,838	0	2,073	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,853	0	1,247	124	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	125,353	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	32,239	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	954	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	0	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	265,515	0	828	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	19,060	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,732	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	19,763	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	27,842	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	29,038	0	0	0	40.00
43.00	04300	NURSERY	0	35,467	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	207,003	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,220	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,006	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,800	0	0	10,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,510	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	3,634	0	0	863	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,419	0	0	0	55.02
57.00	05700	CT SCAN	0	6,032	0	0	519	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,091	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,251	0	0	0	59.00
60.00	06000	LABORATORY	0	55,711	0	0	4,301	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,354	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	29,134	0	0	451	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,751	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,192	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,704	0	0	14	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,112	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,066	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	1,617	0	1,919	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	21,054	0	0	11,911	73.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
74.00	07400	RENAL DIALYSIS	0	11,665	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0	10,155	0	0	0	76.00
76.02	03952	URODYNAMICS	0	428	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	2,731	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	16,782	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	4,906	0	0	0	76.06
76.07	03954	CDC- REHAB	0	1,094	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	1,445	0	0	360	76.08
76.97	07697	CARDIAC REHABILITATION	0	201	0	0	3,272	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,534	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	505	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	544	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	8,847	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,182	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	12,077	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	79,621	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	19,724	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	29,688	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	39,128	0	0	828	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	30,924	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,613	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	119,638	0	7,894	0	90.10
90.11	09011	SURGERY CLINIC	0	34,655	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	13,103	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	18,307	0	4,820	0	90.13
90.14	09014	CANCER CLINIC	0	47,094	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	23,694	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	11	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	0	0	0	5,998	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	82	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	3,149	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	7,613	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	5,498	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	4,975	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	726	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	2,740	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	6,344	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	4,188	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	3,963	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	2,188	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	13,456	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	7,688	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	2,887	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	3	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	37	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	121	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	35,143	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,023	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5,101	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,011	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	8,659	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,335	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,005	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	549	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	106	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	11	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,003,402	0	33,518	109,176	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
	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	11,209	0	1,486	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	12,583	0	0	4,144	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	22,828	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,345	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	1,986	0	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	35,372	0	172	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	10,774	17,796	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	43,093	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	64,942,705	269,709	870,892	5,618,793	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	30.234118	15.155597	24.758131	49.583419	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,549,352	5,399	19,639	304,416	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.049055	0.303383	0.558307	2.686340	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	13,008,865					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSP	2,521	0	2,120,358			9.01
9.04	00904	HOUSEKEEPING-CDD	0	0	0	35,176		9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	110,613	9.05
10.00	01000	DIETARY	17,952	0	15,976	0	1,449	10.00
11.00	01100	CAFETERIA	14,065	0	53,797	4,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	52,004	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	226	0	16,444	0	0	14.00
15.00	01500	PHARMACY	0	0	5,820	0	87	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	41,838	2,073	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	15,853	1,247	124	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	125,353	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	81,259	0	32,239	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	954	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	0	0	0	23.08
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,499,435	0	265,515	828	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	314,845	0	19,060	0	0	31.01
32.00	03200	CORONARY CARE UNIT	247,485	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	266,903	0	13,732	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	429,556	0	9,344	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,029	0	19,763	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	99,929	0	27,842	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	282,927	0	29,038	0	0	40.00
43.00	04300	NURSERY	154,170	0	35,467	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,875,208	0	207,003	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	228,525	0	10,220	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	17,006	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,351	0	70,800	0	10,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	133,331	0	27,510	0	0	55.00
55.01	03630	ULTRA SOUND	92,362	0	3,634	0	863	55.01
55.02	05501	RADIOLOGY - PET SCAN	59,808	0	9,419	0	0	55.02
57.00	05700	CT SCAN	215,870	0	6,032	0	519	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	199,225	0	16,091	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	197,424	0	11,251	0	0	59.00
60.00	06000	LABORATORY	53,738	0	55,711	0	4,301	60.00
60.01	06001	ANATOMICAL LABORATORY	14,582	0	19,354	0	0	60.01
60.02	03140	CARDIOLOGY	47,550	0	29,134	0	451	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,356	0	10,751	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	88	0	7,192	0	0	65.00
66.00	06600	PHYSICAL THERAPY	40,045	0	9,194	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	50	0	2,704	0	14	67.00
69.00	06900	ELECTROCARDIOLOGY	23	0	1,112	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,076	0	2,066	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	878	0	1,617	1,919	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	22,068	0	21,054	0	11,911	73.00
74.00	07400	RENAL DIALYSIS	86,652	0	11,665	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
76.00	03950	IVF/CULTURE LAB	31,210	0	10,155	0	0	76.00
76.02	03952	URODYNAMICS	10,668	0	428	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	2,731	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	194,373	0	16,782	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	4,906	0	0	76.06
76.07	03954	CDC- REHAB	4,008	0	1,094	0	0	76.07
76.08	03955	DIABETES EDUCATION	203	0	1,445	0	360	76.08
76.97	07697	CARDIAC REHABILITATION	7,795	0	201	0	3,272	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,426	0	1,534	0	0	76.98
76.99	07699	LITHOTRIPSY	27,737	0	505	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	544	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	37,540	0	8,847	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	41,170	0	13,182	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	9,786	0	12,077	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	36,299	0	79,621	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1,987	0	19,724	0	0	90.05
90.06	09006	OB-GYN CLINIC	44,614	0	29,688	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	11,781	0	39,128	0	828	90.07
90.08	09008	ORTHOPAEDICS CLINIC	49,465	0	30,924	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	13,787	0	30,613	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	33,044	0	119,638	7,894	0	90.10
90.11	09011	SURGERY CLINIC	15,879	0	34,655	0	0	90.11
90.12	09012	UROLOGY CLINIC	68,275	0	13,103	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	145	0	18,307	4,820	0	90.13
90.14	09014	CANCER CLINIC	151,172	0	47,094	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	17,659	0	23,694	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	11	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	12,768	0	0	0	5,998	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	249	0	0	0	82	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	2,975	0	0	0	3,149	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	26,344	0	0	0	7,613	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	47,255	0	0	0	5,498	90.56
90.57	09057	IRL-OPHTHALMOLOGY	3,708	0	0	0	4,975	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1,600	0	0	0	726	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	3,347	0	0	0	2,740	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	14,424	0	0	0	6,344	90.60
90.62	09062	IRL-UROLOGY CLINIC	17,499	0	0	0	4,188	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	37	0	0	0	1	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	2,287	0	0	0	3,963	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	2,112	0	0	0	2,188	90.70
90.76	09076	IRL - PROCEDURE SUITES	47,242	0	0	0	13,456	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	6,072	0	0	0	7,688	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	893	0	0	0	2,887	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	33	0	0	0	3	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	262	0	0	0	37	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	826	0	0	0	121	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	4,255	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	2,597	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	5	0	0	0	0	90.97
91.00	09100	EMERGENCY	681,255	0	35,143	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	209,324	0	7,023	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	5,101	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,679	0	2,011	0	0	94.00
95.00	09500	AMBULANCE SERVICES	18,135	0	8,659	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,335	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,005	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	549	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	106	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	11	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,006,720	0	1,975,766	33,518	106,469	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,808	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
190.01	19001	VENDING/PATIENT ART	2,145	0	11,209	1,486	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	594	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	12,583	0	4,144	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	22,828	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,345	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	1,986	0	0	190.09
190.10	19010	IRL-PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	35,372	172	0	190.11
190.12	19012	MEDICAID ADMINISTRATION PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	10,774	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	43,093	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,227,758	0	30,422,844	184,166	1,008,371	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.248120	0.000000	14.347975	5.235558	9.116207	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	247,464	0	1,090,060	3,686	61,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019023	0.000000	0.514092	0.104787	0.557638	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	720,914					10.00
11.00	01100	CAFETERIA	0	6,900				11.00
13.00	01300	NURSING ADMINISTRATION	0	103	6,195,960			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	125	0	329,969,028		14.00
15.00	01500	PHARMACY	0	25	0	0	945,138,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	143	31,762	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	190	131,839	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	740	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15	1	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARMEDICAL EDUC - DIETARY	0	1	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	15	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	434,581	952	1,782,682	0	1,277,380	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	29,857	91	179,110	0	0	31.01
32.00	03200	CORONARY CARE UNIT	28,614	88	175,898	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,136	49	92,871	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	40,006	124	235,820	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	44,396	225	229,322	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	21,209	100	181,209	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	79,110	146	281,116	0	0	40.00
43.00	04300	NURSERY	22,721	111	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	609	827,640	0	89,068	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	50	79,125	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	94	24,065	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16	55,595	0	5,638,815	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	52	17,669	0	524,302	55.00
55.01	03630	ULTRA SOUND	0	0	203	0	1,200	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	21	5,810	0	2,899,408	55.02
57.00	05700	CT SCAN	0	0	2,081	0	4,418,853	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3	0	0	2,416,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34	39,188	0	323,991	59.00
60.00	06000	LABORATORY	0	14	40	0	1,634,903	60.00
60.01	06001	ANATOMICAL LABORATORY	0	44	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	3	43,464	0	1,542,598	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	28	22,050	0	59,122	63.00
65.00	06500	RESPIRATORY THERAPY	0	111	3,868	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	19	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	100,235,876	0	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	5,631,244	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	224,101,908	0	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	212	0	0	784,464,614	73.00
74.00	07400	RENAL DIALYSIS	0	55	53,040	0	4,208,039	74.00
76.00	03950	IVF/CULTURE LAB	0	23	18,580	0	2,152	76.00
76.02	03952	URODYNAMICS	0	1	2,640	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	7	6,764	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	52	90,832	0	118,781	76.05
76.06	03580	RECREATIONAL THERAPY	0	8	0	0	0	76.06
76.07	03954	CDC- REHAB	0	3	4,492	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	2	6,929	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	3	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	5	10,594	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	14	9,098	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	9	13,726	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	27	24,611	0	1,080	90.02
90.03	09003	ORAL SURGERY CLINIC	0	26	14,989	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	293	155,826	0	160,147	90.04
90.05	09005	NEUROLOGY CLINIC	0	34	26,273	0	17,256	90.05
90.06	09006	OB-GYN CLINIC	0	73	51,069	0	10,507	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	22	19,373	0	15,795	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	114	79,160	0	39,492	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	61	28,622	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	197	161,146	0	726,086	90.10
90.11	09011	SURGERY CLINIC	0	124	55,175	0	62,739	90.11
90.12	09012	UROLOGY CLINIC	0	31	17,343	0	166,399	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	76	24,109	0	0	90.13
90.14	09014	CANCER CLINIC	0	111	171,240	0	6,088,008	90.14
90.15	09015	FAMILY CARE CLINIC	0	58	40,315	0	16,728	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	20	16,524	0	274,584	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0	4	7,595	0	585	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	19	19,077	0	278,361	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	1	2,566	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	6	12,656	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	28	54,991	0	12,962	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	18	27,884	0	2,690	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	9	3,854	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	4	7,317	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	5	8,736	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	17	34,346	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	9	18,082	0	508	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	6	12,268	0	1,210	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	10	13,283	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	20	35,887	0	692,779	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	14	27,609	0	3,630	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	2	4,978	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	43	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	648	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	1	1,375	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	17	21,997	0	613,513	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	6	9,815	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	151	179,393	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	45	69,151	0	315,951	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	5	8,110	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	4	14,230	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	18	28,475	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	12	13,455	0	0	105.00
106.00	10600	HEART ACQUISITION	0	4	4,081	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	5	4,641	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	3	1,750	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	137	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	719,630	6,479	6,193,347	329,969,028	819,120,482	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	16	2,613	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	119	0	0	126,018,407	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,284	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	6	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	268	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	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	11	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)	16,711,346	4,861,987	20,043,279	12,641,555	6,237,205	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.180776	704.635797	3.234895	0.038311	0.006599	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	794,342	1,200,099	2,399,796	845,508	262,218	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.101854	173.927391	0.387316	0.002562	0.000277	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	269,976					16.00
17.00	01700	SOCIAL SERVICE	0	82,277				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,520,740			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		3,520,740		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PARMEDICAL 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	24,203	48,582	362,784	362,784	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,392	1,325	35,028	35,028	0	31.01
32.00	03200	CORONARY CARE UNIT	1,334	665	41,905	41,905	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	892	2,625	17,064	17,064	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,865	648	58,125	58,125	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,070	2,144	65,586	65,586	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	989	0	33,765	33,765	0	35.01
40.00	04000	SUBPROVIDER - IPF	1,726	8,662	42,727	42,727	0	40.00
43.00	04300	NURSERY	1,671	3,464	75,690	75,690	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	80	579,225	579,225	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49	25,385	25,385	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	75,554	75,554	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	151,392	151,392	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	94,898	94,898	0	55.00
55.01	03630	ULTRA SOUND	0	0	35,315	35,315	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	37,489	37,489	0	55.02
57.00	05700	CT SCAN	0	0	172,434	172,434	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	138,954	138,954	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	95,403	95,403	0	59.00
60.00	06000	LABORATORY	0	0	467,702	467,702	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	39,403	39,403	0	60.01
60.02	03140	CARDIOLOGY	0	6	79,783	79,783	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	35,878	35,878	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	76,210	76,210	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	30,377	30,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,382	12,382	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,729	9,729	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	27,998	27,998	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	6,285	6,285	0	71.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
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	1,696	1,189	57,396	57,396	0	74.00
76.00	03950	IVF/CULTURE LAB	0	0	5,266	5,266	0	76.00
76.02	03952	URODYNAMICS	0	0	3,169	3,169	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	2,338	2,338	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	49,963	49,963	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	559	559	0	76.06
76.07	03954	CDC- REHAB	0	1,931	1,205	1,205	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	584	584	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	3,584	3,584	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,010	2,010	0	76.98
76.99	07699	LITHOTRIPSY	0	0	10,629	10,629	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	13,991	13,991	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,285	0	7,437	7,437	0	90.01
90.02	09002	DERMATOLOGY CLINIC	5,553	2	14,779	14,779	0	90.02
90.03	09003	ORAL SURGERY CLINIC	3,985	6	5,031	5,031	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	17,294	989	16,861	16,861	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,406	106	4,120	4,120	0	90.05
90.06	09006	OB-GYN CLINIC	12,653	145	6,851	6,851	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	14,439	16	32,680	32,680	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	11,963	352	11,811	11,811	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	4,428	66	18,755	18,755	0	90.09
90.10	09010	PEDIATRIC CLINIC	15,705	2,338	13,900	13,900	0	90.10
90.11	09011	SURGERY CLINIC	7,033	606	6,378	6,378	0	90.11
90.12	09012	UROLOGY CLINIC	2,078	0	8,068	8,068	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	9,990	3,690	11,732	11,732	0	90.13
90.14	09014	CANCER CLINIC	12,862	217	42,575	42,575	0	90.14
90.15	09015	FAMILY CARE CLINIC	6,703	0	7,009	7,009	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4,649	0	8,120	8,120	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0	90.17
90.19	09019	BURN CLINIC	635	0	518	518	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	7,560	47	13,408	13,408	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	67	0	256	256	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,760	45	3,114	3,114	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	3,818	121	6,628	6,628	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	4,601	103	8,148	8,148	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2,194	52	3,893	3,893	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	955	13	1,673	1,673	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,978	30	3,525	3,525	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,874	117	5,012	5,012	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	4,200	68	7,284	7,284	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	22	0	39	39	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,352	44	2,394	2,394	0	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,254	37	2,206	2,206	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	8,097	0	14,414	14,414	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,318	0	4,094	4,094	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	486	0	843	843	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	19	0	39	39	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	168	168	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	94	0	888	888	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	488	0	3	3	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	1,421	0	4,424	4,424	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,880	0	2,726	2,726	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	5	5	0	90.97
91.00	09100	EMERGENCY	12,650	82	130,329	130,329	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	859	803	1,823	1,823	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	756	756	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	33	0	9,070	9,070	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,789	1,789	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,639	288	0	0	0	105.00
106.00	10600	HEART ACQUISITION	248	246	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	477	118	0	0	0	107.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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	
108.00	10800	LUNG ACQUISITION	134	159	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	43	1	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,020	82,277	3,520,740	3,520,740	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	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	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	33,956	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)	18,493,226	23,823,743	64,563,771	25,143,060	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	68.499518	289.555319	18.338125	7.141413	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,261,538	878,174	3,925,800	1,173,960	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.672778	10.673384	1.115050	0.333441	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARMEDICAL 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 MEDS 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	PARMEDICAL EDUC - DIETARY	266					23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY		326				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			1,000			23.04
23.05	02305	PARAMEDICAL EDUC - PASTORAL				811		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	82	117	0	742	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	24	5	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	24	57	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	16	14	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	10	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	25	8	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14	12	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	18	7	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
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARMEDICAL 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3	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
76.05	03340	DIGESTIVE DISEASE CENTER	2	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	13	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	35	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	12	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	2	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	4	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	7	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	2	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	3	17	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	4	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	2	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	1	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	2	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	3	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	4	0	0	0	0	90.62
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
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	7	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	31	0	69	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARMEDICAL 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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265	326	1,000	811	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
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	1	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
190.15	19015	RENTAL PROPERTIES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	UICOM	0	0	0	0	0	194.00
194.01	07951	OUTREACH	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	139,037	2,183,233	867,647	85,085	221,260	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	522.695489	6,697.033742	867.647000	104.913687	221.260000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,943	65,239	51,277	3,549	8,562	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.063910	200.119632	51.277000	4.376079	8.562000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 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 MEDS 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	PARMEDICAL 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 INTENSIVE 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
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)		
			23.07	23.08		
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
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03954	CDC- REHAB	0	0		76.07
76.08	03955	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	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
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	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 CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
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
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	PARAMEDICAL EDUC - ULTRASOUND TECH (100% RADIATION)	PARAMEDICAL EDUC - RAD ONC TECH (100% RADIATION)		
			23.07	23.08		
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 through 117)	1,000	1,000		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
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	UICOM	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)	443,362	118,160		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	443.362000	118.160000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,048	2,365		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.048000	2.365000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-2 | Date/Time Prepared: 11/20/2018 1:21 pm

	Description	Worksheet CODE	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	-482,557	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 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	165,153,458		165,153,458	0	165,153,458	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,827,141		14,827,141	0	14,827,141	31.01
32.00	03200	CORONARY CARE UNIT	14,888,181		14,888,181	0	14,888,181	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,393,890		8,393,890	0	8,393,890	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,143,013		19,143,013	0	19,143,013	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,178,580		22,178,580	0	22,178,580	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,430,485		16,430,485	0	16,430,485	35.01
40.00	04000	SUBPROVIDER - IPF	21,535,904		21,535,904	0	21,535,904	40.00
43.00	04300	NURSERY	17,731,091		17,731,091	0	17,731,091	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	127,286,015		127,286,015	0	127,286,015	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,742,233		6,742,233	0	6,742,233	52.00
53.00	05300	ANESTHESIOLOGY	10,387,413		10,387,413	0	10,387,413	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,270,473		33,270,473	0	33,270,473	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,102,213		13,102,213	0	13,102,213	55.00
55.01	03630	ULTRA SOUND	5,450,122		5,450,122	0	5,450,122	55.01
55.02	05501	RADIOLOGY - PET SCAN	7,285,435		7,285,435	0	7,285,435	55.02
57.00	05700	CT SCAN	7,654,660		7,654,660	0	7,654,660	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,332,688		8,332,688	0	8,332,688	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,899,535		7,899,535	0	7,899,535	59.00
60.00	06000	LABORATORY	59,192,575		59,192,575	133,499	59,326,074	60.00
60.01	06001	ANATOMICAL LABORATORY	6,695,332		6,695,332	67,619	6,762,951	60.01
60.02	03140	CARDIOLOGY	12,747,363		12,747,363	0	12,747,363	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,398,916		10,398,916	0	10,398,916	63.00
65.00	06500	RESPIRATORY THERAPY	12,234,120	0	12,234,120	0	12,234,120	65.00
66.00	06600	PHYSICAL THERAPY	9,046,995	0	9,046,995	0	9,046,995	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,194,656	0	3,194,656	0	3,194,656	67.00
69.00	06900	ELECTROCARDIOLOGY	1,025,444		1,025,444	0	1,025,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,163,649		5,163,649	0	5,163,649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,527,484		41,527,484	0	41,527,484	71.00
71.01	03540	ORTHOTIC SERVICES	2,790,926		2,790,926	0	2,790,926	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,060,686		97,060,686	0	97,060,686	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,527,439		222,527,439	0	222,527,439	73.00
74.00	07400	RENAL DIALYSIS	10,468,236		10,468,236	0	10,468,236	74.00
76.00	03950	IVF/CULTURE LAB	3,591,909		3,591,909	0	3,591,909	76.00
76.02	03952	URODYNAMICS	222,232		222,232	0	222,232	76.02
76.03	03953	SPINE TREATMENT CENTER	940,214		940,214	0	940,214	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	9,366,626		9,366,626	0	9,366,626	76.05
76.06	03580	RECREATIONAL THERAPY	1,258,854		1,258,854	0	1,258,854	76.06
76.07	03954	CDC- REHAB	1,052,998		1,052,998	0	1,052,998	76.07
76.08	03955	DIABETES EDUCATION	757,576		757,576	0	757,576	76.08
76.97	07697	CARDIAC REHABILITATION	1,228,460		1,228,460	0	1,228,460	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	620,486		620,486	0	620,486	76.98
76.99	07699	LITHOTRIPSY	1,618,716		1,618,716	0	1,618,716	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,566,267		4,566,267	0	4,566,267	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,852,422		1,852,422	0	1,852,422	90.01
90.02	09002	DERMATOLOGY CLINIC	3,553,132		3,553,132	0	3,553,132	90.02
90.03	09003	ORAL SURGERY CLINIC	3,571,031		3,571,031	0	3,571,031	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	19,135,329		19,135,329	0	19,135,329	90.04
90.05	09005	NEUROLOGY CLINIC	4,782,262		4,782,262	0	4,782,262	90.05
90.06	09006	OB-GYN CLINIC	7,809,948		7,809,948	0	7,809,948	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,905,374		12,905,374	0	12,905,374	90.07
90.08	09008	ORTHOPAEDICS CLINIC	10,427,794		10,427,794	0	10,427,794	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,169,781		10,169,781	0	10,169,781	90.09
90.10	09010	PEDIATRIC CLINIC	22,545,604		22,545,604	0	22,545,604	90.10
90.11	09011	SURGERY CLINIC	8,833,525		8,833,525	0	8,833,525	90.11
90.12	09012	UROLOGY CLINIC	3,115,059		3,115,059	0	3,115,059	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,651,789		7,651,789	0	7,651,789	90.13
90.14	09014	CANCER CLINIC	17,110,831		17,110,831	0	17,110,831	90.14
90.15	09015	FAMILY CARE CLINIC	4,774,633		4,774,633	0	4,774,633	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,891,997		2,891,997	0	2,891,997	90.16
90.17	09017	ANEMIA CLINIC	0		0	0	0	90.17
90.19	09019	BURN CLINIC	541,673		541,673	0	541,673	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,015,856		4,015,856	0	4,015,856	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	148,634		148,634	0	148,634	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,267,924		1,267,924	0	1,267,924	90.52

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm

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		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	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,400,933		4,400,933	0	4,400,933	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,533,112		3,533,112	0	3,533,112	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,970,667		1,970,667	0	1,970,667	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	555,721		555,721	0	555,721	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,283,406		1,283,406	0	1,283,406	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,786,242		2,786,242	0	2,786,242	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,204,423		2,204,423	0	2,204,423	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	2,136		2,136	0	2,136	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,278,795		1,278,795	0	1,278,795	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,475,254		1,475,254	0	1,475,254	90.70
90.76	09076	IRL - PROCEDURE SUITES	5,529,059		5,529,059	0	5,529,059	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,419,434		2,419,434	0	2,419,434	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	575,223		575,223	0	575,223	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	6,709		6,709	0	6,709	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	61,790		61,790	0	61,790	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	233,140		233,140	0	233,140	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	33,461		33,461	0	33,461	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	2,092,771		2,092,771	0	2,092,771	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,067,279		1,067,279	0	1,067,279	90.96
90.97	09097	NORTH DODGE - REI CLINIC	21,926		21,926	0	21,926	90.97
91.00	09100	EMERGENCY	17,727,053		17,727,053	0	17,727,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,965,168		4,965,168		4,965,168	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,409,867		2,409,867	0	2,409,867	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	977,323		977,323	0	977,323	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,350,141		1,350,141	0	1,350,141	94.00
95.00	09500	AMBULANCE SERVICES	1,871,393		1,871,393	0	1,871,393	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,304,423		7,304,423		7,304,423	105.00
106.00	10600	HEART ACQUISITION	1,954,278		1,954,278		1,954,278	106.00
107.00	10700	LIVER ACQUISITION	2,790,453		2,790,453		2,790,453	107.00
108.00	10800	LUNG ACQUISITION	1,795,522		1,795,522		1,795,522	108.00
109.00	10900	PANCREAS ACQUISITION	397,643		397,643		397,643	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,269,170,032	0	1,269,170,032	201,118	1,269,371,150	200.00
201.00		Less Observation Beds	4,965,168		4,965,168		4,965,168	201.00
202.00		Total (see instructions)	1,264,204,864	0	1,264,204,864	201,118	1,264,405,982	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm

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		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	360,710,682		360,710,682			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	35,029,904		35,029,904			31.01
32.00	03200	CORONARY CARE UNIT	41,904,833		41,904,833			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	17,235,372		17,235,372			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	58,125,105		58,125,105			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	74,783,716		74,783,716			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	33,764,505		33,764,505			35.01
40.00	04000	SUBPROVIDER - IPF	42,727,076		42,727,076			40.00
43.00	04300	NURSERY	64,515,236		64,515,236			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	331,664,019	247,312,225	578,976,244	0.219847	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,230,558	890,431	26,120,989	0.258116	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	40,104,625	35,449,758	75,554,383	0.137483	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,321,169	93,070,833	151,392,002	0.219764	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,209,795	89,688,299	94,898,094	0.138066	0.000000	55.00
55.01	03630	ULTRA SOUND	7,575,187	27,740,725	35,315,912	0.154325	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	4,176,184	33,313,121	37,489,305	0.194334	0.000000	55.02
57.00	05700	CT SCAN	60,798,004	111,636,033	172,434,037	0.044392	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,074,549	104,879,025	138,953,574	0.059967	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,263,925	57,139,710	95,403,635	0.082801	0.000000	59.00
60.00	06000	LABORATORY	214,359,707	246,487,126	460,846,833	0.128443	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	11,279,223	28,123,408	39,402,631	0.169921	0.000000	60.01
60.02	03140	CARDIOLOGY	44,939,402	34,911,985	79,851,387	0.159639	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,683,162	9,193,163	35,876,325	0.289855	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	73,777,941	2,432,471	76,210,412	0.160531	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,860,205	13,516,141	30,376,346	0.297830	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,361,711	2,020,026	12,381,737	0.258014	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	5,229,160	4,499,665	9,728,825	0.105403	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,677,544	10,320,675	27,998,219	0.184428	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,421,810	31,575,319	105,997,129	0.391779	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	2,368,068	3,916,924	6,284,992	0.444062	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	162,914,102	62,498,846	225,412,948	0.430591	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,506,633	496,625,052	789,131,685	0.281990	0.000000	73.00
74.00	07400	RENAL DIALYSIS	20,695,422	36,700,383	57,395,805	0.182387	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	5,191	5,260,718	5,265,909	0.682106	0.000000	76.00
76.02	03952	URODYNAMICS	12,712	3,156,740	3,169,452	0.070117	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	7,052	2,330,538	2,337,590	0.402215	0.000000	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	11,716,569	38,246,425	49,962,994	0.187471	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	1,694	557,222	558,916	2.252313	0.000000	76.06
76.07	03954	CDC- REHAB	3,014	1,202,440	1,205,454	0.873528	0.000000	76.07
76.08	03955	DIABETES EDUCATION	1,354	583,566	584,920	1.295179	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,723,887	1,859,800	3,583,687	0.342792	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	365,090	1,644,480	2,009,570	0.308766	0.000000	76.98
76.99	07699	LITHOTRIPSY	696,219	9,932,510	10,628,729	0.152296	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	9,189,784	4,801,042	13,990,826	0.326376	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	64,367	7,372,363	7,436,730	0.249091	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	75,699	14,703,207	14,778,906	0.240419	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	10,798	5,020,420	5,031,218	0.709775	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	335,460	16,525,836	16,861,296	1.134867	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	522,543	10,453,108	10,975,651	0.435716	0.000000	90.05
90.06	09006	OB-GYN CLINIC	168,765	6,681,969	6,850,734	1.140016	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	352,836	32,327,425	32,680,261	0.394898	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	83,813	11,727,154	11,810,967	0.882891	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,492,412	16,262,624	18,755,036	0.542243	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	210,970	13,688,798	13,899,768	1.622013	0.000000	90.10
90.11	09011	SURGERY CLINIC	79,101	6,298,679	6,377,780	1.385047	0.000000	90.11
90.12	09012	UROLOGY CLINIC	164,882	7,904,028	8,068,910	0.386057	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	161,796	11,569,921	11,731,717	0.652231	0.000000	90.13
90.14	09014	CANCER CLINIC	947,605	41,425,284	42,372,889	0.403816	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	62,715	6,945,940	7,008,655	0.681248	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	8,455	8,111,689	8,120,144	0.356151	0.000000	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0.000000	0.000000	90.17
90.19	09019	BURN CLINIC	3,217	515,100	518,317	1.045061	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	151,772	13,255,960	13,407,732	0.299518	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,244	254,162	256,406	0.579682	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	261	3,114,046	3,114,307	0.407129	0.000000	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	52,250	6,575,921	6,628,171	0.663974	0.000000	90.54

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 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	
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	95,628	8,052,563	8,148,191	0.433607	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	3,361	3,890,026	3,893,387	0.506157	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	4,008	1,668,685	1,672,693	0.332231	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	4,907	3,519,742	3,524,649	0.364123	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	66,498	4,945,547	5,012,045	0.555909	0.000000	90.60
90.62	09062	IRL-UROLOGY CLINIC	23,958	7,259,605	7,283,563	0.302657	0.000000	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	39,496	39,496	0.054081	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	4,898	2,388,903	2,393,801	0.534211	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	3,992	2,202,347	2,206,339	0.668643	0.000000	90.70
90.76	09076	IRL - PROCEDURE SUITES	17,815	14,396,214	14,414,029	0.383589	0.000000	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	18,713	4,075,008	4,093,721	0.591011	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,224	841,660	842,884	0.682446	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	38,617	38,617	0.173732	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	167,586	167,586	0.368706	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	612	887,820	888,432	0.262417	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	2,688	2,688	12.448289	0.000000	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	11,560	4,412,916	4,424,476	0.472999	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	38,366	2,687,319	2,725,685	0.391564	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	4,883	4,883	4.490272	0.000000	90.97
91.00	09100	EMERGENCY	63,239,483	67,357,886	130,597,369	0.135738	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,696,170	14,904,440	17,600,610	0.282102	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	621,633	4,415,161	5,036,794	0.478453	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	2,700	753,750	756,450	1.291986	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,070,197	9,070,197	0.148855	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,017,833	771,064	1,788,897	1.046116	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,705,000	0	14,705,000			105.00
106.00	10600	HEART ACQUISITION	4,194,000	0	4,194,000			106.00
107.00	10700	LIVER ACQUISITION	5,239,000	0	5,239,000			107.00
108.00	10800	LUNG ACQUISITION	2,661,000	0	2,661,000			108.00
109.00	10900	PANCREAS ACQUISITION	360,000	0	360,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,432,995,420	2,253,004,582	4,686,000,002			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,432,995,420	2,253,004,582	4,686,000,002			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 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 INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.219847	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258116	52.00
53.00	05300	ANESTHESIOLOGY	0.137483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219764	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138066	55.00
55.01	03630	ULTRA SOUND	0.154325	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194334	55.02
57.00	05700	CT SCAN	0.044392	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082801	59.00
60.00	06000	LABORATORY	0.128733	60.00
60.01	06001	ANATOMICAL LABORATORY	0.171637	60.01
60.02	03140	CARDIOLOGY	0.159639	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.289855	63.00
65.00	06500	RESPIRATORY THERAPY	0.160531	65.00
66.00	06600	PHYSICAL THERAPY	0.297830	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258014	67.00
69.00	06900	ELECTROCARDIOLOGY	0.105403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184428	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391779	71.00
71.01	03540	ORTHOTIC SERVICES	0.444062	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281990	73.00
74.00	07400	RENAL DIALYSIS	0.182387	74.00
76.00	03950	IVF/CULTURE LAB	0.682106	76.00
76.02	03952	URODYNAMICS	0.070117	76.02
76.03	03953	SPINE TREATMENT CENTER	0.402215	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.187471	76.05
76.06	03580	RECREATIONAL THERAPY	2.252313	76.06
76.07	03954	CDC- REHAB	0.873528	76.07
76.08	03955	DIABETES EDUCATION	1.295179	76.08
76.97	07697	CARDIAC REHABILITATION	0.342792	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308766	76.98
76.99	07699	LITHOTRIPSY	0.152296	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.326376	77.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.249091	90.01
90.02	09002	DERMATOLOGY CLINIC	0.240419	90.02
90.03	09003	ORAL SURGERY CLINIC	0.709775	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.134867	90.04
90.05	09005	NEUROLOGY CLINIC	0.435716	90.05
90.06	09006	OB-GYN CLINIC	1.140016	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394898	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.882891	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.542243	90.09
90.10	09010	PEDIATRIC CLINIC	1.622013	90.10
90.11	09011	SURGERY CLINIC	1.385047	90.11
90.12	09012	UROLOGY CLINIC	0.386057	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.652231	90.13
90.14	09014	CANCER CLINIC	0.403816	90.14
90.15	09015	FAMILY CARE CLINIC	0.681248	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.356151	90.16
90.17	09017	ANEMIA CLINIC	0.000000	90.17
90.19	09019	BURN CLINIC	1.045061	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.299518	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.579682	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.407129	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.663974	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.433607	90.56

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.57	09057	IRL-OPHTHALMOLOGY	0.506157		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.332231		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.364123		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.555909		90.60
90.62	09062	IRL-UROLOGY CLINIC	0.302657		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.054081		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.534211		90.68
90.69	09069	IRL-RADIOLOGY	0.000000		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.668643		90.70
90.76	09076	IRL - PROCEDURE SUITES	0.383589		90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.591011		90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.682446		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.173732		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.368706		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.262417		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12.448289		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.472999		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.391564		90.96
90.97	09097	NORTH DODGE - REI CLINIC	4.490272		90.97
91.00	09100	EMERGENCY	0.135738		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282102		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.478453		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.291986		93.99
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.148855		94.00
95.00	09500	AMBULANCE SERVICES	1.046116		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 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Costs: Total Costs	Hospital Costs: RCE Disallowance	Hospital Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	165,153,458		165,153,458	0	165,153,458	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	14,827,141		14,827,141	0	14,827,141	31.01
32.00	03200	CORONARY CARE UNIT	14,888,181		14,888,181	0	14,888,181	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,393,890		8,393,890	0	8,393,890	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,143,013		19,143,013	0	19,143,013	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,178,580		22,178,580	0	22,178,580	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,430,485		16,430,485	0	16,430,485	35.01
40.00	04000	SUBPROVIDER - IPF	21,535,904		21,535,904	0	21,535,904	40.00
43.00	04300	NURSERY	17,731,091		17,731,091	0	17,731,091	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	127,286,015		127,286,015	0	127,286,015	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,742,233		6,742,233	0	6,742,233	52.00
53.00	05300	ANESTHESIOLOGY	10,387,413		10,387,413	0	10,387,413	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,270,473		33,270,473	0	33,270,473	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,102,213		13,102,213	0	13,102,213	55.00
55.01	03630	ULTRA SOUND	5,450,122		5,450,122	0	5,450,122	55.01
55.02	05501	RADIOLOGY - PET SCAN	7,285,435		7,285,435	0	7,285,435	55.02
57.00	05700	CT SCAN	7,654,660		7,654,660	0	7,654,660	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,332,688		8,332,688	0	8,332,688	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,899,535		7,899,535	0	7,899,535	59.00
60.00	06000	LABORATORY	59,192,575		59,192,575	133,499	59,326,074	60.00
60.01	06001	ANATOMICAL LABORATORY	6,695,332		6,695,332	67,619	6,762,951	60.01
60.02	03140	CARDIOLOGY	12,747,363		12,747,363	0	12,747,363	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,398,916		10,398,916	0	10,398,916	63.00
65.00	06500	RESPIRATORY THERAPY	12,234,120	0	12,234,120	0	12,234,120	65.00
66.00	06600	PHYSICAL THERAPY	9,046,995	0	9,046,995	0	9,046,995	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,194,656	0	3,194,656	0	3,194,656	67.00
69.00	06900	ELECTROCARDIOLOGY	1,025,444		1,025,444	0	1,025,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,163,649		5,163,649	0	5,163,649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,527,484		41,527,484	0	41,527,484	71.00
71.01	03540	ORTHOTIC SERVICES	2,790,926		2,790,926	0	2,790,926	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,060,686		97,060,686	0	97,060,686	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,527,439		222,527,439	0	222,527,439	73.00
74.00	07400	RENAL DIALYSIS	10,468,236		10,468,236	0	10,468,236	74.00
76.00	03950	IVF/CULTURE LAB	3,591,909		3,591,909	0	3,591,909	76.00
76.02	03952	URODYNAMICS	222,232		222,232	0	222,232	76.02
76.03	03953	SPINE TREATMENT CENTER	940,214		940,214	0	940,214	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	9,366,626		9,366,626	0	9,366,626	76.05
76.06	03580	RECREATIONAL THERAPY	1,258,854		1,258,854	0	1,258,854	76.06
76.07	03954	CDC- REHAB	1,052,998		1,052,998	0	1,052,998	76.07
76.08	03955	DIABETES EDUCATION	757,576		757,576	0	757,576	76.08
76.97	07697	CARDIAC REHABILITATION	1,228,460		1,228,460	0	1,228,460	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	620,486		620,486	0	620,486	76.98
76.99	07699	LITHOTRIPSY	1,618,716		1,618,716	0	1,618,716	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,566,267		4,566,267	0	4,566,267	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,852,422		1,852,422	0	1,852,422	90.01
90.02	09002	DERMATOLOGY CLINIC	3,553,132		3,553,132	0	3,553,132	90.02
90.03	09003	ORAL SURGERY CLINIC	3,571,031		3,571,031	0	3,571,031	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	19,135,329		19,135,329	0	19,135,329	90.04
90.05	09005	NEUROLOGY CLINIC	4,782,262		4,782,262	0	4,782,262	90.05
90.06	09006	OB-GYN CLINIC	7,809,948		7,809,948	0	7,809,948	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	12,905,374		12,905,374	0	12,905,374	90.07
90.08	09008	ORTHOPAEDICS CLINIC	10,427,794		10,427,794	0	10,427,794	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	10,169,781		10,169,781	0	10,169,781	90.09
90.10	09010	PEDIATRIC CLINIC	22,545,604		22,545,604	0	22,545,604	90.10
90.11	09011	SURGERY CLINIC	8,833,525		8,833,525	0	8,833,525	90.11
90.12	09012	UROLOGY CLINIC	3,115,059		3,115,059	0	3,115,059	90.12
90.13	09013	PSYCHIATRIC CLINIC	7,651,789		7,651,789	0	7,651,789	90.13
90.14	09014	CANCER CLINIC	17,110,831		17,110,831	0	17,110,831	90.14
90.15	09015	FAMILY CARE CLINIC	4,774,633		4,774,633	0	4,774,633	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,891,997		2,891,997	0	2,891,997	90.16
90.17	09017	ANEMIA CLINIC	0		0	0	0	90.17
90.19	09019	BURN CLINIC	541,673		541,673	0	541,673	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	4,015,856		4,015,856	0	4,015,856	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	148,634		148,634	0	148,634	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	1,267,924		1,267,924	0	1,267,924	90.52

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 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	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	4,400,933		4,400,933	0	4,400,933	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0		0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	3,533,112		3,533,112	0	3,533,112	90.56
90.57	09057	IRL-OPHTHALMOLOGY	1,970,667		1,970,667	0	1,970,667	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	555,721		555,721	0	555,721	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	1,283,406		1,283,406	0	1,283,406	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	2,786,242		2,786,242	0	2,786,242	90.60
90.62	09062	IRL-UROLOGY CLINIC	2,204,423		2,204,423	0	2,204,423	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	2,136		2,136	0	2,136	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	1,278,795		1,278,795	0	1,278,795	90.68
90.69	09069	IRL-RADIOLOGY	0		0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	1,475,254		1,475,254	0	1,475,254	90.70
90.76	09076	IRL - PROCEDURE SUITES	5,529,059		5,529,059	0	5,529,059	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	2,419,434		2,419,434	0	2,419,434	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	575,223		575,223	0	575,223	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	6,709		6,709	0	6,709	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	61,790		61,790	0	61,790	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	233,140		233,140	0	233,140	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	33,461		33,461	0	33,461	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	2,092,771		2,092,771	0	2,092,771	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	1,067,279		1,067,279	0	1,067,279	90.96
90.97	09097	NORTH DODGE - REI CLINIC	21,926		21,926	0	21,926	90.97
91.00	09100	EMERGENCY	17,727,053		17,727,053	0	17,727,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,965,168		4,965,168		4,965,168	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,409,867		2,409,867	0	2,409,867	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	977,323		977,323	0	977,323	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,350,141		1,350,141	0	1,350,141	94.00
95.00	09500	AMBULANCE SERVICES	1,871,393		1,871,393	0	1,871,393	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,304,423		7,304,423		7,304,423	105.00
106.00	10600	HEART ACQUISITION	1,954,278		1,954,278		1,954,278	106.00
107.00	10700	LIVER ACQUISITION	2,790,453		2,790,453		2,790,453	107.00
108.00	10800	LUNG ACQUISITION	1,795,522		1,795,522		1,795,522	108.00
109.00	10900	PANCREAS ACQUISITION	397,643		397,643		397,643	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,269,170,032	0	1,269,170,032	201,118	1,269,371,150	200.00
201.00		Less Observation Beds	4,965,168		4,965,168		4,965,168	201.00
202.00		Total (see instructions)	1,264,204,864	0	1,264,204,864	201,118	1,264,405,982	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 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	360,710,682		360,710,682			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	35,029,904		35,029,904			31.01
32.00	03200	CORONARY CARE UNIT	41,904,833		41,904,833			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	17,235,372		17,235,372			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	58,125,105		58,125,105			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	74,783,716		74,783,716			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	33,764,505		33,764,505			35.01
40.00	04000	SUBPROVIDER - IPF	42,727,076		42,727,076			40.00
43.00	04300	NURSERY	64,515,236		64,515,236			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	331,664,019	247,312,225	578,976,244	0.219847	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,230,558	890,431	26,120,989	0.258116	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	40,104,625	35,449,758	75,554,383	0.137483	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,321,169	93,070,833	151,392,002	0.219764	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,209,795	89,688,299	94,898,094	0.138066	0.000000	55.00
55.01	03630	ULTRA SOUND	7,575,187	27,740,725	35,315,912	0.154325	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	4,176,184	33,313,121	37,489,305	0.194334	0.000000	55.02
57.00	05700	CT SCAN	60,798,004	111,636,033	172,434,037	0.044392	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,074,549	104,879,025	138,953,574	0.059967	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,263,925	57,139,710	95,403,635	0.082801	0.000000	59.00
60.00	06000	LABORATORY	214,359,707	246,487,126	460,846,833	0.128443	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	11,279,223	28,123,408	39,402,631	0.169921	0.000000	60.01
60.02	03140	CARDIOLOGY	44,939,402	34,911,985	79,851,387	0.159639	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,683,162	9,193,163	35,876,325	0.289855	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	73,777,941	2,432,471	76,210,412	0.160531	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,860,205	13,516,141	30,376,346	0.297830	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,361,711	2,020,026	12,381,737	0.258014	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	5,229,160	4,499,665	9,728,825	0.105403	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,677,544	10,320,675	27,998,219	0.184428	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,421,810	31,575,319	105,997,129	0.391779	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	2,368,068	3,916,924	6,284,992	0.444062	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	162,914,102	62,498,846	225,412,948	0.430591	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,506,633	496,625,052	789,131,685	0.281990	0.000000	73.00
74.00	07400	RENAL DIALYSIS	20,695,422	36,700,383	57,395,805	0.182387	0.000000	74.00
76.00	03950	IVF/CULTURE LAB	5,191	5,260,718	5,265,909	0.682106	0.000000	76.00
76.02	03952	URODYNAMICS	12,712	3,156,740	3,169,452	0.070117	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	7,052	2,330,538	2,337,590	0.402215	0.000000	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	11,716,569	38,246,425	49,962,994	0.187471	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	1,694	557,222	558,916	2.252313	0.000000	76.06
76.07	03954	CDC- REHAB	3,014	1,202,440	1,205,454	0.873528	0.000000	76.07
76.08	03955	DIABETES EDUCATION	1,354	583,566	584,920	1.295179	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	1,723,887	1,859,800	3,583,687	0.342792	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	365,090	1,644,480	2,009,570	0.308766	0.000000	76.98
76.99	07699	LITHOTRIPSY	696,219	9,932,510	10,628,729	0.152296	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	9,189,784	4,801,042	13,990,826	0.326376	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	64,367	7,372,363	7,436,730	0.249091	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	75,699	14,703,207	14,778,906	0.240419	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	10,798	5,020,420	5,031,218	0.709775	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	335,460	16,525,836	16,861,296	1.134867	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	522,543	10,453,108	10,975,651	0.435716	0.000000	90.05
90.06	09006	OB-GYN CLINIC	168,765	6,681,969	6,850,734	1.140016	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	352,836	32,327,425	32,680,261	0.394898	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	83,813	11,727,154	11,810,967	0.882891	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,492,412	16,262,624	18,755,036	0.542243	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	210,970	13,688,798	13,899,768	1.622013	0.000000	90.10
90.11	09011	SURGERY CLINIC	79,101	6,298,679	6,377,780	1.385047	0.000000	90.11
90.12	09012	UROLOGY CLINIC	164,882	7,904,028	8,068,910	0.386057	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	161,796	11,569,921	11,731,717	0.652231	0.000000	90.13
90.14	09014	CANCER CLINIC	947,605	41,425,284	42,372,889	0.403816	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	62,715	6,945,940	7,008,655	0.681248	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	8,455	8,111,689	8,120,144	0.356151	0.000000	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0.000000	0.000000	90.17
90.19	09019	BURN CLINIC	3,217	515,100	518,317	1.045061	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	151,772	13,255,960	13,407,732	0.299518	0.000000	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	2,244	254,162	256,406	0.579682	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	261	3,114,046	3,114,307	0.407129	0.000000	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	52,250	6,575,921	6,628,171	0.663974	0.000000	90.54

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm

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		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	
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	95,628	8,052,563	8,148,191	0.433607	0.000000	90.56
90.57	09057	IRL-OPHTHALMOLOGY	3,361	3,890,026	3,893,387	0.506157	0.000000	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	4,008	1,668,685	1,672,693	0.332231	0.000000	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	4,907	3,519,742	3,524,649	0.364123	0.000000	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	66,498	4,945,547	5,012,045	0.555909	0.000000	90.60
90.62	09062	IRL-UROLOGY CLINIC	23,958	7,259,605	7,283,563	0.302657	0.000000	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	39,496	39,496	0.054081	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	4,898	2,388,903	2,393,801	0.534211	0.000000	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0.000000	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	3,992	2,202,347	2,206,339	0.668643	0.000000	90.70
90.76	09076	IRL - PROCEDURE SUITES	17,815	14,396,214	14,414,029	0.383589	0.000000	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	18,713	4,075,008	4,093,721	0.591011	0.000000	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	1,224	841,660	842,884	0.682446	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	38,617	38,617	0.173732	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	167,586	167,586	0.368706	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	612	887,820	888,432	0.262417	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	2,688	2,688	12.448289	0.000000	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	11,560	4,412,916	4,424,476	0.472999	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	38,366	2,687,319	2,725,685	0.391564	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	4,883	4,883	4.490272	0.000000	90.97
91.00	09100	EMERGENCY	63,239,483	67,357,886	130,597,369	0.135738	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,696,170	14,904,440	17,600,610	0.282102	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	621,633	4,415,161	5,036,794	0.478453	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	2,700	753,750	756,450	1.291986	0.000000	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,070,197	9,070,197	0.148855	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	1,017,833	771,064	1,788,897	1.046116	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,705,000	0	14,705,000			105.00
106.00	10600	HEART ACQUISITION	4,194,000	0	4,194,000			106.00
107.00	10700	LIVER ACQUISITION	5,239,000	0	5,239,000			107.00
108.00	10800	LUNG ACQUISITION	2,661,000	0	2,661,000			108.00
109.00	10900	PANCREAS ACQUISITION	360,000	0	360,000			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,432,995,420	2,253,004,582	4,686,000,002			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,432,995,420	2,253,004,582	4,686,000,002			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03630	ULTRA SOUND	0.000000		55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000		55.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	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
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
76.05	03340	DIGESTIVE DISEASE CENTER	0.000000		76.05
76.06	03580	RECREATIONAL THERAPY	0.000000		76.06
76.07	03954	CDC- REHAB	0.000000		76.07
76.08	03955	DIABETES EDUCATION	0.000000		76.08
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000		90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000		90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000		90.04
90.05	09005	NEUROLOGY CLINIC	0.000000		90.05
90.06	09006	OB-GYN CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000		90.09
90.10	09010	PEDIATRIC CLINIC	0.000000		90.10
90.11	09011	SURGERY CLINIC	0.000000		90.11
90.12	09012	UROLOGY CLINIC	0.000000		90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000		90.13
90.14	09014	CANCER CLINIC	0.000000		90.14
90.15	09015	FAMILY CARE CLINIC	0.000000		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000		90.16
90.17	09017	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
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000		90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000000		90.56

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/20/2018 1:21 pm
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.57	09057	IRL-OPHTHALMOLOGY	0.000000		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000000		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000000		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000000		90.60
90.62	09062	IRL-UROLOGY CLINIC	0.000000		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.000000		90.68
90.69	09069	IRL-RADIOLOGY	0.000000		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000000		90.70
90.76	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 CLINIC	0.000000		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000		90.97
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part I Date/Time Prepared: 11/20/2018 1:21 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	11,864,625	0	11,864,625	145,024	81.81	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	1,001,142		1,001,142	8,093	123.70	31.01
32.00	CORONARY CARE UNIT	1,228,894		1,228,894	7,756	158.44	32.00
33.00	BURN INTENSIVE CARE UNIT	652,446		652,446	5,187	125.78	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,037,417		1,037,417	10,844	95.67	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,127,928		1,127,928	12,034	93.73	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,334,404		1,334,404	5,749	232.11	35.01
40.00	SUBPROVIDER - IPF	1,239,299	0	1,239,299	26,180	47.34	40.00
43.00	NURSERY	1,342,815		1,342,815	18,476	72.68	43.00
200.00	Total (lines 30 through 199)	20,828,970		20,828,970	239,343		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	49,487	4,048,531	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	3,401	420,704	31.01
32.00	CORONARY CARE UNIT	3,515	556,917	32.00
33.00	BURN INTENSIVE CARE UNIT	1,433	180,243	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,231	404,780	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	16	3,714	35.01
40.00	SUBPROVIDER - IPF	6,807	322,243	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	68,890	5,937,132	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part II Date/Time Prepared: 11/20/2018 1:21 pm

		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)	
				Title XVIII		Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,999,560	578,976,244	0.022453	101,204,805	2,272,351	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	619,480	26,120,989	0.023716	155,666	3,692	52.00
53.00	05300	ANESTHESIOLOGY	1,322,617	75,554,383	0.017505	11,229,518	196,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,744,834	151,392,002	0.037947	19,845,528	753,078	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,004,107	94,898,094	0.021119	1,801,751	38,051	55.00
55.01	03630	ULTRA SOUND	516,674	35,315,912	0.014630	1,877,262	27,464	55.01
55.02	05501	RADIOLOGY - PET SCAN	919,248	37,489,305	0.024520	1,626,334	39,878	55.02
57.00	05700	CT SCAN	1,850,708	172,434,037	0.010733	23,107,176	248,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,385,222	138,953,574	0.017166	10,968,001	188,277	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669,660	95,403,635	0.017501	18,904,883	330,854	59.00
60.00	06000	LABORATORY	4,402,308	460,846,833	0.009553	68,099,815	650,558	60.00
60.01	06001	ANATOMICAL LABORATORY	751,076	39,402,631	0.019062	3,375,022	64,335	60.01
60.02	03140	CARDIOLOGY	1,969,340	79,851,387	0.024663	14,897,589	367,419	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	594,280	35,876,325	0.016565	7,609,231	126,047	63.00
65.00	06500	RESPIRATORY THERAPY	854,506	76,210,412	0.011212	18,607,049	208,622	65.00
66.00	06600	PHYSICAL THERAPY	390,812	30,376,346	0.012866	6,374,294	82,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	119,077	12,381,737	0.009617	3,190,741	30,685	67.00
69.00	06900	ELECTROCARDIOLOGY	78,021	9,728,825	0.008020	2,239,817	17,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,103	27,998,219	0.014005	4,970,599	69,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,011,162	105,997,129	0.009540	23,292,516	222,211	71.00
71.01	03540	ORTHOTIC SERVICES	107,827	6,284,992	0.017156	582,901	10,000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,345,212	225,412,948	0.010404	63,697,197	662,706	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,107,353	789,131,685	0.007739	83,135,252	643,384	73.00
74.00	07400	RENAL DIALYSIS	1,154,184	57,395,805	0.020109	9,826,813	197,607	74.00
76.00	03950	IVF/CULTURE LAB	298,957	5,265,909	0.056772	0	0	76.00
76.02	03952	URODYNAMICS	14,198	3,169,452	0.004480	3,240	15	76.02
76.03	03953	SPINE TREATMENT CENTER	85,099	2,337,590	0.036405	1,758	64	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	983,533	49,962,994	0.019685	4,824,126	94,963	76.05
76.06	03580	RECREATIONAL THERAPY	124,915	558,916	0.223495	0	0	76.06
76.07	03954	CDC- REHAB	54,431	1,205,454	0.045154	511	23	76.07
76.08	03955	DIABETES EDUCATION	60,576	584,920	0.103563	216	22	76.08
76.97	07697	CARDIAC REHABILITATION	175,467	3,583,687	0.048963	787,420	38,554	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,141	2,009,570	0.024951	45,887	1,145	76.98
76.99	07699	LITHOTRIPSY	372,213	10,628,729	0.035020	54,116	1,895	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	107,487	13,990,826	0.007683	1,571,117	12,071	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,593	7,436,730	0.041227	41,508	1,711	90.01
90.02	09002	DERMATOLOGY CLINIC	406,798	14,778,906	0.027526	52,879	1,456	90.02
90.03	09003	ORAL SURGERY CLINIC	419,957	5,031,218	0.083470	3,970	331	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,255,327	16,861,296	0.133758	137,742	18,424	90.04
90.05	09005	NEUROLOGY CLINIC	815,316	10,975,651	0.074284	9,246	687	90.05
90.06	09006	OB-GYN CLINIC	896,594	6,850,734	0.130876	4,236	554	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,447,207	32,680,261	0.044284	132,547	5,870	90.07
90.08	09008	ORTHOPAEDICS CLINIC	938,981	11,810,967	0.079501	23,058	1,833	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,423,025	18,755,036	0.075874	933,182	70,804	90.09
90.10	09010	PEDIATRIC CLINIC	3,182,344	13,899,768	0.228949	1,109	254	90.10
90.11	09011	SURGERY CLINIC	971,265	6,377,780	0.152289	18,938	2,884	90.11
90.12	09012	UROLOGY CLINIC	450,329	8,068,910	0.055810	20,177	1,126	90.12
90.13	09013	PSYCHIATRIC CLINIC	698,905	11,731,717	0.059574	20,687	1,232	90.13
90.14	09014	CANCER CLINIC	1,490,663	42,372,889	0.035180	282,519	9,939	90.14
90.15	09015	FAMILY CARE CLINIC	631,565	7,008,655	0.090112	13,643	1,229	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	329,553	8,120,144	0.040585	4,373	177	90.16
90.17	09017	ANEMIA CLINIC	0	0	0.000000	0	0	90.17
90.19	09019	BURN CLINIC	17,700	518,317	0.034149	697	24	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	486,666	13,407,732	0.036297	77,498	2,813	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	8,947	256,406	0.034894	977	34	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	196,792	3,114,307	0.063190	165	10	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	476,651	6,628,171	0.071913	27,642	1,988	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	404,020	8,148,191	0.049584	2,090	104	90.56
90.57	09057	IRL-OPHTHALMOLOGY	315,976	3,893,387	0.081157	1,244	101	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	81,742	1,672,693	0.048869	2,940	144	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	218,966	3,524,649	0.062124	2,347	146	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	336,049	5,012,045	0.067048	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	313,677	7,283,563	0.043066	5,555	239	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	445	39,496	0.011267	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	214,872	2,393,801	0.089762	2,167	195	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0058

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

Worksheet D Part II Date/Time Prepared: 11/20/2018 1:21 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	165,313	2,206,339	0.074926	1,460	109	90.70
90.76	09076	IRL - PROCEDURE SUITES	1,172,976	14,414,029	0.081377	235	19	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	362,501	4,093,721	0.088550	9,739	862	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	119,751	842,884	0.142073	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	571	38,617	0.014786	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	3,969	167,586	0.023683	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	16,230	888,432	0.018268	391	7	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,299	2,688	0.855283	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	105,744	4,424,476	0.023900	5,686	136	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	31,732	2,725,685	0.011642	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	439	4,883	0.089904	0	0	90.97
91.00	09100	EMERGENCY	1,510,920	130,597,369	0.011569	22,036,469	254,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	356,698	17,600,610	0.020266	426,698	8,647	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	259,345	5,036,794	0.051490	240,083	12,362	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	125,329	756,450	0.165680	383	63	93.99
	OTHER	REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	124,902	9,070,197	0.013771	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	76,732,032	3,928,255,676		532,452,431	8,001,595	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part III Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			Title XVIII			Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	904,262	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	46,030	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	394,276	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	102,121	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	66,970	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	66,643	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	87,682	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	56,288	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,724,272	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	904,262	145,024	6.24	49,487	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		46,030	8,093	5.69	3,401	31.01
32.00	03200	CORONARY CARE UNIT		394,276	7,756	50.83	3,515	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		102,121	5,187	19.69	1,433	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		66,970	10,844	6.18	4,231	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		66,643	12,034	5.54	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		87,682	5,749	15.25	16	35.01
40.00	04000	SUBPROVIDER - IPF	0	56,288	26,180	2.15	6,807	40.00
43.00	04300	NURSERY		0	18,476	0.00	0	43.00
200.00		Total (lines 30 through 199)		1,724,272	239,343		68,890	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	308,799	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	19,352	31.01
32.00	03200	CORONARY CARE UNIT	178,667	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	28,216	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,148	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	244	35.01
40.00	04000	SUBPROVIDER - IPF	14,635	40.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	576,061	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,650,429	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
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	0	0	1,568	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
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	1,045	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	87,061	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	234,396	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	6,272	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	1,045	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	2,091	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	0	0	3,659	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	1,045	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	115,418	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	2,091	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	1,045	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	523	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	1,045	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	1,568	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	2,091	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	523	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	523	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	3,659	90.76

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,045	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	214,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		27,184	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,360,173	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	All Other Medical Education Cost	Title XVIII Total Cost (sum of col 1 through col. 4)	Title XVIII Total Outpatient Cost (sum of col. 2, 3 and 4)	Hospital Total Charges (from Wkst. C, Part I, col. 8)	PPS Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	578,976,244	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,120,989	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	75,554,383	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,650,429	1,650,429	151,392,002	0.010902	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	94,898,094	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	35,315,912	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	37,489,305	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	172,434,037	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	138,953,574	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	95,403,635	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	460,846,833	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	39,402,631	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	79,851,387	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	35,876,325	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	76,210,412	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,376,346	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,381,737	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,728,825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	27,998,219	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	105,997,129	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	6,284,992	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	225,412,948	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	789,131,685	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,568	1,568	57,395,805	0.000027	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	5,265,909	0.000000	76.00
76.02	03952	URODYNAMICS	0	0	0	3,169,452	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	2,337,590	0.000000	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	1,045	1,045	49,962,994	0.000021	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	558,916	0.000000	76.06
76.07	03954	CDC- REHAB	0	0	0	1,205,454	0.000000	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	584,920	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,583,687	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,009,570	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	10,628,729	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	13,990,826	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	87,061	87,061	7,436,730	0.011707	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	14,778,906	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	5,031,218	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	234,396	234,396	16,861,296	0.013901	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	10,975,651	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	6,850,734	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	32,680,261	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	11,810,967	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	18,755,036	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	6,272	6,272	13,899,768	0.000451	90.10
90.11	09011	SURGERY CLINIC	0	0	0	6,377,780	0.000000	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	8,068,910	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	11,731,717	0.000000	90.13
90.14	09014	CANCER CLINIC	0	1,045	1,045	42,372,889	0.000025	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	7,008,655	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,091	2,091	8,120,144	0.000258	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0.000000	90.17
90.19	09019	BURN CLINIC	0	0	0	518,317	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	3,659	3,659	13,407,732	0.000273	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	256,406	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,045	1,045	3,114,307	0.000336	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	115,418	115,418	6,628,171	0.017413	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,091	2,091	8,148,191	0.000257	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,045	1,045	3,893,387	0.000268	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	523	523	1,672,693	0.000313	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,045	1,045	3,524,649	0.000296	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,568	1,568	5,012,045	0.000313	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	2,091	2,091	7,283,563	0.000287	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	39,496	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	523	523	2,393,801	0.000218	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

Title XVIII Hospital PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
90.70	09070	IRL-DIABETES CENTER CLINIC	0	523	523	2,206,339	0.000237	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	3,659	3,659	14,414,029	0.000254	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,045	1,045	4,093,721	0.000255	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	842,884	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	38,617	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	167,586	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	888,432	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	2,688	0.000000	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	4,424,476	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	2,725,685	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	4,883	0.000000	90.97
91.00	09100	EMERGENCY	0	214,847	214,847	130,597,369	0.001645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	27,184	27,184	17,600,610	0.001544	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,036,794	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	756,450	0.000000	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	9,070,197	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,360,173	2,360,173	3,928,255,676		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	101,204,805	0	52,654,260	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	155,666	0	6,058	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,229,518	0	6,322,456	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.010902	19,845,528	216,356	25,803,472	281,309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,801,751	0	30,809,642	0	55.00
55.01	03630	ULTRA SOUND	0.000000	1,877,262	0	2,787,881	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	1,626,334	0	12,643,220	0	55.02
57.00	05700	CT SCAN	0.000000	23,107,176	0	38,547,345	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	10,968,001	0	23,506,272	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	18,904,883	0	18,219,336	0	59.00
60.00	06000	LABORATORY	0.000000	68,099,815	0	46,786,240	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.000000	3,375,022	0	6,738,670	0	60.01
60.02	03140	CARDIOLOGY	0.000000	14,897,589	0	8,277,047	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	7,609,231	0	2,516,133	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,607,049	0	545,031	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,374,294	0	129,690	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,190,741	0	95,301	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,239,817	0	1,493,062	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,970,599	0	1,829,903	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	23,292,516	0	8,682,472	0	71.00
71.01	03540	ORTHOTIC SERVICES	0.000000	582,901	0	245,050	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	63,697,197	0	20,743,879	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	83,135,252	0	151,784,523	0	73.00
74.00	07400	RENAL DIALYSIS	0.000027	9,826,813	265	30,297	1	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	13,266	0	76.00
76.02	03952	URODYNAMICS	0.000000	3,240	0	888,206	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	1,758	0	475,032	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.000021	4,824,126	101	12,496,463	262	76.05
76.06	03580	RECREATIONAL THERAPY	0.000000	0	0	53,438	0	76.06
76.07	03954	CDC- REHAB	0.000000	511	0	88,593	0	76.07
76.08	03955	DIABETES EDUCATION	0.000000	216	0	28,414	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	787,420	0	706,355	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	45,887	0	295,800	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	54,116	0	816,254	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	1,571,117	0	303,448	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.011707	41,508	486	2,504,424	29,319	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	52,879	0	5,717,487	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	3,970	0	502,719	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.013901	137,742	1,915	5,332,421	74,126	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	9,246	0	1,620,285	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	4,236	0	373,498	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	132,547	0	12,561,306	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	23,058	0	2,175,353	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	933,182	0	3,302,762	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000451	1,109	1	75,332	34	90.10
90.11	09011	SURGERY CLINIC	0.000000	18,938	0	1,476,895	0	90.11
90.12	09012	UROLOGY CLINIC	0.000000	20,177	0	1,100,301	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	20,687	0	1,189,675	0	90.13
90.14	09014	CANCER CLINIC	0.000025	282,519	7	14,504,017	363	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	13,643	0	934,000	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000258	4,373	1	1,028,447	265	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0.000000	697	0	82,268	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000273	77,498	21	5,070,590	1,384	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	977	0	69,941	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000336	165	0	622,984	209	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.017413	27,642	481	2,017,284	35,127	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000257	2,090	1	795,164	204	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000268	1,244	0	1,372,762	368	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000313	2,940	1	467,914	146	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000296	2,347	1	372,905	110	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000313	0	0	235	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.000287	5,555	2	1,294,267	371	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.000218	2,167	0	498,705	109	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0058

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

Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000237	1,460	0	614,012	146	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.000254	235	0	2,324,860	591	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000255	9,739	2	777,144	198	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	13,342	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	484	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	16,160	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000	391	0	160,992	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	5,686	0	1,867,857	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	0	0	42,329	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.001645	22,036,469	36,250	11,441,390	18,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001544	426,698	659	2,183,899	3,372	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	240,083	0	1,094,154	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	383	0	73,001	0	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		532,452,431	256,550	565,036,074	446,835	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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	0.219847	52,654,260	1,780,912	0	11,575,881	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258116	6,058	0	0	1,564	52.00
53.00	05300	ANESTHESIOLOGY	0.137483	6,322,456	0	0	869,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219764	25,803,472	0	0	5,670,674	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138066	30,809,642	0	0	4,253,764	55.00
55.01	03630	ULTRA SOUND	0.154325	2,787,881	0	0	430,240	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194334	12,643,220	0	0	2,457,008	55.02
57.00	05700	CT SCAN	0.044392	38,547,345	0	0	1,711,194	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059967	23,506,272	0	0	1,409,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082801	18,219,336	0	0	1,508,579	59.00
60.00	06000	LABORATORY	0.128443	46,786,240	0	0	6,009,365	60.00
60.01	06001	ANATOMICAL LABORATORY	0.169921	6,738,670	0	0	1,145,042	60.01
60.02	03140	CARDIOLOGY	0.159639	8,277,047	0	0	1,321,340	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.289855	2,516,133	3,401	0	729,314	63.00
65.00	06500	RESPIRATORY THERAPY	0.160531	545,031	0	0	87,494	65.00
66.00	06600	PHYSICAL THERAPY	0.297830	129,690	0	0	38,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258014	95,301	0	0	24,589	67.00
69.00	06900	ELECTROCARDIOLOGY	0.105403	1,493,062	0	0	157,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184428	1,829,903	0	0	337,485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391779	8,682,472	25,649	0	3,401,610	71.00
71.01	03540	ORTHOTIC SERVICES	0.444062	245,050	0	0	108,817	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430591	20,743,879	0	0	8,932,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281990	151,784,523	898,042	0	42,801,718	73.00
74.00	07400	RENAL DIALYSIS	0.182387	30,297	0	0	5,526	74.00
76.00	03950	IVF/CULTURE LAB	0.682106	13,266	0	0	9,049	76.00
76.02	03952	URODYNAMICS	0.070117	888,206	0	0	62,278	76.02
76.03	03953	SPINE TREATMENT CENTER	0.402215	475,032	0	0	191,065	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.187471	12,496,463	0	0	2,342,724	76.05
76.06	03580	RECREATIONAL THERAPY	2.252313	53,438	0	0	120,359	76.06
76.07	03954	CDC- REHAB	0.873528	88,593	0	0	77,388	76.07
76.08	03955	DIABETES EDUCATION	1.295179	28,414	0	0	36,801	76.08
76.97	07697	CARDIAC REHABILITATION	0.342792	706,355	0	0	242,133	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308766	295,800	0	0	91,333	76.98
76.99	07699	LITHOTRIPSY	0.152296	816,254	0	0	124,312	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.326376	303,448	0	0	99,038	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.249091	2,504,424	0	0	623,829	90.01
90.02	09002	DERMATOLOGY CLINIC	0.240419	5,717,487	0	0	1,374,593	90.02
90.03	09003	ORAL SURGERY CLINIC	0.709775	502,719	0	0	356,817	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.134867	5,332,421	0	0	6,051,589	90.04
90.05	09005	NEUROLOGY CLINIC	0.435716	1,620,285	0	0	705,984	90.05
90.06	09006	OB-GYN CLINIC	1.140016	373,498	0	0	425,794	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394898	12,561,306	0	0	4,960,435	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.882891	2,175,353	0	0	1,920,600	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.542243	3,302,762	0	0	1,790,900	90.09
90.10	09010	PEDIATRIC CLINIC	1.622013	75,332	0	0	122,189	90.10
90.11	09011	SURGERY CLINIC	1.385047	1,476,895	0	0	2,045,569	90.11
90.12	09012	UROLOGY CLINIC	0.386057	1,100,301	0	0	424,779	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.652231	1,189,675	0	0	775,943	90.13
90.14	09014	CANCER CLINIC	0.403816	14,504,017	0	0	5,856,954	90.14
90.15	09015	FAMILY CARE CLINIC	0.681248	934,000	0	0	636,286	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.356151	1,028,447	0	0	366,282	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	0	0	90.17
90.19	09019	BURN CLINIC	1.045061	82,268	0	0	85,975	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.299518	5,070,590	0	0	1,518,733	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.579682	69,941	0	0	40,544	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.407129	622,984	0	0	253,635	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.663974	2,017,284	0	0	1,339,424	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.433607	795,164	0	0	344,789	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.506157	1,372,762	0	0	694,833	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.332231	467,914	0	0	155,456	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.364123	372,905	0	0	135,783	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.555909	235	0	0	131	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.302657	1,294,267	0	0	391,719	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.054081	0	0	0	0	90.65

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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	
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.534211	498,705	0	0	266,414	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.668643	614,012	0	0	410,555	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.383589	2,324,860	0	0	891,791	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.591011	777,144	0	0	459,301	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.682446	13,342	0	0	9,105	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.173732	484	0	0	84	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.368706	16,160	0	0	5,958	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.262417	160,992	0	0	42,247	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12.448289	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.472999	1,867,857	0	0	883,494	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.391564	42,329	0	0	16,575	90.96
90.97	09097	NORTH DODGE - REI CLINIC	4.490272	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.135738	11,441,390	0	0	1,553,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282102	2,183,899	0	0	616,082	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.478453	1,094,154	0	0	523,501	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.291986	73,001	0	0	94,316	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.148855		0			94.00
95.00	09500	AMBULANCE SERVICES	1.046116		0			95.00
200.00		Subtotal (see instructions)		565,036,074	2,708,004	0	137,556,661	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		565,036,074	2,708,004	0	137,556,661	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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	391,528	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.	986	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,049	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	253,239	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
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03954	CDC- REHAB	0	0		76.07
76.08	03955	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	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
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0		90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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		
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	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 CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	655,802	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	655,802	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D Part II
Date/Time Prepared: 11/20/2018 1:21 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	12,999,560	578,976,244	0.022453	610,831	13,715	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	619,480	26,120,989	0.023716	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,322,617	75,554,383	0.017505	207,516	3,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,744,834	151,392,002	0.037947	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,004,107	94,898,094	0.021119	57,911	1,223	55.00
55.01	03630	ULTRA SOUND	516,674	35,315,912	0.014630	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	919,248	37,489,305	0.024520	0	0	55.02
57.00	05700	CT SCAN	1,850,708	172,434,037	0.010733	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,385,222	138,953,574	0.017166	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669,660	95,403,635	0.017501	0	0	59.00
60.00	06000	LABORATORY	4,402,308	460,846,833	0.009553	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	751,076	39,402,631	0.019062	2,594	49	60.01
60.02	03140	CARDIOLOGY	1,969,340	79,851,387	0.024663	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	594,280	35,876,325	0.016565	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	854,506	76,210,412	0.011212	100,427	1,126	65.00
66.00	06600	PHYSICAL THERAPY	390,812	30,376,346	0.012866	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	119,077	12,381,737	0.009617	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	78,021	9,728,825	0.008020	56,000	449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,103	27,998,219	0.014005	4,263	60	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,011,162	105,997,129	0.009540	51,920	495	71.00
71.01	03540	ORTHOTIC SERVICES	107,827	6,284,992	0.017156	1,730	30	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,345,212	225,412,948	0.010404	2,651	28	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,107,353	789,131,685	0.007739	931,421	7,208	73.00
74.00	07400	RENAL DIALYSIS	1,154,184	57,395,805	0.020109	0	0	74.00
76.00	03950	IVF/CULTURE LAB	298,957	5,265,909	0.056772	0	0	76.00
76.02	03952	URODYNAMICS	14,198	3,169,452	0.004480	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	85,099	2,337,590	0.036405	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	983,533	49,962,994	0.019685	19,460	383	76.05
76.06	03580	RECREATIONAL THERAPY	124,915	558,916	0.223495	0	0	76.06
76.07	03954	CDC- REHAB	54,431	1,205,454	0.045154	0	0	76.07
76.08	03955	DIABETES EDUCATION	60,576	584,920	0.103563	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	175,467	3,583,687	0.048963	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,141	2,009,570	0.024951	2,376	59	76.98
76.99	07699	LITHOTRIPSY	372,213	10,628,729	0.035020	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	107,487	13,990,826	0.007683	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	306,593	7,436,730	0.041227	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	406,798	14,778,906	0.027526	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	419,957	5,031,218	0.083470	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	2,255,327	16,861,296	0.133758	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	815,316	10,975,651	0.074284	0	0	90.05
90.06	09006	OB-GYN CLINIC	896,594	6,850,734	0.130876	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,447,207	32,680,261	0.044284	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	938,981	11,810,967	0.079501	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,423,025	18,755,036	0.075874	10,936	830	90.09
90.10	09010	PEDIATRIC CLINIC	3,182,344	13,899,768	0.228949	0	0	90.10
90.11	09011	SURGERY CLINIC	971,265	6,377,780	0.152289	0	0	90.11
90.12	09012	UROLOGY CLINIC	450,329	8,068,910	0.055810	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	698,905	11,731,717	0.059574	34,712	2,068	90.13
90.14	09014	CANCER CLINIC	1,490,663	42,372,889	0.035180	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	631,565	7,008,655	0.090112	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	329,553	8,120,144	0.040585	0	0	90.16
90.17	09017	ANEMIA CLINIC	0	0	0.000000	0	0	90.17
90.19	09019	BURN CLINIC	17,700	518,317	0.034149	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	486,666	13,407,732	0.036297	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	8,947	256,406	0.034894	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	196,792	3,114,307	0.063190	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	476,651	6,628,171	0.071913	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	404,020	8,148,191	0.049584	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	315,976	3,893,387	0.081157	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	81,742	1,672,693	0.048869	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	218,966	3,524,649	0.062124	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	336,049	5,012,045	0.067048	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	313,677	7,283,563	0.043066	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	445	39,496	0.011267	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	214,872	2,393,801	0.089762	0	0	90.68

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D
Part II
Date/Time Prepared:
11/20/2018 1:21 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	
90.69	09069	IRL-RADIOLOGY	0	0	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	165,313	2,206,339	0.074926	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	1,172,976	14,414,029	0.081377	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	362,501	4,093,721	0.088550	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	119,751	842,884	0.142073	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	571	38,617	0.014786	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	3,969	167,586	0.023683	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	16,230	888,432	0.018268	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	2,299	2,688	0.855283	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	105,744	4,424,476	0.023900	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	31,732	2,725,685	0.011642	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	439	4,883	0.089904	0	0	90.97
91.00	09100	EMERGENCY	1,510,920	130,597,369	0.011569	476,145	5,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,600,610	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	259,345	5,036,794	0.051490	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	125,329	756,450	0.165680	0	0	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	124,902	9,070,197	0.013771	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	76,375,334	3,928,255,676		2,570,893	36,865	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 1:21 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,650,429	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
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	0	0	1,568	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
76.05	03340	DIGESTIVE DISEASE CENTER	0	0	0	0	1,045	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	0	87,061	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	0	234,396	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	0	6,272	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	1,045	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	2,091	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	0	0	3,659	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	0	0	0	1,045	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	115,418	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0	0	0	2,091	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0	0	0	1,045	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0	0	0	523	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	1,045	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0	0	0	1,568	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	0	0	0	2,091	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	523	90.68
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0	0	0	523	90.70

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.76	09076	IRL - PROCEDURE SUITES	0	0	0	0	3,659	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	0	0	0	1,045	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	0	0	90.97
91.00	09100	EMERGENCY	0	0	0	0	214,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,332,989	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 1:21 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	578,976,244	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,120,989	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	75,554,383	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,650,429	1,650,429	151,392,002	0.010902	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	94,898,094	0.000000	55.00
55.01	03630	ULTRA SOUND	0	0	0	35,315,912	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	37,489,305	0.000000	55.02
57.00	05700	CT SCAN	0	0	0	172,434,037	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	138,953,574	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	95,403,635	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	460,846,833	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	39,402,631	0.000000	60.01
60.02	03140	CARDIOLOGY	0	0	0	79,851,387	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	35,876,325	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	76,210,412	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,376,346	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,381,737	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,728,825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	27,998,219	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	105,997,129	0.000000	71.00
71.01	03540	ORTHOTIC SERVICES	0	0	0	6,284,992	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	225,412,948	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	789,131,685	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,568	1,568	57,395,805	0.000027	74.00
76.00	03950	IVF/CULTURE LAB	0	0	0	5,265,909	0.000000	76.00
76.02	03952	URODYNAMICS	0	0	0	3,169,452	0.000000	76.02
76.03	03953	SPINE TREATMENT CENTER	0	0	0	2,337,590	0.000000	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0	1,045	1,045	49,962,994	0.000021	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	558,916	0.000000	76.06
76.07	03954	CDC- REHAB	0	0	0	1,205,454	0.000000	76.07
76.08	03955	DIABETES EDUCATION	0	0	0	584,920	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,583,687	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,009,570	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	10,628,729	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	13,990,826	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	87,061	87,061	7,436,730	0.011707	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	14,778,906	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	5,031,218	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	234,396	234,396	16,861,296	0.013901	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	10,975,651	0.000000	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	6,850,734	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	32,680,261	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	11,810,967	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	18,755,036	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	0	6,272	6,272	13,899,768	0.000451	90.10
90.11	09011	SURGERY CLINIC	0	0	0	6,377,780	0.000000	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	8,068,910	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	11,731,717	0.000000	90.13
90.14	09014	CANCER CLINIC	0	1,045	1,045	42,372,889	0.000025	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	7,008,655	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	2,091	2,091	8,120,144	0.000258	90.16
90.17	09017	ANEMIA CLINIC	0	0	0	0	0.000000	90.17
90.19	09019	BURN CLINIC	0	0	0	518,317	0.000000	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0	3,659	3,659	13,407,732	0.000273	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0	0	0	256,406	0.000000	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0	1,045	1,045	3,114,307	0.000336	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0	115,418	115,418	6,628,171	0.017413	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0	0	0	0	0.000000	90.55
90.56	09056	IRL-OB/GYN CLINIC	0	2,091	2,091	8,148,191	0.000257	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	1,045	1,045	3,893,387	0.000268	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	523	523	1,672,693	0.000313	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	1,045	1,045	3,524,649	0.000296	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	1,568	1,568	5,012,045	0.000313	90.60
90.62	09062	IRL-UROLOGY CLINIC	0	2,091	2,091	7,283,563	0.000287	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0	0	0	39,496	0.000000	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	523	523	2,393,801	0.000218	90.68

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
90.69	09069	IRL-RADIOLOGY	0	0	0	0	0.000000	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	523	523	2,206,339	0.000237	90.70
90.76	09076	IRL - PROCEDURE SUITES	0	3,659	3,659	14,414,029	0.000254	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0	1,045	1,045	4,093,721	0.000255	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0	0	0	842,884	0.000000	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0	0	38,617	0.000000	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0	0	167,586	0.000000	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0	0	888,432	0.000000	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0	0	2,688	0.000000	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0	0	4,424,476	0.000000	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0	0	2,725,685	0.000000	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0	0	4,883	0.000000	90.97
91.00	09100	EMERGENCY	0	214,847	214,847	130,597,369	0.001645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,600,610	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,036,794	0.000000	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	756,450	0.000000	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	9,070,197	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,332,989	2,332,989	3,928,255,676		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 1:21 pm

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		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	610,831	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	207,516	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.010902	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	57,911	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.000000	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000	0	0	0	0	55.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.000000	2,594	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	100,427	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	56,000	0	976	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,263	0	1,234	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	51,920	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0.000000	1,730	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,651	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	931,421	0	58	0	73.00
74.00	07400	RENAL DIALYSIS	0.000027	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.000000	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0.000000	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.000000	0	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.000021	19,460	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0.000000	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0.000000	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	2,376	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.011707	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.013901	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000	10,936	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0.000451	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000	34,712	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.000025	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000258	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	0	0	90.17
90.19	09019	BURN CLINIC	0.000000	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.000273	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.000000	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.000336	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.017413	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.000257	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.000268	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.000313	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.000296	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.000313	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.000287	0	0	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.000000	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.000218	0	0	0	0	90.68

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 1:21 pm
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		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.000237	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.000254	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.000255	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.000000	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.000000	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.000000	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0.000000	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.000000	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.000000	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	0.000000	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.001645	476,145	783	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		2,570,893	783	2,268	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

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

Worksheet D Part V
Date/Time Prepared: 11/20/2018 1:21 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	0.219847	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258116	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.137483	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219764	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138066	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.154325	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194334	0	0	0	0	55.02
57.00	05700	CT SCAN	0.044392	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059967	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082801	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128443	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.169921	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.159639	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.289855	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.160531	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.297830	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258014	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.105403	976	0	0	103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184428	1,234	0	0	228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391779	0	0	0	0	71.00
71.01	03540	ORTHOTIC SERVICES	0.444062	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430591	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281990	58	0	0	16	73.00
74.00	07400	RENAL DIALYSIS	0.182387	0	0	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.682106	0	0	0	0	76.00
76.02	03952	URODYNAMICS	0.070117	0	0	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.402215	0	0	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.187471	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	2.252313	0	0	0	0	76.06
76.07	03954	CDC- REHAB	0.873528	0	0	0	0	76.07
76.08	03955	DIABETES EDUCATION	1.295179	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.342792	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308766	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.152296	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.326376	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.249091	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.240419	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.709775	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.134867	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.435716	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	1.140016	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394898	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.882891	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.542243	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1.622013	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1.385047	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.386057	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.652231	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.403816	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.681248	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.356151	0	0	0	0	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	0	0	90.17
90.19	09019	BURN CLINIC	1.045061	0	0	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.299518	0	0	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.579682	0	0	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.407129	0	0	0	0	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.663974	0	0	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.433607	0	0	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.506157	0	0	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.332231	0	0	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.364123	0	0	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.555909	0	0	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.302657	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 07/01/2017
To 06/30/2018

Worksheet D
Part V
Date/Time Prepared:
11/20/2018 1:21 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	
90.65	09065	IRL - FAMILY CARE CLINIC	0.054081	0	0	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.534211	0	0	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.668643	0	0	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.383589	0	0	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.591011	0	0	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.682446	0	0	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.173732	0	0	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.368706	0	0	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.262417	0	0	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12.448289	0	0	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.472999	0	0	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.391564	0	0	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	4.490272	0	0	0	0	90.97
91.00	09100	EMERGENCY	0.135738	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282102	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.478453	0	0	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.291986	0	0	0	0	93.99
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.148855		0			94.00
95.00	09500	AMBULANCE SERVICES	1.046116		0			95.00
200.00		Subtotal (see instructions)		2,268	0	0	347	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,268	0	0	347	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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
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
76.05	03340	DIGESTIVE DISEASE CENTER	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03954	CDC- REHAB	0	0		76.07
76.08	03955	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	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
90.55	09055	IRL - NEUROLOGY CLINIC	0	0		90.55
90.56	09056	IRL-OB/GYN CLINIC	0	0		90.56
90.57	09057	IRL-OPHTHALMOLOGY	0	0		90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0	0		90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0	0		90.60
90.62	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 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/20/2018 1:21 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		
90.65	09065	IRL - FAMILY CARE CLINIC	0	0		90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0	0		90.68
90.69	09069	IRL-RADIOLOGY	0	0		90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0	0		90.70
90.76	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 CLINIC	0	0		90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0	0		90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0	0		90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0	0		90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	0	0		90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0	0		90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0	0		90.96
90.97	09097	NORTH DODGE - REI CLINIC	0	0		90.97
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 1:21 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)	145,024	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	145,024	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)	140,664	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)	49,487	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)	165,153,458	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)	165,153,458	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)	165,153,458	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)	1,138.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	56,355,796	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)	56,355,796	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/20/2018 1:21 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 INTENSIVE CARE UNIT	14,827,141	8,093	1,832.09	3,401	6,230,938	43.01
44.00	CORONARY CARE UNIT	14,888,181	7,756	1,919.57	3,515	6,747,289	44.00
45.00	BURN INTENSIVE CARE UNIT	8,393,890	5,187	1,618.26	1,433	2,318,967	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	19,143,013	10,844	1,765.31	4,231	7,469,027	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	22,178,580	12,034	1,842.99	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	16,430,485	5,749	2,857.97	16	45,728	47.01

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	121,077,835	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	200,245,580	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)	6,176,315	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,258,145	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	14,434,460	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	185,811,120	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)	4,360	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,138.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,965,168	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 1:21 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	11,864,625	165,153,458	0.071840	4,965,168	356,698	90.00
91.00	Nursing School cost	0	165,153,458	0.000000	4,965,168	0	91.00
92.00	Allied health cost	904,262	165,153,458	0.005475	4,965,168	27,184	92.00
93.00	All other Medical Education	0	165,153,458	0.000000	4,965,168	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 1:21 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)	26,180	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	26,180	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)	26,180	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)	6,807	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)	21,535,904	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)	21,535,904	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)	21,535,904	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)	822.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,599,506	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)	5,599,506	41.00

COMPUTATION OF INPATIENT OPERATING COST

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

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

Worksheet D-1
Date/Time Prepared: 11/20/2018 1:21 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 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	576,555	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,176,061	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)	336,878	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	37,648	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	374,526	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,801,535	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 1:21 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	1,239,299	21,535,904	0.057546	0	0	90.00
91.00	Nursing School cost	0	21,535,904	0.000000	0	0	91.00
92.00	Allied health cost	56,288	21,535,904	0.002614	0	0	92.00
93.00	All other Medical Education	0	21,535,904	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/20/2018 1:21 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		126,063,062		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		14,574,507		31.01
32.00	03200	CORONARY CARE UNIT		18,916,230		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,837,272		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		22,622,415		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		78,242		35.01
40.00	04000	SUBPROVIDER - IPF		49,626		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.219847	101,204,805	22,249,573	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258116	155,666	40,180	52.00
53.00	05300	ANESTHESIOLOGY	0.137483	11,229,518	1,543,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219764	19,845,528	4,361,333	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138066	1,801,751	248,761	55.00
55.01	03630	ULTRA SOUND	0.154325	1,877,262	289,708	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194334	1,626,334	316,052	55.02
57.00	05700	CT SCAN	0.044392	23,107,176	1,025,774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059967	10,968,001	657,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082801	18,904,883	1,565,343	59.00
60.00	06000	LABORATORY	0.128733	68,099,815	8,766,693	60.00
60.01	06001	ANATOMICAL LABORATORY	0.171637	3,375,022	579,279	60.01
60.02	03140	CARDIOLOGY	0.159639	14,897,589	2,378,236	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.289855	7,609,231	2,205,574	63.00
65.00	06500	RESPIRATORY THERAPY	0.160531	18,607,049	2,987,008	65.00
66.00	06600	PHYSICAL THERAPY	0.297830	6,374,294	1,898,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258014	3,190,741	823,256	67.00
69.00	06900	ELECTROCARDIOLOGY	0.105403	2,239,817	236,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184428	4,970,599	916,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391779	23,292,516	9,125,519	71.00
71.01	03540	ORTHOTIC SERVICES	0.444062	582,901	258,844	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430591	63,697,197	27,427,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281990	83,135,252	23,443,310	73.00
74.00	07400	RENAL DIALYSIS	0.182387	9,826,813	1,792,283	74.00
76.00	03950	IVF/CULTURE LAB	0.682106	0	0	76.00
76.02	03952	URODYNAMICS	0.070117	3,240	227	76.02
76.03	03953	SPINE TREATMENT CENTER	0.402215	1,758	707	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.187471	4,824,126	904,384	76.05
76.06	03580	RECREATIONAL THERAPY	2.252313	0	0	76.06
76.07	03954	CDC- REHAB	0.873528	511	446	76.07
76.08	03955	DIABETES EDUCATION	1.295179	216	280	76.08
76.97	07697	CARDIAC REHABILITATION	0.342792	787,420	269,921	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308766	45,887	14,168	76.98
76.99	07699	LITHOTRIPSY	0.152296	54,116	8,242	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.326376	1,571,117	512,775	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.249091	41,508	10,339	90.01
90.02	09002	DERMATOLOGY CLINIC	0.240419	52,879	12,713	90.02
90.03	09003	ORAL SURGERY CLINIC	0.709775	3,970	2,818	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.134867	137,742	156,319	90.04
90.05	09005	NEUROLOGY CLINIC	0.435716	9,246	4,029	90.05
90.06	09006	OB-GYN CLINIC	1.140016	4,236	4,829	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394898	132,547	52,343	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.882891	23,058	20,358	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.542243	933,182	506,011	90.09
90.10	09010	PEDIATRIC CLINIC	1.622013	1,109	1,799	90.10
90.11	09011	SURGERY CLINIC	1.385047	18,938	26,230	90.11
90.12	09012	UROLOGY CLINIC	0.386057	20,177	7,789	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.652231	20,687	13,493	90.13
90.14	09014	CANCER CLINIC	0.403816	282,519	114,086	90.14
90.15	09015	FAMILY CARE CLINIC	0.681248	13,643	9,294	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.356151	4,373	1,557	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	90.17
90.19	09019	BURN CLINIC	1.045061	697	728	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.299518	77,498	23,212	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.579682	977	566	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.407129	165	67	90.52
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.663974	27,642	18,354	90.54

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/20/2018 1:21 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	
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.433607	2,090	906	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.506157	1,244	630	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.332231	2,940	977	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.364123	2,347	855	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.555909	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.302657	5,555	1,681	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.054081	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.534211	2,167	1,158	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.668643	1,460	976	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.383589	235	90	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.591011	9,739	5,756	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.682446	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.173732	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.368706	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.262417	391	103	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12.448289	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.472999	5,686	2,689	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.391564	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	4.490272	0	0	90.97
91.00	09100	EMERGENCY	0.135738	22,036,469	2,991,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282102	426,698	120,372	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.478453	240,083	114,868	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.291986	383	495	93.99
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.148855	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		532,452,431	121,077,835	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)		532,452,431		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/20/2018 1:21 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 INTENSIVE 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		10,534,839		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.219847	610,831	134,289	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258116	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.137483	207,516	28,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219764	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138066	57,911	7,996	55.00
55.01	03630	ULTRA SOUND	0.154325	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.194334	0	0	55.02
57.00	05700	CT SCAN	0.044392	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059967	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082801	0	0	59.00
60.00	06000	LABORATORY	0.128733	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.171637	2,594	445	60.01
60.02	03140	CARDIOLOGY	0.159639	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.289855	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.160531	100,427	16,122	65.00
66.00	06600	PHYSICAL THERAPY	0.297830	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258014	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.105403	56,000	5,903	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184428	4,263	786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.391779	51,920	20,341	71.00
71.01	03540	ORTHOTIC SERVICES	0.444062	1,730	768	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430591	2,651	1,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281990	931,421	262,651	73.00
74.00	07400	RENAL DIALYSIS	0.182387	0	0	74.00
76.00	03950	IVF/CULTURE LAB	0.682106	0	0	76.00
76.02	03952	URODYNAMICS	0.070117	0	0	76.02
76.03	03953	SPINE TREATMENT CENTER	0.402215	0	0	76.03
76.05	03340	DIGESTIVE DISEASE CENTER	0.187471	19,460	3,648	76.05
76.06	03580	RECREATIONAL THERAPY	2.252313	0	0	76.06
76.07	03954	CDC- REHAB	0.873528	0	0	76.07
76.08	03955	DIABETES EDUCATION	1.295179	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.342792	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308766	2,376	734	76.98
76.99	07699	LITHOTRIPSY	0.152296	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.326376	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.249091	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.240419	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.709775	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.134867	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0.435716	0	0	90.05
90.06	09006	OB-GYN CLINIC	1.140016	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.394898	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.882891	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.542243	10,936	5,930	90.09
90.10	09010	PEDIATRIC CLINIC	1.622013	0	0	90.10
90.11	09011	SURGERY CLINIC	1.385047	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.386057	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.652231	34,712	22,640	90.13
90.14	09014	CANCER CLINIC	0.403816	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.681248	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.356151	0	0	90.16
90.17	09017	ANEMIA CLINIC	0.000000	0	0	90.17
90.19	09019	BURN CLINIC	1.045061	0	0	90.19
90.50	09050	IRL-CARDIOLOGY CLINIC	0.299518	0	0	90.50
90.51	09051	IRL - ANESTHESIA PAIN CLINIC	0.579682	0	0	90.51
90.52	09052	IRL-DERMATOLOGY CLINIC	0.407129	0	0	90.52

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/20/2018 1:21 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	
90.54	09054	IRL-INTERNAL MEDICINE CLINIC	0.663974	0	0	90.54
90.55	09055	IRL - NEUROLOGY CLINIC	0.000000	0	0	90.55
90.56	09056	IRL-OB/GYN CLINIC	0.433607	0	0	90.56
90.57	09057	IRL-OPHTHALMOLOGY	0.506157	0	0	90.57
90.58	09058	IRL - ORTHOPAEDICS CLINIC	0.332231	0	0	90.58
90.59	09059	IRL-OTOLARYNGOLOGY CLINIC	0.364123	0	0	90.59
90.60	09060	IRL-PEDIATRICS CLINIC	0.555909	0	0	90.60
90.62	09062	IRL-UROLOGY CLINIC	0.302657	0	0	90.62
90.65	09065	IRL - FAMILY CARE CLINIC	0.054081	0	0	90.65
90.68	09068	IRL-GASTROENTEROLOGY CLINIC	0.534211	0	0	90.68
90.69	09069	IRL-RADIOLOGY	0.000000	0	0	90.69
90.70	09070	IRL-DIABETES CENTER CLINIC	0.668643	0	0	90.70
90.76	09076	IRL - PROCEDURE SUITES	0.383589	0	0	90.76
90.80	09080	IRL EAST-FAMILY PRACTICE CLINIC	0.591011	0	0	90.80
90.81	09081	IRL EAST- PEDIATRICS CLINIC	0.682446	0	0	90.81
90.82	09082	IRL EAST-DERMATOLOGY CLINIC	0.173732	0	0	90.82
90.83	09083	IRL EAST-SURGERY CLINIC	0.368706	0	0	90.83
90.84	09084	IRL EAST-NEUROLOGY CLINIC	0.262417	0	0	90.84
90.85	09085	IRL EAST-DIABETES CENTER CLINIC	12.448289	0	0	90.85
90.95	09095	QUAD CITIES - CANCER CENTER	0.472999	0	0	90.95
90.96	09096	NORTH DODGE - OB/GYN CLINIC	0.391564	0	0	90.96
90.97	09097	NORTH DODGE - REI CLINIC	4.490272	0	0	90.97
91.00	09100	EMERGENCY	0.135738	476,145	64,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282102	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.478453	0	0	92.01
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	1.291986	0	0	93.99
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.148855	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,570,893	576,555	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,570,893		202.00

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	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	97,456	1,138.80	60	68,328	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	2,804	1,832.09	1	1,832	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,919.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.26	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	11,775	1,765.31	2	3,531	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.99	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	8,947	2,857.97	1	2,858	6.01
7.00	TOTAL (sum of lines 1 through 6)		120,982		64	76,549	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	0.219847	550,289	120,979	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258116	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.137483	108,532	14,921	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219764	119,836	26,336	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138066	0	0	13.00
13.01	ULTRA SOUND	55.01	0.154325	2,862	442	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194334	480,637	93,404	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.044392	122,707	5,447	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.059967	3,268	196	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.082801	60,995	5,050	17.00
18.00	LABORATORY	60.00	0.128443	1,304,900	167,605	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.169921	3,630	617	18.01
18.02	CARDIOLOGY	60.02	0.159639	1,161,579	185,433	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	0.289855	1,715	497	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.160531	31,900	5,121	23.00
24.00	PHYSICAL THERAPY	66.00	0.297830	265	79	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.258014	413	107	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105403	50,401	5,312	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.184428	1,805	333	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391779	105,335	41,268	29.00
29.01	ORTHOTIC SERVICES	71.01	0.444062	4,760	2,114	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430591	12,853	5,534	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.281990	466,792	131,631	31.00
32.00	RENAL DIALYSIS	74.00	0.182387	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	0.682106	0	0	34.00
34.02	URODYNAMICS	76.02	0.070117	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.402215	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER	76.05	0.187471	53	10	34.05
34.06	RECREATIONAL THERAPY	76.06	2.252313	0	0	34.06
34.07	CDC- REHAB	76.07	0.873528	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.295179	2,072	2,684	34.08
34.97	CARDIAC REHABILITATION	76.97	0.342792	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.308766	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.152296	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	0.249091	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.240419	612	147	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.709775	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.134867	5,944	6,746	37.04
37.05	NEUROLOGY CLINIC	90.05	0.435716	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.140016	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394898	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.882891	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.542243	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.622013	1,443	2,341	37.10
37.11	SURGERY CLINIC	90.11	1.385047	125,667	174,055	37.11

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 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	
37.12	UROLOGY CLINIC	90.12	0.386057	474	183	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.652231	204	133	37.13
37.14	CANCER CLINIC	90.14	0.403816	1,535	620	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681248	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.356151	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.000000	0	0	37.17
37.19	BURN CLINIC	90.19	1.045061	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.299518	6,273	1,879	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.579682	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.407129	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.663974	3,264	2,167	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.433607	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.506157	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.332231	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.364123	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.555909	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.302657	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.054081	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.534211	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.668643	1,120	749	37.70
37.76	IRL - PROCEDURE SUITES	90.76	0.383589	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.591011	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.682446	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.173732	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.368706	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.262417	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	12.448289	0	0	37.85
37.95	QUAD CITIES - CANCER CENTER	90.95	0.472999	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.391564	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	4.490272	0	0	37.97
38.00	EMERGENCY	91.00	0.135738	5,405	734	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.282102	2,184	616	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.478453	3,693	1,767	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.291986	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			4,755,417	1,007,257	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	60	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	1	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	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)			64	0	48.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	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	612	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	5,944	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	1,443	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	125,667	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	474	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	204	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	1,535	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	6,273	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	3,264	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
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
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	1,120	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 CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	5,405	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	2,184	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	3,693	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		157,818		0	55.00

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	Cost Center Description	Cost Part A 1.00	Cost Part B 2.00	Charges Part A 3.00	Charges Part B 4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,083,806		4,876,399		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)	7,304,423		14,705,000		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)	8,388,229		19,581,399		61.00
62.00	Total Usable Organs (see instructions)		150			62.00
63.00	Medicare Usable Organs (see instructions)		94			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.626667			64.00
65.00	Medicare Cost/Charges (see instructions)	5,256,626		12,271,017		65.00
66.00	Revenue for Organs Sold	388,379		388,379		66.00
67.00	Subtotal (line 65 minus line 66)	4,868,247		11,882,638		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,868,247	0	11,882,638	0	69.00

	Cost Center Description	Living Related 1.00	Cadaveric 2.00	Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	26	47		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	77		73.00
74.00	Total (sum of lines 70 through 73)	26	124		74.00
75.00	Organs Transplanted	26	77	14,705,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	47	388,379	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)	26	124		84.00

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 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	1,138.80	8	9,110	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	1,402	1,832.09	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,919.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.26	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	17,101	1,765.31	3	5,296	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.99	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	12,265	2,857.97	2	5,716	6.01
7.00	TOTAL (sum of lines 1 through 6)		30,768		13	20,122	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	0.219847	257,605	56,634	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258116	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.137483	29,477	4,053	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219764	40,607	8,924	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138066	0	0	13.00
13.01	ULTRA SOUND	55.01	0.154325	765	118	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194334	154,628	30,049	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.044392	9,907	440	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.059967	10,132	608	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.082801	53,089	4,396	17.00
18.00	LABORATORY	60.00	0.128443	534,542	68,658	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.169921	25,007	4,249	18.01
18.02	CARDIOLOGY	60.02	0.159639	584,306	93,278	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	0.289855	5,169	1,498	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.160531	40,327	6,474	23.00
24.00	PHYSICAL THERAPY	66.00	0.297830	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.258014	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105403	15,909	1,677	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.184428	902	166	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391779	8,182	3,206	29.00
29.01	ORTHOTIC SERVICES	71.01	0.444062	165	73	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430591	1,038	447	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.281990	175,548	49,503	31.00
32.00	RENAL DIALYSIS	74.00	0.182387	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	0.682106	0	0	34.00
34.02	URODYNAMICS	76.02	0.070117	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.402215	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER	76.05	0.187471	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.252313	0	0	34.06
34.07	CDC- REHAB	76.07	0.873528	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.295179	672	870	34.08
34.97	CARDIAC REHABILITATION	76.97	0.342792	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.308766	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.152296	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	0.249091	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.240419	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.709775	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.134867	5,584	6,337	37.04
37.05	NEUROLOGY CLINIC	90.05	0.435716	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.140016	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394898	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.882891	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.542243	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.622013	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.385047	27,988	38,765	37.11

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	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	
37.12	UROLOGY CLINIC	90.12	0.386057	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.652231	0	0	37.13
37.14	CANCER CLINIC	90.14	0.403816	4,022	1,624	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681248	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.356151	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.000000	0	0	37.17
37.19	BURN CLINIC	90.19	1.045061	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.299518	204	61	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.579682	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.407129	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.663974	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.433607	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.506157	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.332231	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.364123	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.555909	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.302657	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.054081	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.534211	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.668643	280	187	37.70
37.76	IRL - PROCEDURE SUITES	90.76	0.383589	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.591011	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.682446	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.173732	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.368706	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.262417	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	12.448289	0	0	37.85
37.95	QUAD CITIES - CANCER CENTER	90.95	0.472999	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.391564	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	4.490272	0	0	37.97
38.00	EMERGENCY	91.00	0.135738	7,142	969	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.282102	117	33	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.478453	2,730	1,306	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.291986	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			1,996,044	384,603	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	8	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	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	3	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)			13	0	48.00

(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 07/01/2017 To 06/30/2018

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	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	5,584	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	27,988	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	4,022	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	204	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
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
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
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	280	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 CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	7,142	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	117	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	2,730	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		48,067		0	55.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
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	Cost Center Description	Cost Part A 1.00	Cost Part B 2.00	Charges Part A 3.00	Charges Part B 4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	404,725		2,026,812		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,790,453		5,239,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,195,178		7,265,812		61.00
62.00	Total Usable Organs (see instructions)		58			62.00
63.00	Medicare Usable Organs (see instructions)		36			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.620690			64.00
65.00	Medicare Cost/Charges (see instructions)	1,983,215		4,509,817		65.00
66.00	Revenue for Organs Sold	219,519		219,519		66.00
67.00	Subtotal (line 65 minus line 66)	1,763,696		4,290,298		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,763,696	0	4,290,298	0	69.00

	Cost Center Description	Living Related 1.00	Cadaveric 2.00	Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	27		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	31		73.00
74.00	Total (sum of lines 70 through 73)	0	58		74.00
75.00	Organs Transplanted	0	31	5,239,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	27	219,519	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	58		84.00

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

	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)	
			Heart		Hospital	PPS	
		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	1,138.80	3	3,416	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	0	1,832.09	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,919.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.26	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,887	1,765.31	1	1,765	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.99	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	6,233	2,857.97	1	2,858	6.01
7.00	TOTAL (sum of lines 1 through 6)		12,120		5	8,039	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	0.219847	90,545	19,906	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258116	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.137483	13,995	1,924	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219764	6,343	1,394	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138066	0	0	13.00
13.01	ULTRA SOUND	55.01	0.154325	6,213	959	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194334	11,743	2,282	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.044392	9,193	408	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.059967	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.082801	19,500	1,615	17.00
18.00	LABORATORY	60.00	0.128443	327,192	42,026	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.169921	1,285	218	18.01
18.02	CARDIOLOGY	60.02	0.159639	113,802	18,167	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	0.289855	498	144	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.160531	14,614	2,346	23.00
24.00	PHYSICAL THERAPY	66.00	0.297830	296	88	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.258014	413	107	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105403	3,372	355	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.184428	902	166	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391779	7,610	2,981	29.00
29.01	ORTHOTIC SERVICES	71.01	0.444062	87,662	38,927	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430591	413	178	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.281990	44,387	12,517	31.00
32.00	RENAL DIALYSIS	74.00	0.182387	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	0.682106	0	0	34.00
34.02	URODYNAMICS	76.02	0.070117	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.402215	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER	76.05	0.187471	6,692	1,255	34.05
34.06	RECREATIONAL THERAPY	76.06	2.252313	0	0	34.06
34.07	CDC- REHAB	76.07	0.873528	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.295179	112	145	34.08
34.97	CARDIAC REHABILITATION	76.97	0.342792	2,691	922	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.308766	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.152296	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	0.249091	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.240419	336	81	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.709775	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.134867	20,090	22,799	37.04
37.05	NEUROLOGY CLINIC	90.05	0.435716	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.140016	204	233	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394898	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.882891	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.542243	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.622013	6,966	11,299	37.10
37.11	SURGERY CLINIC	90.11	1.385047	1,271	1,760	37.11

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 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	
37.12	UROLOGY CLINIC	90.12	0.386057	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.652231	0	0	37.13
37.14	CANCER CLINIC	90.14	0.403816	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681248	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.356151	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.000000	0	0	37.17
37.19	BURN CLINIC	90.19	1.045061	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.299518	0	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.579682	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.407129	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.663974	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.433607	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.506157	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.332231	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.364123	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.555909	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.302657	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.054081	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.534211	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.668643	0	0	37.70
37.76	IRL - PROCEDURE SUITES	90.76	0.383589	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.591011	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.682446	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.173732	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.368706	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.262417	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	12.448289	0	0	37.85
37.95	QUAD CITIES - CANCER CENTER	90.95	0.472999	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.391564	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	4.490272	0	0	37.97
38.00	EMERGENCY	91.00	0.135738	37	5	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.282102	44	12	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.478453	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.291986	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			798,421	185,219	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	3	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	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)			5	0	48.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 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	
	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	336	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	20,090	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	204	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	6,966	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	1,271	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	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
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
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
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.76	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 CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	37	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	44	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		28,948		0	55.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

		Heart		Hospital	PPS	
	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	193,258		810,541		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)	1,954,278		4,194,000		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)	2,147,536		5,004,541		61.00
62.00	Total Usable Organs (see instructions)		32			62.00
63.00	Medicare Usable Organs (see instructions)		21			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.656250			64.00
65.00	Medicare Cost/Charges (see instructions)	1,409,321		3,284,230		65.00
66.00	Revenue for Organs Sold	113,825		113,825		66.00
67.00	Subtotal (line 65 minus line 66)	1,295,496		3,170,405		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,295,496	0	3,170,405	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	14		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	32		74.00
75.00	Organs Transplanted	0	18	4,194,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	14	113,825	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	32		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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,138.80	2	2,278	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	0	1,832.09	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,919.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.26	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,243	1,765.31	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.99	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,857.97	0	0	6.01
7.00	TOTAL (sum of lines 1 through 6)		2,243		2	2,278	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	0.219847	38,916	8,556	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258116	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.137483	5,851	804	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219764	17,789	3,909	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138066	0	0	13.00
13.01	ULTRA SOUND	55.01	0.154325	1,124	173	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194334	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.044392	33,642	1,493	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.059967	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.082801	60,122	4,978	17.00
18.00	LABORATORY	60.00	0.128443	358,194	46,008	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.169921	4,506	766	18.01
18.02	CARDIOLOGY	60.02	0.159639	107,134	17,103	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	0.289855	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.160531	31,528	5,061	23.00
24.00	PHYSICAL THERAPY	66.00	0.297830	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.258014	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105403	1,220	129	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.184428	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391779	6,093	2,387	29.00
29.01	ORTHOTIC SERVICES	71.01	0.444062	0	0	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430591	2,747	1,183	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.281990	27,717	7,816	31.00
32.00	RENAL DIALYSIS	74.00	0.182387	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	0.682106	0	0	34.00
34.02	URODYNAMICS	76.02	0.070117	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.402215	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER	76.05	0.187471	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.252313	0	0	34.06
34.07	CDC- REHAB	76.07	0.873528	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.295179	224	290	34.08
34.97	CARDIAC REHABILITATION	76.97	0.342792	376	129	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.308766	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.152296	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	0.249091	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.240419	1,152	277	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.709775	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.134867	21,522	24,425	37.04
37.05	NEUROLOGY CLINIC	90.05	0.435716	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.140016	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394898	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.882891	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.542243	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.622013	204	331	37.10
37.11	SURGERY CLINIC	90.11	1.385047	1,133	1,569	37.11

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center Description	Lung Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.12	UROLOGY CLINIC	90.12	0.386057	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.652231	204	133	37.13
37.14	CANCER CLINIC	90.14	0.403816	204	82	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681248	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.356151	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.000000	0	0	37.17
37.19	BURN CLINIC	90.19	1.045061	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.299518	0	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.579682	204	118	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.407129	204	83	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.663974	2,290	1,521	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.433607	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.506157	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.332231	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.364123	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.555909	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.302657	204	62	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.054081	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.534211	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.668643	0	0	37.70
37.76	IRL - PROCEDURE SUITES	90.76	0.383589	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.591011	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.682446	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.173732	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.368706	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.262417	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	12.448289	0	0	37.85
37.95	QUAD CITIES - CANCER CENTER	90.95	0.472999	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.391564	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	4.490272	0	0	37.97
38.00	EMERGENCY	91.00	0.135738	2,666	362	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.282102	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.478453	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.291986	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			727,170	129,748	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 INTENSIVE 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	0	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)			2	0	48.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center Description	Lung Worksheet D-2, Part I Line Numbers	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	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	1,152	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	21,522	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	204	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	1,133	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	204	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	204	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	204	0.000000	0	51.51
51.52	IRL-DERMATOLOGY CLINIC	23.52	204	0.000000	0	51.52
51.54	IRL-INTERNAL MEDICINE CLINIC	23.54	2,290	0.000000	0	51.54
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	204	0.000000	0	51.62
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
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.76	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 CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	2,666	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		29,987		0	55.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	Cost Center Description	Cost Part A 1.00	Cost Part B 2.00	Charges Part A 3.00	Charges Part B 4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	132,026		729,413		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)	1,795,522		2,661,000		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)	1,927,548		3,390,413		61.00
62.00	Total Usable Organs (see instructions)		21			62.00
63.00	Medicare Usable Organs (see instructions)		10			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.476190			64.00
65.00	Medicare Cost/Charges (see instructions)	917,879		1,614,481		65.00
66.00	Revenue for Organs Sold	56,912		56,912		66.00
67.00	Subtotal (line 65 minus line 66)	860,967		1,557,569		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	860,967	0	1,557,569	0	69.00

	Cost Center Description	Living Related 1.00	Cadaveric 2.00	Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	7		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	21		74.00
75.00	Organs Transplanted	0	14	2,661,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	7	56,912	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	21		84.00

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

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	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	1,138.80	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	1,402	1,832.09	1	1,832	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,919.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,618.26	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,243	1,765.31	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,842.99	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	2,714	2,857.97	0	0	6.01
7.00	TOTAL (sum of lines 1 through 6)		6,359		1	1,832	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	0.219847	13,405	2,947	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258116	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.137483	2,724	375	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219764	185	41	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138066	0	0	13.00
13.01	ULTRA SOUND	55.01	0.154325	439	68	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.194334	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.044392	31	1	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.059967	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.082801	0	0	17.00
18.00	LABORATORY	60.00	0.128443	15,020	1,929	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.169921	0	0	18.01
18.02	CARDIOLOGY	60.02	0.159639	5,915	944	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	0.289855	498	144	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.160531	3,443	553	23.00
24.00	PHYSICAL THERAPY	66.00	0.297830	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.258014	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105403	293	31	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.184428	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.391779	663	260	29.00
29.01	ORTHOTIC SERVICES	71.01	0.444062	165	73	29.01
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430591	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.281990	9,963	2,809	31.00
32.00	RENAL DIALYSIS	74.00	0.182387	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	0.682106	0	0	34.00
34.02	URODYNAMICS	76.02	0.070117	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	0.402215	0	0	34.03
34.05	DIGESTIVE DISEASE CENTER	76.05	0.187471	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.252313	0	0	34.06
34.07	CDC- REHAB	76.07	0.873528	0	0	34.07
34.08	DIABETES EDUCATION	76.08	1.295179	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.342792	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.308766	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.152296	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	0.249091	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.240419	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.709775	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.134867	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	0.435716	0	0	37.05
37.06	OB-GYN CLINIC	90.06	1.140016	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.394898	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.882891	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.542243	0	0	37.09
37.10	PEDIATRIC CLINIC	90.10	1.622013	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.385047	788	1,091	37.11

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center Description	Pancreas Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.12	UROLOGY CLINIC	90.12	0.386057	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.652231	0	0	37.13
37.14	CANCER CLINIC	90.14	0.403816	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.681248	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.356151	0	0	37.16
37.17	ANEMIA CLINIC	90.17	0.000000	0	0	37.17
37.19	BURN CLINIC	90.19	1.045061	0	0	37.19
37.50	IRL-CARDIOLOGY CLINIC	90.50	0.299518	0	0	37.50
37.51	IRL - ANESTHESIA PAIN CLINIC	90.51	0.579682	0	0	37.51
37.52	IRL-DERMATOLOGY CLINIC	90.52	0.407129	0	0	37.52
37.54	IRL-INTERNAL MEDICINE CLINIC	90.54	0.663974	0	0	37.54
37.55	IRL - NEUROLOGY CLINIC	90.55	0.000000	0	0	37.55
37.56	IRL-OB/GYN CLINIC	90.56	0.433607	0	0	37.56
37.57	IRL-OPHTHALMOLOGY	90.57	0.506157	0	0	37.57
37.58	IRL - ORTHOPAEDICS CLINIC	90.58	0.332231	0	0	37.58
37.59	IRL-OTOLARYNGOLOGY CLINIC	90.59	0.364123	0	0	37.59
37.60	IRL-PEDIATRICS CLINIC	90.60	0.555909	0	0	37.60
37.62	IRL-UROLOGY CLINIC	90.62	0.302657	0	0	37.62
37.65	IRL - FAMILY CARE CLINIC	90.65	0.054081	0	0	37.65
37.68	IRL-GASTROENTEROLOGY CLINIC	90.68	0.534211	0	0	37.68
37.69	IRL-RADIOLOGY	90.69	0.000000	0	0	37.69
37.70	IRL-DIABETES CENTER CLINIC	90.70	0.668643	0	0	37.70
37.76	IRL - PROCEDURE SUITES	90.76	0.383589	0	0	37.76
37.80	IRL EAST-FAMILY PRACTICE CLINIC	90.80	0.591011	0	0	37.80
37.81	IRL EAST- PEDIATRICS CLINIC	90.81	0.682446	0	0	37.81
37.82	IRL EAST-DERMATOLOGY CLINIC	90.82	0.173732	0	0	37.82
37.83	IRL EAST-SURGERY CLINIC	90.83	0.368706	0	0	37.83
37.84	IRL EAST-NEUROLOGY CLINIC	90.84	0.262417	0	0	37.84
37.85	IRL EAST-DIABETES CENTER CLINIC	90.85	12.448289	0	0	37.85
37.95	QUAD CITIES - CANCER CENTER	90.95	0.472999	0	0	37.95
37.96	NORTH DODGE - OB/GYN CLINIC	90.96	0.391564	0	0	37.96
37.97	NORTH DODGE - REI CLINIC	90.97	4.490272	0	0	37.97
38.00	EMERGENCY	91.00	0.135738	37	5	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.282102	44	12	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.478453	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
40.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	1.291986	0	0	40.99
41.00	TOTAL (sum of lines 8 through 40)			53,613	11,283	41.00

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

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

Provider CCN: 16-0058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 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	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	788	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	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
51.55	IRL - NEUROLOGY CLINIC	23.55	0	0.000000	0	51.55
51.56	IRL-OB/GYN CLINIC	23.56	0	0.000000	0	51.56
51.57	IRL-OPHTHALMOLOGY	23.57	0	0.000000	0	51.57
51.58	IRL - ORTHOPAEDICS CLINIC	23.58	0	0.000000	0	51.58
51.59	IRL-OTOLARYNGOLOGY CLINIC	23.59	0	0.000000	0	51.59
51.60	IRL-PEDIATRICS CLINIC	23.60	0	0.000000	0	51.60
51.62	IRL-UROLOGY CLINIC	23.62	0	0.000000	0	51.62
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
51.69	IRL-RADIOLOGY	23.69	0	0.000000	0	51.69
51.70	IRL-DIABETES CENTER CLINIC	23.70	0	0.000000	0	51.70
51.76	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 CLINIC	23.81	0	0.000000	0	51.81
51.82	IRL EAST-DERMATOLOGY CLINIC	23.82	0	0.000000	0	51.82
51.83	IRL EAST-SURGERY CLINIC	23.83	0	0.000000	0	51.83
51.84	IRL EAST-NEUROLOGY CLINIC	23.84	0	0.000000	0	51.84
51.85	IRL EAST-DIABETES CENTER CLINIC	23.85	0	0.000000	0	51.85
51.95	QUAD CITIES - CANCER CENTER	23.95	0	0.000000	0	51.95
51.96	NORTH DODGE - OB/GYN CLINIC	23.96	0	0.000000	0	51.96
51.97	NORTH DODGE - REI CLINIC	23.97	0	0.000000	0	51.97
52.00	EMERGENCY	24.00	37	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	44	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
54.99	PARTIAL HOSPITALIZATION PROGRAM	26.99	0	0.000000	0	54.99
55.00	TOTAL (sum of lines 49 through 52)		869		0	55.00

(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 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 1:21 pm

Pancreas | Hospital | PPS

	Cost Center Description	Cost Part A 1.00	Cost Part B 2.00	Charges Part A 3.00	Charges Part B 4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	13,115		59,972		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)	397,643		360,000		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)	410,758		419,972		61.00
62.00	Total Usable Organs (see instructions)		10			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000			64.00
65.00	Medicare Cost/Charges (see instructions)	246,455		251,983		65.00
66.00	Revenue for Organs Sold	32,521		32,521		66.00
67.00	Subtotal (line 65 minus line 66)	213,934		219,462		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	213,934	0	219,462	0	69.00

	Cost Center Description	Living Related 1.00	Cadaveric 2.00	Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	4		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	6		73.00
74.00	Total (sum of lines 70 through 73)	0	10		74.00
75.00	Organs Transplanted	0	6	360,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	4	32,521	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	10		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 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 1:21 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)	31,026,490	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	95,284,779	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)	9,526,056	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	29,162,783	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	692.32	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 § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	353.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	571.79	10.00
11.00	FTE count for residents in dental and podiatric programs.	24.27	11.00
12.00	Current year allowable FTE (see instructions)	377.45	12.00
13.00	Total allowable FTE count for the prior year.	377.37	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.	375.75	14.00
15.00	Sum of lines 12 through 14 divided by 3.	376.86	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	376.86	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.544344	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.582262	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.544344	21.00
22.00	IME payment adjustment (see instructions)	32,817,183	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	7,576,841	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	218.61	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)	0.036110	26.00
27.00	IME payments adjustment factor. (see instructions)	0.009550	27.00
28.00	IME add-on adjustment amount (see instructions)	1,206,273	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	278,505	28.01
29.00	Total IME payment (sum of lines 22 and 28)	34,023,456	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	7,855,346	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)	33.60	31.00
32.00	Sum of lines 30 and 31	39.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)	21.73	33.00
34.00	Disproportionate share adjustment (see instructions)	6,861,860	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.001884427	0.001456578	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	11,264,129	9,856,217	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,839,180	7,371,908	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,211,088		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)	186,933,729		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)	194,789,075	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	14,139,911	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).	7,282,241	52.00
53.00	Nursing and Allied Health Managed Care payment	206,041	53.00
54.00	Special add-on payments for new technologies	10,035	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)	9,002,340	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).	561,426	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	256,550	58.00
59.00	Total (sum of amounts on lines 49 through 58)	226,247,619	59.00
60.00	Primary payer payments	405,483	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	225,842,136	61.00
62.00	Deductibles billed to program beneficiaries	9,075,397	62.00
63.00	Coinsurance billed to program beneficiaries	998,986	63.00
64.00	Allowable bad debts (see instructions)	766,045	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	497,929	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	190,071	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	216,265,682	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-556,784	70.93
70.94	HRR adjustment amount (see instructions)	-69,809	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 1:21 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)		215,639,089	71.00
71.01	Sequestration adjustment (see instructions)		4,312,782	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		215,581,281	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-4,254,974	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		25,233,790	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
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	655,802	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	137,109,826	2.00
3.00	OPPS payments	117,511,919	3.00
4.00	Outlier payment (see instructions)	1,141,415	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	446,835	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	655,802	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,708,004	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)	2,708,004	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)	2,708,004	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,052,202	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	655,802	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	119,100,169	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	362,082	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	21,122,731	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)	98,271,158	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,675,796	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	134	29.00
30.00	Subtotal (sum of lines 27 through 29)	102,947,088	30.00
31.00	Primary payer payments	153,211	31.00
32.00	Subtotal (line 30 minus line 31)	102,793,877	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)	882,892	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	573,880	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	89,483	36.00
37.00	Subtotal (see instructions)	103,367,757	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	103,367,757	40.00
40.01	Sequestration adjustment (see instructions)	2,067,355	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	100,651,486	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	648,916	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,675,146	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 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 1:21 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)	347	2.00
3.00	OPPS payments	938	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	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 (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, 4.01, 8 and 9)	938	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)	181	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)	757	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)	757	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	757	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)	757	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	757	40.00
40.01	Sequestration adjustment (see instructions)	15	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	742	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	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 07/01/2017 To 06/30/2018

Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 1:21 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		214,964,081		100,651,486	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	11/17/2017	50,600		0	3.01
3.02		02/08/2018	566,600		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)		617,200		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		215,581,281		100,651,486	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		648,916	6.01
6.02	SETTLEMENT TO PROGRAM		4,254,974		0	6.02
7.00	Total Medicare program liability (see instructions)		211,326,307		101,300,402	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 1:21 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		5,318,335		742	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)		5,318,335		742	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		49,734		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,368,069		742	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0058 Component CCN: 16-S058	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/20/2018 1:21 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)	5,673,269	1.00
2.00	Net IPF PPS Outlier Payments	45,689	2.00
3.00	Net IPF PPS ECT Payments	114,857	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)	17.27	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)	71.726027	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.066085	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	374,918	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,208,733	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)	6,208,733	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,208,733	18.00
19.00	Deductibles	227,912	19.00
20.00	Subtotal (line 18 minus line 19)	5,980,821	20.00
21.00	Coinsurance	576,132	21.00
22.00	Subtotal (line 20 minus line 21)	5,404,689	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	88,483	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	57,514	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	38,477	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,462,203	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)	15,418	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	5,477,621	31.00
31.01	Sequestration adjustment (see instructions)	109,552	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	5,318,335	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	49,734	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	45,689	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 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 1:21 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)			637.81	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.	149.62	401.85	551.47	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.	91.87	246.76	338.63	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		23.33		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	91.87	270.09		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	72.65	285.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	79.46	275.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	81.33	277.27		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	81.33	277.27		17.00
18.00	Per resident amount	83,631.55	83,631.55		18.00
19.00	Approved amount for resident costs	6,801,754	23,188,520	29,990,274	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)			246.16	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.62	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			98,390.06	23.00
24.00	Multiply line 22 time line 23			2,127,193	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			32,117,467	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	68,890	14,478		26.00
27.00	Total Inpatient Days (see instructions)	218,419	218,419		27.00
28.00	Ratio of inpatient days to total inpatient days	0.315403	0.066285		28.00
29.00	Program direct GME amount	10,129,945	2,128,906		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		300,814		30.00
31.00	Net Program direct GME amount			11,958,037	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 1:21 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)	1,568	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	66,466,002	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000024	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	5,568,360	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	134	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	206,421,641	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	9,002,340	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	405,483	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	215,018,498	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	138,212,810	42.00
43.00	Primary payer payments (see instructions)	153,211	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	138,059,599	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	353,078,097	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.608983	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.391017	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	11,958,037	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,282,241	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,675,796	50.00

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

Provider CCN: 16-0058

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

Worksheet G

Date/Time Prepared: 11/20/2018 1:21 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	20,624,295	0	0	0	1.00
2.00	Temporary investments	74,213,186	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	246,720,482	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,103,287	0	0	0	6.00
7.00	Inventory	35,850,515	0	0	0	7.00
8.00	Prepaid expenses	11,116,813	0	0	0	8.00
9.00	Other current assets	3,458,370	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)	374,880,374	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	22,923,359	0	0	0	12.00
13.00	Land improvements	61,532,666	0	0	0	13.00
14.00	Accumulated depreciation	-48,932,901	0	0	0	14.00
15.00	Buildings	1,542,240,241	0	0	0	15.00
16.00	Accumulated depreciation	-681,404,973	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	568,878,589	0	0	0	23.00
24.00	Accumulated depreciation	-363,234,469	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)	1,102,002,512	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	783,490,252	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	1,524,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	785,014,252	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,261,897,138	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,997,599	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-7,496,627	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	28,459,707	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	242,273,484	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	269,234,163	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	345,633,182	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	108,367,934	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	454,001,116	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	723,235,279	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,538,661,859				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)	1,538,661,859	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,261,897,138	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 11/20/2018 1:21 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		1,386,371,281		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		68,518,371				2.00
3.00	Total (sum of line 1 and line 2)		1,454,889,652		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RESTRICTED FUND TRANSACTIONS	3,736,786		0		0	5.00
6.00	TRANSFER TO UNIVERSITY	80,747,388		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)		84,484,174		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,539,373,826		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC	2,835		0		0	15.00
16.00	TRANSFER TO SUPPORT CDD	709,133		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		711,968		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,538,661,858		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	TRANSFER TO UNIVERSITY		0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC		0		15.00
16.00	TRANSFER TO SUPPORT CDD		0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/20/2018 1:21 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	425,163,187		425,163,187	1.00
2.00	SUBPROVIDER - IPF	42,727,076		42,727,076	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)	467,890,263		467,890,263	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSIVE CARE UNIT	35,029,904		35,029,904	11.01
12.00	CORONARY CARE UNIT	41,904,833		41,904,833	12.00
13.00	BURN INTENSIVE CARE UNIT	17,235,372		17,235,372	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	58,125,105		58,125,105	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	74,783,716		74,783,716	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	33,764,505		33,764,505	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	260,843,435		260,843,435	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	728,733,698		728,733,698	17.00
18.00	Ancillary services	1,603,389,458	1,793,623,719	3,397,013,177	18.00
19.00	Outpatient services	72,095,683	371,183,980	443,279,663	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	1,017,833	771,064	1,788,897	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME PROGRAM DIALYSIS	0	9,070,197	9,070,197	27.00
27.01	TRANSPLANT CHARGES	27,159,000	0	27,159,000	27.01
27.02	NON ALLOWABLE CHARGES	5,791	123,325,870	123,331,661	27.02
27.03	FAMILY CARE PHYSICIANS	0	0	0	27.03
27.04	EMER ROOM PHYSICIANS	23,462	33,969,057	33,992,519	27.04
27.05	IOWA CARE PHYSICIANS	0	0	0	27.05
27.06	IRL PHYSICIANS	92,626	71,828,411	71,921,037	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,432,517,551	2,403,772,298	4,836,289,849	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,623,722,831		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	2,071,133			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)		2,071,133		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)		1,625,793,964		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0058 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-3 | Date/Time Prepared: 11/20/2018 1:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,836,289,849	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,336,146,945	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,500,142,904	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,625,793,964	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-125,651,060	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	118,586,164	6.00
7.00	Income from investments	24,413,337	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	10,273,111	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	829,203	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUSINESS OFFICE	2,060,217	24.00
24.01	RADIOLOGY	32,616	24.01
24.02	PLANT OPERATIONS	955,755	24.02
24.03	DIETARY	40,466	24.03
24.04	SOCIAL SERVICE	0	24.04
24.05	LAB	0	24.05
24.06	ORAL SURGERY CLINIC	282,379	24.06
24.07	FAMILY CARE CLINIC	0	24.07
24.08	EMERGENCY	44,065	24.08
24.09	NON- ALLOWABLE DIATARY- DIET-CAF	1,508,196	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	1,439	24.13
24.14	NON-ALLOWABLE	0	24.14
24.15	NOT OFFSET	0	24.15
24.16	HOUSEKEEPING	4,353	24.16
24.17	OPERATING ROOM	11,252	24.17
24.18	BONE MARROW TRANSPLANT	0	24.18
24.19	PHYSICAL THERAPY	26,184	24.19
24.20	ELECTROCARDIOLOGY	28,055	24.20
24.21	CARDIAC REHABILITATION	0	24.21
24.22	BLOOD STORAGE	0	24.22
24.23	AMBULANCE SERVICE	2,561,318	24.23
24.24	CANCER CLINIC	0	24.24
24.25	CARDIAC CATHETERIZATION	113	24.25
24.26	INTERNAL MEDICINE	70	24.26
24.27	OPHTHALMOLOGY CLINIC	1,671	24.27
24.28	ANESTHESIOLOGY	0	24.28
24.29	RESPIRATORY THERAPY	9,450	24.29
24.30	ELECTROENCEPHALOGRAPHY	82,650	24.30
24.31	NEUROLOGY CLINIC	10	24.31
24.32	PEDIATRIC CLINIC	310	24.32
24.33	UROLOGY CLINIC	554	24.33
24.34	ALLOGENIC STEM CELL ACQUISITION	26,205	24.34
24.35	REIMB RESEARCH OVERHEAD (COST OFFSET	2,252,023	24.35
24.36	FUND 165 IRL	35,692	24.36
24.37	FUND 240 CONT EDUCATION REVENUE	-1,227,356	24.37
24.38	FUND 261 INCOME FOR BIOENGINEERING	105,069	24.38
24.39	FUND 285 INCOME FOR PHONE SERVICE	10,961,876	24.39
24.40	FUND 450 AUXILLARY - NOT OFFSET	2,376,302	24.40
24.41	FUND 500/510 RESTICTED FUNDS	5,684,714	24.41
24.42	FUND 990 IRL PHYSICIANS	295,530	24.42
24.43	FUND 175/260 OTHER CENTRAL SERVICES	11,906,438	24.43
25.00	Total other income (sum of lines 6-24)	194,169,431	25.00
26.00	Total (line 5 plus line 25)	68,518,371	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)	68,518,371	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

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

Worksheet I-1
Date/Time Prepared: 11/20/2018 1:21 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,879,900	HOURS OF SERVICE	53,981.53	25.95	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	982,556	HOURS OF SERVICE	41,868.18	20.13	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	509,886	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,372,342				9.00
10.00	EMPLOYEE BENEFITS	1,370,453	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	472,933	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	1,195,361	REQUISITIONS			14.00
15.00	DRUGS	482,557	REQUISITIONS			15.00
16.00	OTHER	996,203	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	7,889,849				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	202,904	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	193,950	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,422,413	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	520,050	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	1,568				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	27,769	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	692,290	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	10,950,793				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
30.05	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)	10,950,793				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 07/01/2017 To 06/30/2018

Worksheet I-2

Date/Time Prepared: 11/20/2018 1:21 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	1,195,887	193,950	1,879,900	982,556	1,370,453	27,769	1.00
	MAINTENANCE							
2.00	Hemodialysis	535,401	78,693	1,109,753	863,418	919,398	12,614	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	7,376	8,913	60,212	12,773	36,178	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	9,801	11,794	54,327	12,858	35,536	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	643,309	94,550	655,608	93,507	379,341	15,155	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						482,557	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)	1,195,887	193,950	1,879,900	982,556	1,370,453	27,769	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	1,195,361	0	6,845,876	3,620,792	10,466,668		1.00
	MAINTENANCE							
2.00	Hemodialysis	584,896	0	4,104,173	2,170,703	6,274,876		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	127,038	0	252,490	133,542	386,032		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	114,652	0	238,968	126,390	365,358		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	368,775	0	2,250,245	1,190,157	3,440,402		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)	1,195,361	0	6,845,876	3,620,792	10,466,668		17.00
18.00	Medical Educational Program Costs					1,568		18.00
19.00	Total Renal Costs (line 17 + line 18)					10,468,236		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

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

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

Worksheet I-3

Date/Time Prepared: 11/20/2018 1:21 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		1,195,887	193,950	1,879,900	982,556	1,370,453	1.00
	MAINTENANCE							
2.00	Hemodialysis		5,299	87,540.34	31,866.66	43,601.40	2,262,407	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		73	9,915.00	1,729.00	645.00	89,026	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		97	13,120.00	1,560.00	649.33	87,446	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	5,263	6,367	105,180.46	18,825.86	4,721.99	933,463	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		11,836	215,755.80	53,981.52	49,617.72	3,372,342	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		101.038104	0.898933	34.824881	19.802522	0.406380	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	27,769	1,195,361	0	6,845,876	3,620,792		1.00
	MAINTENANCE							
2.00	Hemodialysis	12,614	583,511	36,332,876				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	126,737	158,762				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	114,380	210,077				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	15,155	367,901	20,681,582				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	27,769	1,192,529	57,383,297		6,845,876		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.002375	0.000000		0.528901		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0058
Component CCN: 16-2306
Period: From 07/01/2017 To 06/30/2018
Worksheet I-4
Date/Time Prepared: 11/20/2018 1:21 pm

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	20,390	6,274,876	307.74	14,692	4,521,316	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	75	386,032	5,147.09	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	77	365,358	4,744.91	30	142,347	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	20,542	7,026,266		14,722	4,663,663	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	20,542					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	4,137,173	281.59	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	0	0.00	5.00
6.00	Training - CCPD	10,091	336.37	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	0	0.00	9.00
10.00	Home Program - CCPD	0	0.00	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	4,147,264		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 07/01/2017 To 06/30/2018	Worksheet I-1 Date/Time Prepared: 11/20/2018 1:21 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	299,909	HOURS OF SERVICE	8,221.12	3.95	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	81,094	HOURS OF SERVICE	3,186.65	1.53	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	26,744	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	407,747				9.00
10.00	EMPLOYEE BENEFITS	148,728	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	22,528	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	340,465	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	79,265	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	998,733				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	34,980	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	23,181	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	177,116	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	89,655	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	51,529	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,375,194				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
30.05	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)	1,375,194				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 07/01/2017 To 06/30/2018 | Worksheet I-2 | Date/Time Prepared: 11/20/2018 1:21 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	147,163	23,181	299,909	81,094	148,728	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	145,179	11,591	291,907	77,262	39,750	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	656	11,590	1,428	721	18,909	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	1,328	0	6,574	3,111	90,069	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)	147,163	23,181	299,909	81,094	148,728	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	340,465	0	1,040,540	334,654	1,375,194		1.00
	MAINTENANCE							
2.00	Hemodialysis	170,232	0	735,921	236,684	972,605		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	53,775	0	87,079	28,006	115,085		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	116,458	0	217,540	69,964	287,504		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)	340,465	0	1,040,540	334,654	1,375,194		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,375,194		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0058

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

Worksheet I-3

Date/Time Prepared: 11/20/2018 1:21 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		147,163	23,181	299,909	81,094	148,728	1.00
	MAINTENANCE							
2.00	Hemodialysis		147,163	23,181.00	299,909.00	81,094.00	148,728	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		665	23,181.00	1,467.00	757.00	70,749	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		1,346	0.00	6,754.12	3,265.65	336,998	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		149,174	46,362.00	308,130.12	85,116.65	556,475	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.986519	0.500000	0.973319	0.952740	0.267268	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	340,465	0	1,040,540	334,654		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	340,465	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	107,549	3,000,673				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	232,916	6,069,524				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	680,930	9,070,197		1,040,540		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.500000	0.000000		0.321616		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet I-4 Date/Time Prepared: 11/20/2018 1:21 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	972,605	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	2,079	115,085	55.36	1,353	74,902	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	1,300	287,504	221.16	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,079	1,375,194		1,353	74,902	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,979					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	0	0.00	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	0	0.00	5.00
6.00	Training - CCPD	0	0.00	6.00
7.00	Home Program - Hemodialysis	388,779	287.35	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	0	0.00	9.00
10.00	Home Program - CCPD	573,605	0.00	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	962,384		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 07/01/2017 To 06/30/2018 | Worksheet I-5 | Date/Time Prepared: 11/20/2018 1:21 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)	4,738,565		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	5,109,648	4,832,107	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	5,109,648	4,832,107	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	604	571	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)	604	571	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,022,134	966,615	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	1,022,134	966,615	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	967,186	8.00
9.00	Program payment (see instructions)	4,087,235	3,865,229	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)	8,884,017		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	8,401,460		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.945683		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0058	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/20/2018 1:21 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	10,234,298	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	596,865	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)	526.68	3.00
4.00	Number of interns & residents (see instructions)	401.86	4.00
5.00	Indirect medical education percentage (see instructions)	24.02	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)	2,458,278	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	33.60	8.00
9.00	Sum of lines 7 and 8	39.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.31	10.00
11.00	Disproportionate share adjustment (see instructions)	850,470	11.00
12.00	Total prospective capital payments (see instructions)	14,139,911	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